



Multiagency Escalating Concerns Protocol

Lead Officer	Gemma Ritchie
Designation	Adult Support and Protection Lead Officer – Falkirk
Contact	gemma.ritchie@falkirk.gov.uk
Date Agreed	29 th March 2021
Date Reviewed	17 th January 2025
Next Review	January 2027
Agreed by	Falkirk Adult Protection Committee

Contents		Page/s
1	Introduction	2 - 3
2	Definitions	3 - 4
3	Scope	4
4	Principles	4 - 5
5	Professional Curiosity	5 - 6
6	Procedures to address Escalating Concerns	6 - 7
7	Escalating Concerns Case Conference	7 - 8
8	Coordination and recording of Information	8
9	Adult Participation	9
10	Escalating Concerns Tools	9
11	Escalating Concerns Subgroup	10
Appendix 1	Multiagency Escalating Concern Thresholds	11
Appendix 2	Escalating Concerns Operation Flowcharts	12
Appendix 3	Process for coordinating and recording the decisions of an Escalating Concerns Case Conference	13
Appendix 4	Template for Invitation to Escalating Concerns Case Conference	14
Appendix 5	Template for report to Escalating Concerns Case Conference	15 - 16
Appendix 6	Template for Chronology of Significant Events	17 - 18
Appendix 7	Agreed Actions of Escalating Concerns Case Conference	18
Appendix 8	Template for 'My Shared Plan'	19
Appendix 9	What I Value Most (1)	20
Appendix 10	What I Value Most (2)	21
Appendix 11	Escalating Concerns – A Guide for Service Users and Carers	22-23
Appendix 12	Early Intervention Pathways into Support Services	24 - 28

1. Introduction

- 1.1 The purpose of this protocol is to ensure the support and protection of Adults at Risk of Harm (AARH) across Falkirk, and particularly those adults who repeatedly come to the attention of partner agencies at times of high-risk behaviours, distress and crisis. It is motivated by a multiagency shared commitment to continuously improve our effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply. ([5.7 ASP QIF](#))
- 1.2 Where an adult is considered to be at risk of harm by partner agencies and the '[3 point criteria](#)' is indicated or likely indicated, details of the individual and their circumstances which give rise to these concerns are recorded on a Multi-Agency Adult Protection Referral Form ([API Form](#)) or a Vulnerable Person's Record (VPR) in the case of Police Scotland. These reports are shared with the Adult Social Work Service and should be done so in a timely manner.
- 1.3 All adults have a right to live dignified, independent lives free from harm, regardless of their age, disability, gender, illness, race, culture and other characteristics. The increasing number of adult protection concerns within our society emphasises the need for coordinated and committed action to ensure that adults who are at risk of harm receive early, effective and appropriate support and protection.
- 1.4 The Adult Support and Protection [Code of Practice](#) places an emphasis on the duty to refer to and co-operate with the Council undertaking inquiries (pgs. 27-29)
- 1.5 While councils have the lead role in adult support and protection, effective intervention will only come about because of good cooperation and communication between a range of agencies and professionals.
- 1.6 Falkirk Adult Support and Protection Committee has strategic oversight of the multi-agency arrangements in place to support AARH and these are documented within ASP guidelines, protocols and procedures. You can find these [here](#)
- 1.7 This protocol does not replace existing procedures for protecting AARH but seeks to complement these by identifying those adults at risk of ongoing harm where the application of the 'three-point criteria' is not immediately clear or agreed. It is intended to make sure that partners apply good professional curiosity, trauma informed principles, prevention and inclusive

practice to minimise that risk through a partnership problem solving approach.

- 1.8 Additionally, it is intended that this protocol will enhance existing practices by developing a more robust response for AARH who frequently come to the attention of partner agencies and where escalation is indicated. The Forth Valley Adult Care Harm Reduction Protocol sets out 2 escalation thresholds and should be read in conjunction with this protocol. You can find this [here](#)

2. Definitions

- 2.1 The Adult Support and Protection (Scotland) Act 2007 section 3(1) considers an “Adult at Risk” to be persons over the age of 16 who:

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm

And

- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.
- 2.2 The definition is known commonly at the ‘three-point criteria’. All three factors must be met or likely for an adult to be considered an AARH under the Act. The presence of a particular condition does not constitute this. It is the whole of a person’s particular circumstance that combines to make them more vulnerable to harm than others.
- 2.3 It may not always be possible to determine if this specific definition is relevant to an adult and their circumstances. For the avoidance of doubt where any adult is suspected of being an AARH under the Act by partner agencies they must be treated accordingly. An inclusive application should be adopted, the Council’s inquiry will assess, and support adults into the correct pathway.
- 2.4 Conditions fluctuate and in turn abilities, external factors out with an adults’ control also change. It is important that whilst considering important historical and chronological information that previous applications of the ‘three-point criteria’ are not uniformly applied. Each assessment is unique and should be assessed as so.

