

self-harm

supporting children
and young people

guidelines for schools



we welcome our patron

Denise Welch



Hello

Most of you will know me as playing Steph in Waterloo Road or Loose Women. I am very proud to be the patron of TheSilentCry, it is a worthwhile project that can make a difference to many people.

The charity focusses on subjects that I feel are present in all schools, but sometimes can not be revealed due to many factors. School can be a very difficult but fun place, there are so many issues that arise during the teenage years, some of them from bullying, home life or the pressure of doing well. Of course it could be down to the changes taking place.

TheSilentCry takes the subject of depression, self harm and other anxiety orders and makes them approachable subjects, by removing the stigma.

The charity is there to help you, with professional therapists available for you to get in touch with, in confidence and anonymous as well.

I hope you learn and use the charity services on offer.

Best Wishes

Love
Denise Welch

self-harm

supporting children and young people

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there are 'probably two young people in every secondary school classroom who have self-harmed at some time'



what is self-harm and how common is it?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self strangulation or running in front of a car, where the intent is deliberately to cause self-harm.

Some people who self-harm can have a strong desire to kill themselves. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others.

Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are "probably two young people in every secondary school classroom who have self-harmed at some time"

(The truth about self-harm. London: MHF/CF).

what causes self-harm?

The following risk factors, particularly in combination, may make a young person vulnerable to self harm:

Individual factors

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse.

Family factors

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family.

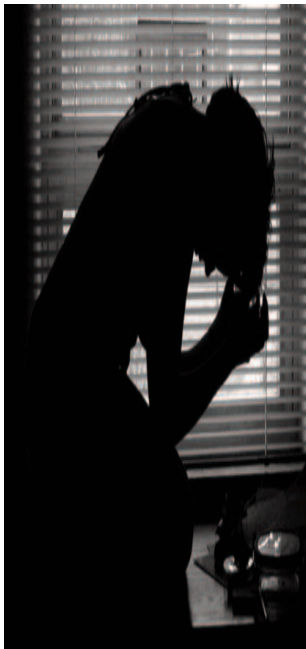
Social Factors

- Difficulty in making relationships/ loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm.

a number of factors may trigger the self-harm incident

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce.

warning signs



There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions
- Risk taking behaviour (substance misuse, unprotected sexual acts)

Examples of self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/undermedicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/undereating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

Self-harm can be transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater. Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

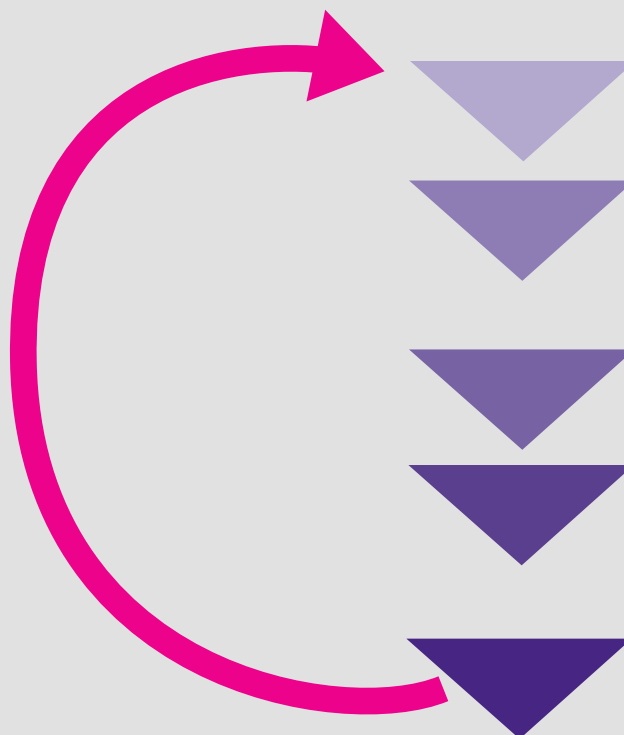
what keeps self-harm going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the student and it becomes a way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to 'feel real'
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act.