- 2.5 An adult is considered to be an AARH under the Act if they meet the ‘three-point criteria’ and if:

Another person’s conduct is causing (or is likely to cause) the adult to be harmed:

OR

The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

- 2.5 “Harm” includes all harmful conduct and, in particular, includes:

- Conduct which causes physical harm;
- Conduct which causes psychological harm (for example fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property rights or interests (e.g. theft, fraud, embezzlement or extortion);
- Conduct which causes self-harm

Note: This is not exhaustive, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute “harm” can be physical, neglect, psychological, self harm, self neglect, financial, sexual or a combination of these.

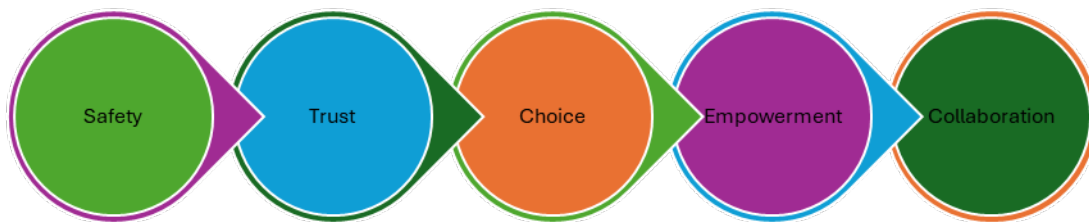
3. Scope

- 3.1 This protocol is designed for all adults within the Falkirk area who are identified as at risk of ongoing significant harm through their contact with partner agencies. It is the mechanism to provide effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to or does not apply.

4. Principles

- 4.1 This protocol should be read as guidance only and cannot anticipate every situation. Anyone working with an AARH in a professional capacity should use their professional judgement to take whatever action is deemed necessary to protect and safeguard the adult, based on an assessment of risk for the individual.

- 4.2 Our joint aim is to identify those adults that are most vulnerable in our communities and to ensure they are afforded the appropriate measures of inquiry, assessment, care and support as early as possible. This includes adults for whom the 'three-point criteria' is not clear for however they remain at high risk of harm including engaging (or likely to engage) in conduct which causes (or is likely to cause) self-harm.
- 4.3 This will be achieved through improved multi-agency communication and information sharing regarding individuals who repeatedly come to the attention of partner agencies and who we find it challenging to support. As outlined in the Adult Care Harm Reduction Protocol this will be a staged process based on agreed escalation thresholds in order that the appropriate level of response is afforded to escalating concerns.
- 4.4 All partners must apply trauma-informed principles to their practice.



- 4.5 By being a trauma-informed and responsive workforce and providing trauma-informed services we are in a stronger position to recognise where people are affected by trauma and adversity, and respond in ways that prevent further harm, support recovery, address inequalities and improve life chances.

5 Professional Curiosity

- 5.1 Being trauma-informed is about learning more about an adults experiences and applying good professional curiosity. Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means:
- ✓ testing out your professional hypothesis and not making assumptions
 - ✓ triangulating information from different sources to gain a better understanding of individuals and family functioning

- ✓ getting an understanding of individuals' and families history which in turn, may help you think about what may happen in the future
- ✓ obtaining multiple sources of information and not accepting a single set of details you are given at face value
- ✓ having an awareness of your own personal bias and how that affects how you see those you are working with
- ✓ being respectfully nosy

5.2 A lack of professional curiosity can lead to missed opportunities to identify less obvious indicators of vulnerability or harm, assumptions made in assessments of need and risk which are incorrect and lead to wrong intervention or no intervention for individuals and families.

5.3 For example, when receiving and reviewing referrals the screening practitioner should apply professional curiosity by ensuring that any assumed follow up by other agencies is taking place or scheduled to take place proportionate to the risk identified. Where the inquiry identifies that these arrangements are not in place steps should be taken to arrange and support these. Being certain of this involves making direct contact with the adult and referring partners.

5.4 A conversation needs to take place with the adult to make valid inquiries, listen and check out information. It may be that a signposting letter is sent out following conversations affirming recommendations or where a conversation has not been possible, however this should not be the sole form of communication. We know that adults experiencing crisis often do not prioritise correspondence or may not even be staying at the address held on agency records. Again, we need to check this out.

6. Procedures to Address Escalating Concerns

6.1 In order to ensure that adults who come to the attention of services at times of high-risk behaviours, distress and crisis do not continually fall below intervention thresholds where no action is taken, the following procedure has been agreed so that partner agencies can effectively respond to ongoing or escalating concerns. It is important that single agencies agree and apply escalation thresholds and that these are well known by practitioners. A list of these can be found in [Appendix 1](#).

- 6.2 All partners should consider and complete the actions outlined in Appendix 1 when these shared escalation thresholds are triggered.
- 6.3 It is acknowledged that services will be managing different levels of risk linked to their roles and responsibilities. Factors such as a change in behaviour, escalation in behaviour and the need for a multi-agency approach are relevant to the decision to trigger this protocol or not.
- 6.4 At operational level this should include essential good dialogue between multi-agency partners. This process is outlined in the Falkirk Escalating Concerns Overview – Operational Level at [Appendix 2](#).
- 6.5 This dialogue and partnership working is an opportunity for professionals with a statutory responsibility towards an adult, where there are concerns regarding harm or risk of harm, to share those concerns and consider how best to respond to them. It will not always be the case that the adult will be identified as meeting the criteria for legislative intervention or other risk management frameworks.

However, if there is agreement that the adult remains at risk of ongoing significant harm an Escalating Concerns Case Conference should be considered and convened.

- 6.6 In some circumstances partner agencies can find it difficult to come to a shared agreement about which way to proceed. It is important that this disagreement does not result in no action or disjointed action. The Escalating Concerns Protocol can provide a clear avenue for collaborative resolution and joining together to fully understand the adults' circumstances and each other's roles and responsibilities related to this.
- 6.7 The overall objective of the protocol is to reduce and manage the risks to the individual through a partnership problem solving approach. Consideration will be given to the full circumstances of the individual in order that the appropriate support and pathways are identified including the offer of voluntary or third sector support where statutory intervention is not appropriate. The trauma-informed principles outlined in 4.4 are relevant here.

7 Escalating Concerns Case Conference

- 7.1 As outlined, partner agencies should apply the shared escalation thresholds and this protocol to convene an Escalating Concerns Case Conference where:

The ASP 'three-point criteria' or other eligibility criteria does not apply/cannot be agreed

AND

The risk of significant harm is ongoing

AND

The current risk management plan is not effective

- 7.2 This is an opportunity for partner agencies to collaborate, share information and provide a more in-depth risk assessment. Doing so will allow the development of shared multi-agency risk management plans. These may include a degree of scenario planning whereby the adult and services are clear on risk scenarios and where to seek the correct care and support. Developing a clear plan which is shared will be helpful to the adult, their family/supporters and all partners.

8 Coordination and recording of Information

- 8.1 An Escalating Concerns Case Conference should be arranged within 10 working days of identifying the need for one.
- 8.2 It is the responsibility of the partner who has identified the need for escalation to coordinate the case conference. A stepped approach outlining the administrative process is available at [Appendix 3](#) - Process for coordinating and recording the decisions of an Escalating Concerns Case Conference.
- 8.3 It is important that the lead worker allocated completes [Appendix 5](#) Escalating Concerns Case Conference Report and [Appendix 6](#) Chronology of Significant Events prior to the conference and circulates to participants to maximise the effectiveness of the conference.
- 8.4 If it is assessed that a review case conference is necessary, the date for this must be set at the initial case conference. The scheduling of this should be in keeping with the needs of the individual.

10 Adult Participation

- 10.1 It is the responsibility of the coordinating agency to convene the case conference in a way that will promote the adult's attendance and participation. This should include providing information about the protocol, a (guide for service users and carers' is available at [Appendix 11](#)), applying flexibility and preparing the adult for attendance.
- 10.2 The adult may wish to have a friend, relative or other attend alongside them, this should be supported wherever possible. Consideration should be given to whether a digital, face-to-face or hybrid approach would be best for the adult.
- 10.3 A referral to Independent Advocacy should also be considered and made if it is felt that the adult would benefit from independent support to have their voice heard, help them prepare their views and present these at the conference. A referral can be made [here](#).
- 10.4 Where an adult informs the coordinator that they do not wish to attend the case conference it should still take place and ongoing encouragement for participation maintained. Existing legislation, including the General Data Protection Regulations, does not prevent sharing and/or exchanging relevant information where there is belief or concern about the protection of adults at risk.