Cycle of self-harming/cutting

When a person inflicts pain upon themselves, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Negative emotions

Sadness, anger, despair

Tension

Inability to control emotions, maybe using dissociation to cope with tension

Self-harm act

Cutting, burning etc

Positive effects

Endorphins released, tension and negative feeling dispelled for a short period

Negative effects

Shame and guilt over self-harm act

coping strategies

Replacing the cutting or other self harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of safer ways of coping include:

- Using a creative outlet e.g. writing poetry & songs, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Contacting a friend or family member
- Ringing a helpline
- Going into a field and screaming
- Hitting a pillow or soft object
- Listening to loud music
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place, e.g. a cinema
- Reading a book
- Keeping a diary
- Using stress-management techniques, such as relaxation
- Having a bath
- Looking after an animal

Reactions of school staff

School staff members may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between schools. Students may present with injuries to first-aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted and that they pass on any concerns.

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

how to help



- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling (*see pathway card p21, appendix 9*).
- Build up a full picture of the young person's life by talking to his or her form tutor, year head and any other adults who come into contact with him or her. Find out any particular strengths and vulnerabilities (*see Risk and Resilience checklist, page ? appendix 7*).
- What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This person may be, for example, a mentor, counsellor, youth worker, school nurse, teacher, Connexions personal advisor, special educational needs coordinator, behaviour support teacher, education welfare officer, educational psychologist or someone that the young person chooses to talk to.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it
- It is important that all attempts of suicide or self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.
- If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first-aid guidelines as directed by school policy. In the case of an over-dose of tablets, however small, advice must be obtained from medical practitioners (or Accident and Emergency department).
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.
- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.
- Contact the person's parents/carers, unless it places the child or young person at further risk (refer to Child Protection Procedures). Discuss the school's concern with them. Provide parent/carer with the carer/parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.

- Think about the resources there are in school and the local community which could support the young person: this should include a Pastoral Support Plan (PSP). A referral to the GP or school nurse may also be considered.
- Follow the school policy of informing the designated person/senior management of your concerns.
- The Children & Young People' s Service Safeguarding Team should be informed if the young person discloses child protection concerns. Follow the Area Child Protection Committee Guidelines, 2002. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow.
- A Common Assessment Framework could be raised at a network meeting if appropriate.
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together.
- Follow up the parents' meeting with a letter to them indicating your concern.
- Have crisis telephone numbers available and easily accessible to young people (*see appendix 6 p5*).
- Record any incident (*appendix 2 p10*).
- Seek support for yourself if necessary.



simple things you can say:

- Check your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person's behaviour are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process.
- See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed. For example: -'I've noticed that you seem bothered/worried/preoccupied/ troubled. Is there a problem?' – 'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present' -'We know that when young people are bothered/troubled by things, they cope in different ways and self-harm is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self harm. Unfortunately I don't have the skills to help, but I would like to help by asking *(Name of counsellor)* to see you. Would you agree to this?'

understanding the self harm

It may be helpful to explore with the young person what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping.



Confidentiality

Confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality. If you consider that a young person is at serious risk of harming him or herself or others, then confidentiality cannot be kept. It is important not to make

promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

strategies to help



- Consider consultation with a CAMHS Primary Mental Health Worker (PMHW)/Education Specialist Teacher Mental Health/School nurse.
- Arrange a mutually convenient time and place to meet within the school environment
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage the young person to talk about what has led him or her to self-harm (*see pathway card or p21 appendix 9*).
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take the steps necessary to keep him or herself safe and to reduce the self-harm (if he or she wishes to), e.g.
 - washing implements used to cut
 - avoiding alcohol if it's likely to lead to self-injury
 - taking better care of injuries (the school health nurse may be helpful here).
- Help the young person to build up self-esteem.
- Help the young person to find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives.
- Help the young person to identify his or her own support network, e.g. using Protective Behaviours or other therapeutic strategies.
- Offer information about support agencies. Remember that some Internet sites may contain inappropriate information.
- If you have a number of young people who self harm in your school, you may consider seeking consultation with your PMHW and Educational Psychologist.

further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information.
- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually.

response of supportive members of staff

For those who are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm themselves. If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

issues regarding contagion

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in school staff and in other young people. Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm. Be aware that young people communicate electronically also through e.g MSN networks.

support/training aspects for staff

Staff members giving support to young people who self-harm may experience all sorts of reactions to their behaviour, such as anger, helplessness and rejection. It is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff members with this role should take the opportunity to attend training days. Liaison with the CAMHS Primary Mental Health Workers may be helpful.

general aspects of prevention of self-harm

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices can help in the management and prevention of self-harm.