11 Escalating Concern Tools

- 11.1 This protocol was coproduced with adults who have experience of trying to access supports to recover from high-risk behaviours, distress and crisis. They let us know 'What they valued most' during times of crisis and their experiences both good and bad when negotiating our care and support landscape. The following tools are the product of that co-production and are shared to assist all involved.
- 11.2 The 'What I value most' tool was devised using results from a social media consultation with members of Forth Valley Recovery Community. These tools represent the things that adults locally value most and name as helping them recover from times of crisis. The tools can be used by professionals to think about assessment and areas of support, however, can also be used as a visual tool with the adult they are working with, asking what is valuable to them for example. Tools can be found at [Appendix 9 and 10](#).

12 Escalating Concerns Subgroup

12.1 The Escalating Concerns Group will provide quality assurance oversight for escalating concerns. They will have a remit to:

- Improve multiagency risk assessment and management practice and interventions
- Ensure that necessary effective information sharing is taking place
- Promote good practice in this area including sharing examples of good practice that can be built upon
- Ensure that those likely to have first point of contact with adults are sharing information effectively and applying good principles of professional curiosity
- Promote the best model of multi-agency working for ensuring effective and early interventions
- Develop and maintain the guidance required to support and embed effective multi-agency working
- Carry out single and multiagency audit of escalating concerns cases
- Oversee the use of the escalating concerns protocol including quality assurance and reporting on this into public protection committees
- Receive review requests of complex cases from operational teams

12.2 The group membership will include representation from: Falkirk Health and Social Care Partnership, NHS Forth Valley, Police Scotland, Housing, Third Sector, Scottish Ambulance Service and Scottish Fire and Rescue Service.

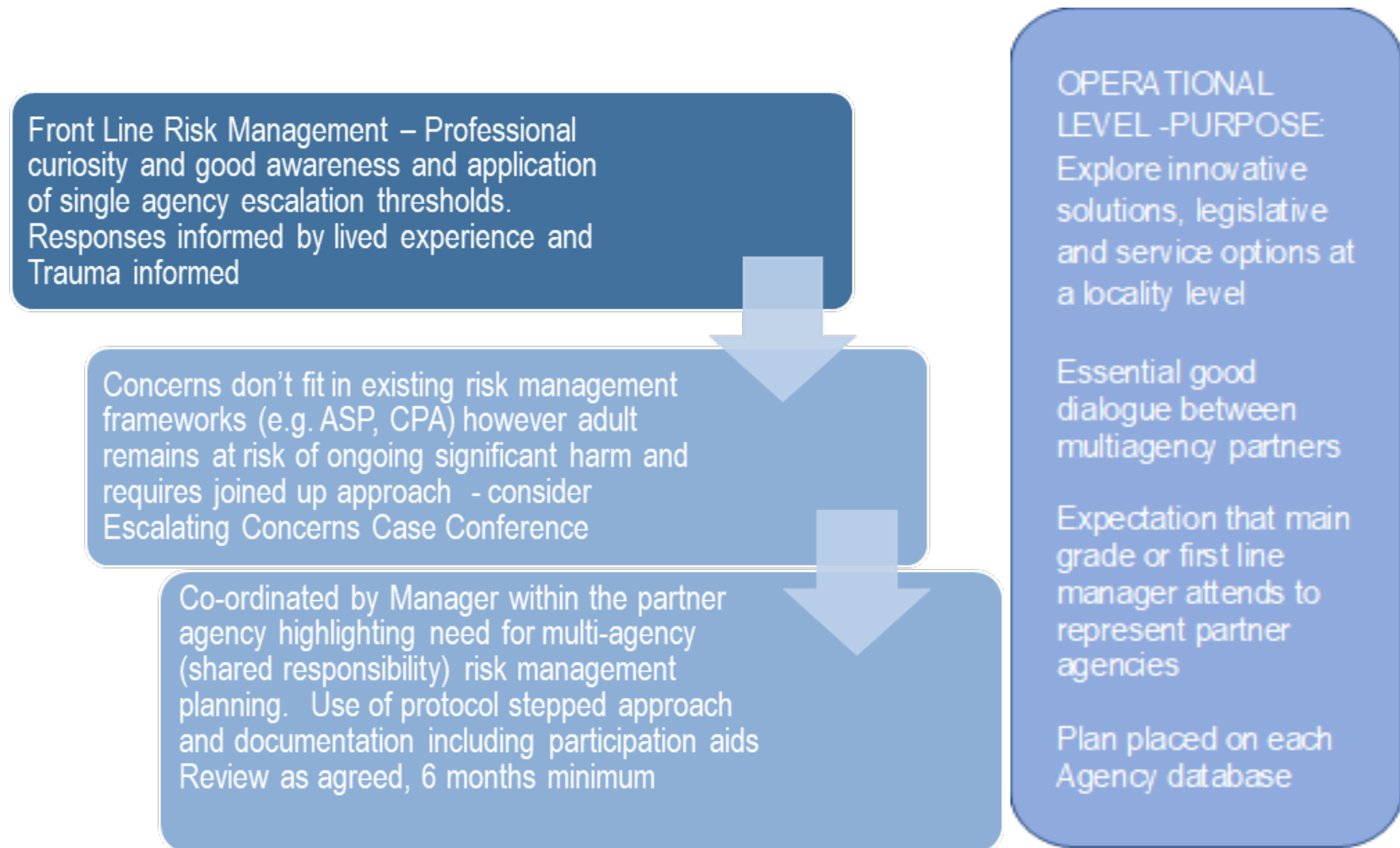
Appendix 1

Multiagency Escalation Thresholds

First Escalation Threshold	Second Escalation Threshold
Where an individual comes to the attention of any agency on three occasions over a 90-day period then this First Escalation Threshold is met	Where an individual comes to the attention of any agency on six occasions over a 90-day period the Second Escalation Threshold is met
Actions Required	Actions Required
<p>In such situations the identifying agency must collate all available information that relates to risk and prepare an internal summary report which contains all available relevant information</p> <p>That agency must then notify the relevant Adult Social Work Services Duty Team and advise that this First Threshold has been reached.</p> <p>Where agencies agree the adult has met this First Threshold and where it is likely they are at risk and likely to come to the attention of agencies again then those involved should consider the need to hold an Inter-agency Referral Discussion (IRD)</p> <p>Where the decision is reached that an IRD is not required then each agency involved should make a note of this decision and the reasons for it.</p>	<p>When this Second Threshold has been met the identifying agency must refer this matter to the Adult Social Work Services Team Manager</p> <p>On receipt of this referral, the Team Manager and referring agency will consider the case for convening an escalating concerns case conference for relevant managers/agencies to review the case. The purpose of this meeting is to ensure the ongoing/escalating concerns and risks are addressed at the appropriate level in each organisation. Any partner agency can lead on the case conference, usually it will be the identifying agency however can be discussed and agreed at this stage.</p> <p>Where the decision is reached that an escalating concerns case conference is not required, then each agency involved should make a note of this decision and the reasons for it.</p>