Use of the Social and Emotional Aspects of Learning (SEAL) resources and seeking accreditation through the Healthy Schools Scheme are useful strategies for schools to use.



appendix 1

schools checklist for self-harm procedures & practices

	Date	
Supporting the development of effective practice		
The school has a policy or protocol for supporting students who are self-harming or at risk of self-harming. The school governors have approved this.	<input type="checkbox"/>	<input type="text"/>
Self-harm Guidelines have been approved by the school governors.	<input type="checkbox"/>	<input type="text"/>
Training		
All new members of staff receive an induction on child-protection procedures and setting boundaries around confidentiality.	<input type="checkbox"/>	<input type="text"/>
All members of staff receive regular training on child-protection procedures.	<input type="checkbox"/>	<input type="text"/>
The following staff groups – reception staff, first-aid staff, technicians, dinner supervisors – receive sufficient training and preparation for their roles.	<input type="checkbox"/>	<input type="text"/>
Staff members with pastoral roles (head of year, child protection co-coordinator, SENCO etc.) have access to training in identifying and supporting students who self-harm.	<input type="checkbox"/>	<input type="text"/>
Communication		
The school has clear open channels of communication that allow information to be passed up, down and across the system.	<input type="checkbox"/>	<input type="text"/>
All members of staff know to whom they can go if they discover a young person who is self-harming.	<input type="checkbox"/>	<input type="text"/>
The senior management team is fully aware of the contact that reception, first-aid staff, technicians and dinner supervisors have with young people and the types of issue they may come across.	<input type="checkbox"/>	<input type="text"/>
Time is made available to listen to and support the concerns of staff members on a regular basis.	<input type="checkbox"/>	<input type="text"/>
Support for staff/students		
School members know the different agency members who visit the school, e.g. school counsellors, Connexions Personal Advisers, school health nurses etc.	<input type="checkbox"/>	<input type="text"/>
Male members of staff are supported in considering their responses to girls whom they notice are self-harming.	<input type="checkbox"/>	<input type="text"/>
Staff members know how to access support for themselves and students.	<input type="checkbox"/>	<input type="text"/>
Students know to whom they can go for help.	<input type="checkbox"/>	<input type="text"/>
School ethos		
The school has a culture that encourages young people to talk and adults to listen and believe.	<input type="checkbox"/>	<input type="text"/>

appendix 2

incident form

Sample of an incident form to be used when a young person self harms

School/College			Date of Report
Age	Gender	Year	Special needs
Young person's name			
Staff member			Position
Incident			
Date and time of occurrence			
Action taken by school personnel			
Decision made with respect to contacting parents and reasons for decision			
Recommendations			
Follow-up			
Signature		Designation	

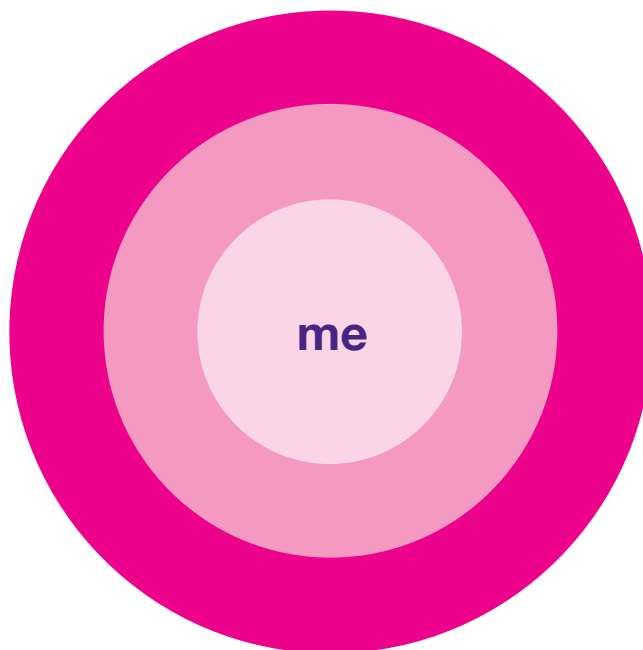
appendix 3

my safety net

There are different categories or types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- family and close friends
- friends and people you see every day
- help lines and professional people you could go to for help.

Also, write into the space below the safety net, the things that you can do yourself to cope with difficult feelings and keep yourself safe.