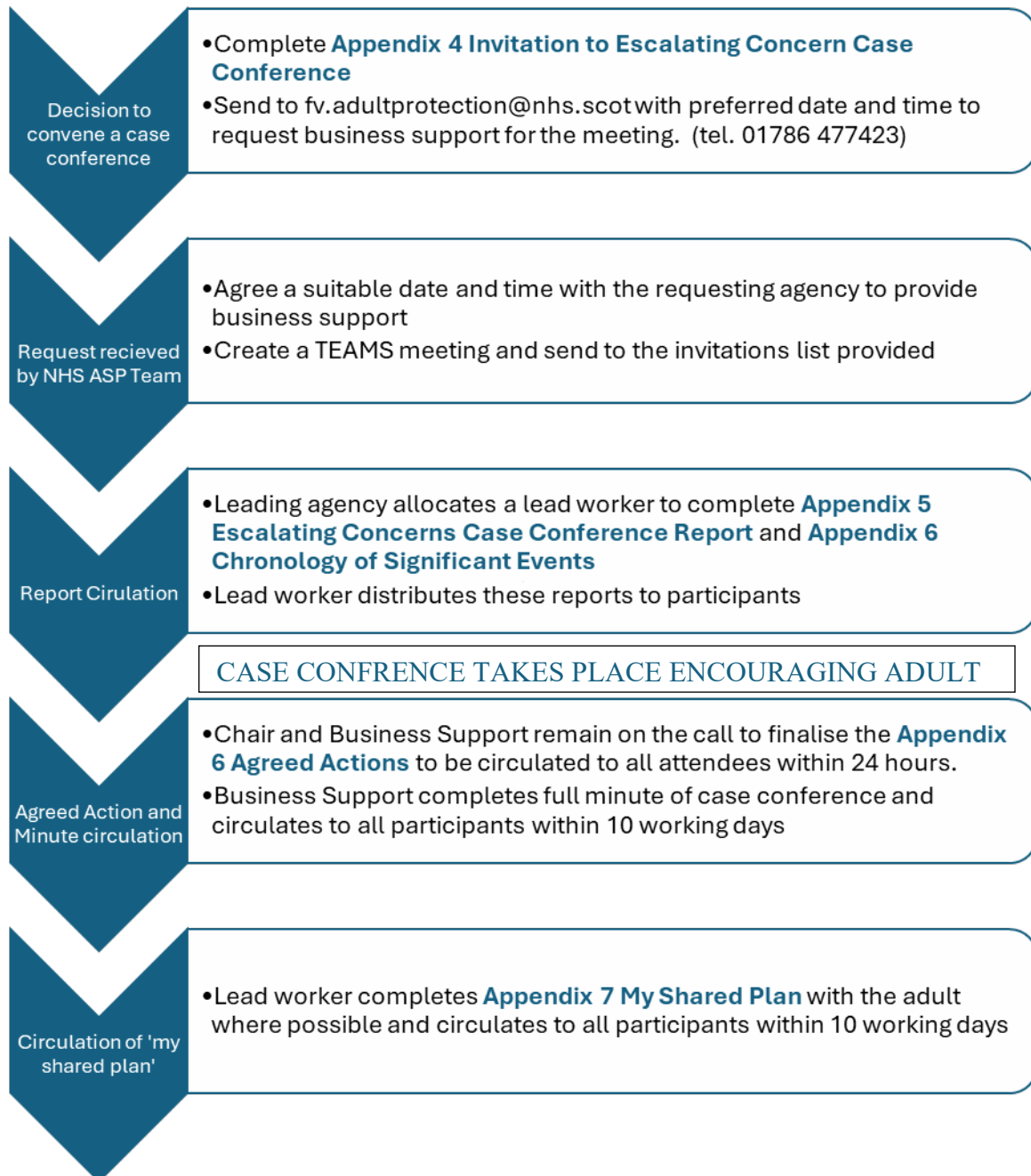
Appendix 2

Falkirk Escalating Concerns Overview – Operational Level



Appendix 3

Process for coordinating and recording the decisions of an Escalating Concerns Case Conference



Appendix 4

Invitation to Escalating Concern Case Conference

Adults Name	Date of Birth	Address

Date of Meeting	Time	Venue

Coordinating Agency	Chairperson	Lead Worker

Invitation List

Agency	Name	Email Address	Attendance – Y/N

Appendix 5

Escalating Concerns Case Conference Report

(The following template should be used by the lead worker to provide attendees with an overview prior to the Escalating Concerns Case Conference. The report should be clear, concise and avoid any jargon)

Date:

Completed by:

Adults Name	Date of Birth	Address

Will the adult be participating in the case conference? (Y/N)

If the adult will not be attending please use the space below provide more details including any other steps that are being taken to aid participation

--

Section 1 – Background (provide a summary of rationale for application of the escalating concerns protocol)

--

Section 2 – Current Concerns and any immediate actions taken

Section 3 – Risk Assessment (provide clear information on the nature and level of risk/s, likelihood of recurrence, particular triggers or risky circumstances that heighten the risks and any protective factors)

Section 4 – Adults views and wishes linked to risk of harm

Appendix 6

Chronology of Significant Events

Date:

Developing a multi-agency chronology of relevant events can - help the adult and others involved to identify risks, patterns and issues - highlight seemingly unrelated events or information - aid understanding of the immediate or cumulative impact of events - improve sharing and understanding of information across agencies - inform decision making - help the adult make sense of their past/present - done effectively it keeps the adult at the centre

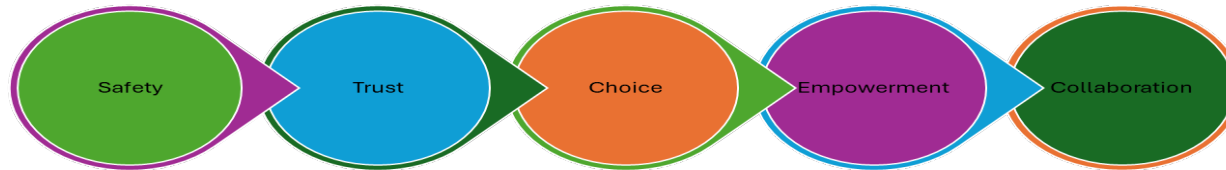
Date of Event	Brief Detail of Event	Agencies/People Involved	Outcome/Consequences for the adult

Appendix 7 Agreed Actions of Escalating Concerns Case Conference

Date:

Adults Name	Date of Birth	Address

ACTIONS		
Action	Responsibility	Timescale



Appendix 8

My Shared Plan

Date:

Risk Situation	Risk of harm	Things that help me in this situation	Other people that can help me	What kind of help

Appendix 9

‘What I Value Most’





Escalating Concerns – A Guide for Service Users and Carers

What is an Escalating Concerns Meeting and what will it do?

An Escalating Concerns Meeting is a place where you can meet with all the people involved in helping you to get all the support you need, at the right time and in the right way. We asked people about their experiences of trying to get help and they let us know that it can be overwhelming and sometimes we aren't very joined up. This can make this difficult. We want to improve experiences by coming together when there are ongoing risks in people's lives so you can recover and live the life you want. Everyone will come together at a time that is good for you so you can explore all the local supports in your community, who can help and how they can help you get back control and focus on the things that you value and matter to you most. Everyone will be committed to supporting you with any risks in your life and making you feel safe and supported with clear routes to support when you need them.

Who Will Be Involved?

The people who can help you will be involved to support you to develop a plan that we can all share. Often this can be the people who have had recent contact with you. Below is a list of who may be involved however you can discuss this with the worker who is arranging the meeting.

- NHS Forth Valley – a doctor, nurse, GP
- Adult Social Work Services – a social worker, occupational therapist
- Police Scotland - Police Officer
- Falkirk Council Housing – a Housing Officer
- The Scottish Ambulance Service – a paramedic
- Other organisation – a support worker or manager
- Voluntary organisations – a volunteer or supporter
- Your family or if you have an informal carer (if you wish)
- Any other important person in your life who you want to be involved

Remember... Let us know of anyone else you feel should be involved

How Will The Support I Require Be Planned?

Sometimes getting an understanding of your recent and past history can help you and those involved think about what may happen in the future or how best to support you with your wishes about your future. We will look at a relevant timeline linked to the risks that you are experiencing and then create a shared plan together looking at things that would help and who can provide that help. We will write this in a plan and everyone will have a copy so we are clear on what matters to you most and how you would like to be supported.

If you have any other questions before your meeting please ask the person arranging it. The next page is a space to make some notes to help you prepare and list the things you want to discuss.

My Notes or List

Date:

The Most Important things to me are:

- 1.
- 2.
- 3.
- 4.
- 5.

The changes I would like support to make are:

- 1.
- 2.
- 3.
- 4.
- 5.

Appendix 12

Early Intervention Pathways into Support Services

The Escalating Concerns Subgroup have listed some national and local support services below. It is expected that these will be helpful to operational staff considering routes support in and out of normal working hours.

Wellness

Stay safe, well, and warm

Know where to get help for a range of issues, including fire safety, fraud, money worries, health, mental wellbeing.

A handy list of resources is available at <https://falkirkhscp.org/stay-safe-well-and-warm-leaflet-2024-25>

Keep Well Health Assessments

Keep well can, for example, support you to:

- lose weight
- eat healthier
- increase your physical activity
- stop smoking with personalised support
- cope with stress
- work related health issues

We can also put you in touch with other local services

To make an appointment at a venue near you call:

01786 434044

Mental Health

FDAMH – Falkirk’s Mental Health Association

Independent charity, providing person-centred one-to-one and group mental health and wellbeing support, to people in the Falkirk and District community including adults, young people and family and carers.

Phone [01324 671 600](tel:01324671600)

Email admin@fdamh.org.uk

Monday to Thursday, 9am to 5pm and Fridays, 9am to 3pm

Out of hours - NHS24 (Call 111) and Samaritans (Call 116 123)

Self-Harm Network Scotland

You can chat to one of our team from 6pm – 10pm, 7 days a week or leave a message with us and we will get back to you as soon as we can with options for support. Includes support for those experiencing self-harm, their supporters and professionals.