Things I can do myself to cope with difficult feelings

There are other ways to represent a safety net e.g. using a hand or a flower (see protective behaviours, see p18 appendix 8).

appendix 4

factsheet on self-harm for parent/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what that young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need to find a less harmful way of coping.

what is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

how common is self-harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15 to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

is it just attention-seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as arguments with family, break-up of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is the final straw. Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help

- > Keep an open mind
- > Make the time to listen.
- > Help them find different ways of coping.
- > Go with them to get the right kind of help as quickly as possible.

There are people you can contact for help.

- > Your family doctor
- > Young Minds Parents Information Service
tel. 0800 018 2138
- > Samaritans
tel. 08457 90 90 90

appendix 5

information on self-harm for young people

what is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

how many young people self-harm?

A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15- to 16-year-olds had self-harmed in the past year.

why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult feelings that people who self-harm talk about include:

- feeling sad or worried
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- arguments with family or friends
- break-up of a relationship
- failing, or thinking you are going to fail, exams
- being bullied

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of that person showing other people that something is wrong in his or her life.

how can you cope with self-harm?

Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way with dealing with difficult things in life. Helpful strategies can include:

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone, e.g. you might want to ring a helpline

- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- listening to music
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people
- keeping a diary
- having a bath/using relaxing oils, e.g. lavender
- hitting a pillow or other soft object
- watching a favourite film

getting help

In the longer term it is important that the young person learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

At home: parents, brother/sister or another trusted family member
 In school: school counsellor, school nurse, teacher, teaching assistant or other member of staff.

GP: You can talk to your GP about your difficulties and he or she can make a referral for counselling or specialist Child & Adolescent Mental Health Services support.

my friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friend's safety you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important to try not to take this personally. Often, when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to talk to an adult who can support you. You may not always be able to be there for your friend, and that's ok.

appendix 6

national advice and helplines**Careline****020 8514 1177**

Mon to Fri 10am – 4pm, 7pm – 10pm

Confidential telephone counselling for people of any age on any issue

Childline**0800 1111****www.childline.org.uk**

24hrs helpline for children and young people under 18 providing confidential counselling

PAPYRUS**0870 170 4000****www.papyrus-uk.org**

Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal

NCH**020 7704 7000****www.nch.org.uk**

Provides family centres, child abuse treatment services, leaving care projects, respite etc. Counselling for families and children, and printed information

Samaritans**08457 90 90 90****www.samaritans.org.uk**

Confidential emotional support for anybody who is in crisis.

Young Minds**www.youngminds.org.uk**

Information on a range of subjects relevant to young people.

There are many other projects out there traceable through phone directories, web searches etc.

appendix 7

protective factors

family factors

Child

- > High self-esteem
- > Good problem solving skills
- > Easy temperament
- > Able to love and feel loved
- > Secure early attachments
- > Good sense of humour
- > A love of learning
- > Being female
- > Good communication skills
- > Belief in something bigger than the self
- > Having close friends

Parents

- > High self-esteem
- > Warm relationship between adults
- > High marital satisfaction
- > Good communication skills
- > Good sense of humour
- > Capable of demonstrating unconditional love
- > Set developmentally appropriate goals for the child
- > Provide accurate feedback to the child
- > Uses firm but loving boundaries
- > Believes in and practice a 'higher purpose'

risk factors

family factors

Child

- > Low self-esteem
- > Few problem solving skills
- > Difficult temperament
- > Unloving and reject love from others
- > Difficult early attachment
- > Tendency to see things literally
- > Fear of failure
- > Genetic vulnerability
- > Being male
- > Poor communication skills
- > Self-centred thinking
- > Rejected/isolated from peer group

Parents

- > Low self-esteem
- > Violence or unresolved conflict between adults
- > Low marital satisfaction
- > High criticism/low warmth interactions
- > Conditional love
- > Excessively high or low goals set for the child
- > Physical, emotional or sexual abuse
- > Neglect of child's basic needs
- > Inconsistent or inaccurate feedback for the child
- > Parents with drug or alcohol problems
- > Parental mental health problems

appendix 7

protective factors environmental factors

School

- > Caring ethos
- > Students treated as individuals
- > Warm relationships between staff and children
- > Close relationships between parents and social
- > Good PHSEE
- > Effectively written and implemented behaviour, anti-bullying, pastoral policies
- > Accurate assessment of special needs, with appropriate provision