[Home - Self-Harm Network Scotland Penumbra](#)

Substance Use

Change, Grow, Live

The [Forth Valley Recovery Service](#), provided by Change Grow Live, supports individuals and families who are struggling with drugs and/or alcohol. The service and advice is free and confidential, and includes access to:

- Advice and recovery support
- Experienced Recovery Coordinators
- Harm Reduction advice and interventions including Injecting Equipment Provision (IEP) and naloxone
- Connections to a range of local partners and NHS substance use treatment options
- Structured 1 to 1 support
- Foundations of Recovery Group Work Programme
- Community rehabilitation including access to volunteering, education and employment opportunities.

You can access this service following an initial 'assessment', which is a discussion designed to review your social, health, and wellbeing needs. You can do this assessment with the Recovery Service either

At our local Falkirk Office

[27-29 Vicar Street, Falkirk, FK1 1LL](#)

OR

By phone - [08081962188](#)

Forth Valley Recovery Community

The Forth Valley Recovery Community is a group of people committed to making recovery happen in Forth Valley.

Delivering a variety of events and support opportunities throughout the local area, all FVRC events are organised and led by volunteers in recovery.

- Local recovery cafes in Tamfourhill, Grangemouth, Alloa, Stirling, Stenhousemuir, Denny, and Falkirk.
- Recovery Ramblers
- Recovery in the Wild
- Peer-to-peer support

- 12 step fellowship
- SMART meetings

You do not need a referral to access this support. Find out more information on the [Forth Valley Recovery Community website](#)

More information on substance use support can be found on the Health and Social Care Partnership website [Alcohol and Drug Partnership Page](#).

Young People

Aberlour

Sustain Family Support – Falkirk

A family crisis can happen at any time. That's why Aberlour's Sustain Service in Falkirk is there for families every day.

We provide accessible, high-quality, home-based family support for Falkirk children to ensure they remain at home whenever possible

Phone

01324 747620

Email

sustainfalkirk@aberlour.org.uk

Aye Feel

Find information about how to look after your emotional wellbeing and mental health, discover support from organisations around Scotland and tips on how to promote a positive mind-set.

Website: <https://young.scot/campaigns/ayefeel/>

Childline

A free, private and confidential service for children & young people to talk.

Website: <https://www.childline.org.uk/>

Phone: 0800 1111

Falkirk Community Mental Health and Wellbeing

This site is to give information for children, young people, family members, carers and partners on the supports and services provided in Falkirk for 5–24-year-olds (26 if care-experienced). Through Scottish Government funding we have introduced a number of face to face and digital supports to help children, young people and their families to support mental health and wellbeing.

Papyrus

A national service dedicated to the Prevention of Young Suicide.

Website: <https://www.papyrus-uk.org/>

Phone: Hopeline: [0800 068 4141](tel:08000684141) 9am to midnight.

[Text 0780 039967](tel:0780039967)

Scottish Autism Outreach

We provide a wide range of flexible and innovative support services for children and adults across Scotland, each with a focus on improving quality of life. Central to this is recognising that each person has a unique set of needs. We create personalised support plans which are based on an individual's own strengths and motivations and on achieving outcomes which are meaningful to them.

Website: <https://www.scottishautism.org/>

Phone: [01259 222 022](tel:01259222022) Advice Line is open Tues – Fri, 10am – 4pm (Closed at weekends).

SHOUT

Free confidential, 24/7 text messaging support service for anyone who is struggling to cope. Support people who are anxious, stressed, depressed, suicidal or overwhelmed and need immediate support.

Website: <https://giveusashout.org/>

[Text 'SHOUT' to 85258](tel:0800085258) Free to text from all major mobile networks in the UK.

Time 4 Us

Time 4 Us works across Forth Valley providing support to children and families where they have been impacted by substance use. The service aims to increase parenting capacity, enhance children's self-esteem, confidence and resilience whilst supporting families to stay together, where it is in the child's best interest to do so. To refer into the Time 4 Us service, a 'Request for Assistance' form needs to be completed.

For more information call [01259272112](tel:01259272112)

[Transform Forth Valley](https://transformfv.org.uk)

transformfv.org.uk

[01259272112](tel:01259272112)

Talk Time Scotland

The first free counselling service for 12–25-year-olds who are physically disabled or have long-term physical health conditions.

Website: <https://www.talktimescotland.co.uk/>
Email: talktimescotland@gmail.com

Young Minds

Advice and practical tips from young people and advice on getting support. A-Z of to help parents support their child.

Website: <https://www.youngminds.org.uk/>