Housing and community

- > Permanent home base
- > Adequate levels of food and basic needs
- > Access to leisure and other social amenities
- > Low fear of crime
- > Low level of drug use in the community
- > Strong links between members of the community

protective factors environmental factors

School

- > Excessively low or high demands placed on child
- > Student body treated as a single unit
- > Distance maintained between staff and children
- > Absent or conflictual relationships between staff and school
- > Low emphasis on PHSEE
- > Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care
- > Ignoring or rejecting special needs

Housing and community

- > Homelessness
- > Inadequate provision of basic needs
- > Little or no access to leisure and other social amenities
- > High fear of crime
- > High levels of drug use
- > Social isolated communities

appendix 8

protective behaviours – what’s that?

Protective Behaviours (PBs) is a practical and down to earth approach to personal safety. It is a process which can also be used as a programme if needed. The name ‘Protective Behaviours’ is somewhat misleading but, with its origins in child abuse prevention, it is understandable why the process received this name. Over the years, as applications of PBs have broadened, the name seems to have remained with us. Training in PB’s is available to schools through the Children’s and Young People’s Service. The following section outlines the principles behind PB’s and the content of the 2 day training.

unwritten rules of society

We see how certain rules of society have a powerful influence on our choices of behaviour. Whilst these rules can be positive and help to guide our interactions, many of them tell us we should, ought or must behave in a particular way. For instance, children should do as adults tell them; professionals should always have the answer; men should not show their feelings and women should behave in a ladylike manner. These rules are not written down, are often contradictory and do not seem to fit with our own experience. PB’s training looks at their function, how they develop, their effects and how to change them if necessary.

feelings, thoughts and behaviour

We look at the interaction between our feelings, thoughts and behaviour. We see how feelings are feelings, neither right nor wrong, good nor bad. Some people seem to mask one feeling with another or use behaviour as a way of avoiding or covering feelings. We look at how behaviour is a choice with an effect, usually involving others as well as ourselves. Sometimes we do not know what our choices are or they may be limited by factors we cannot change. Once we are in touch with our feelings it helps free us to use our thinking. Our thinking can influence both our feelings and behaviour.

theme 1

‘we all have the right to feel safe all the time’

This theme is explored in detail, carefully looking at the connection between rights and responsibilities. We also take the concepts of blame and punishment out of commonly held ideas associated with responsibilities. Instead, we focus on the ‘ability to respond’ contained within the meaning of the word. The difference between having a responsibility for ourselves and to others is also examined. Next we discover for ourselves the difference

between feeling safe, fun to feel scared (adventurousness), risking on purpose (which may not feel like fun and we still have choice) and feeling unsafe. These differences are manifested by what we call our 'Early Warning Signs' (EWS), specific bodily responses which tell us when we do not feel safe as well as having a sense of choice, control and time limit. It is these universal body signs which mean that Protective Behaviours is accessible to all people, irrespective of age, gender, nationality, ability or belief system.

theme 2

'there is nothing so awful we can't talk about it with someone'

This theme is also explored in detail. In particular we focus on the ideas and effects of 'talking', and what might happen if we do not believe this theme. We encourage everyone to develop their personal networks of support, those people they could turn to if in need. Desired qualities of network people are identified and we examine how we would know if someone has these qualities. Types of networks and ways of letting people know we need to talk with them are also explored.

the seven strategies

During training we examine how these strategies can be used to effectively implement the core ideas. The strategies include :

Theme Re-inforcement – re-inforcing the two themes verbally, visually and especially by example.

Network Review – constantly checking to ensure that our networks are available and still fit our needs.

One Step Removed – using a 'third person' approach for problem solving, to seek assistance or to check out someone's ideas before making a disclosure. This might include role play, videos or asking for help for another person.

Protective Interrupting – any action we take to interrupt or halt any particular or actual unsafe situation, for instance, saying 'no' when someone is trying to make us do something we feel is wrong.

Persistence – persisting in seeking help until we feel safe again and our EWS have gone. This includes seeking further help if our EWS return.

Risking on Purpose (ROP) – deliberately choosing to take a risk when the outcome may be what we need, for example, going for a job interview. It also includes remembering our responsibilities towards others' safety. ROP 'Feeling the fear and doing it anyway. 'Saying 'no' may also involve ROP.

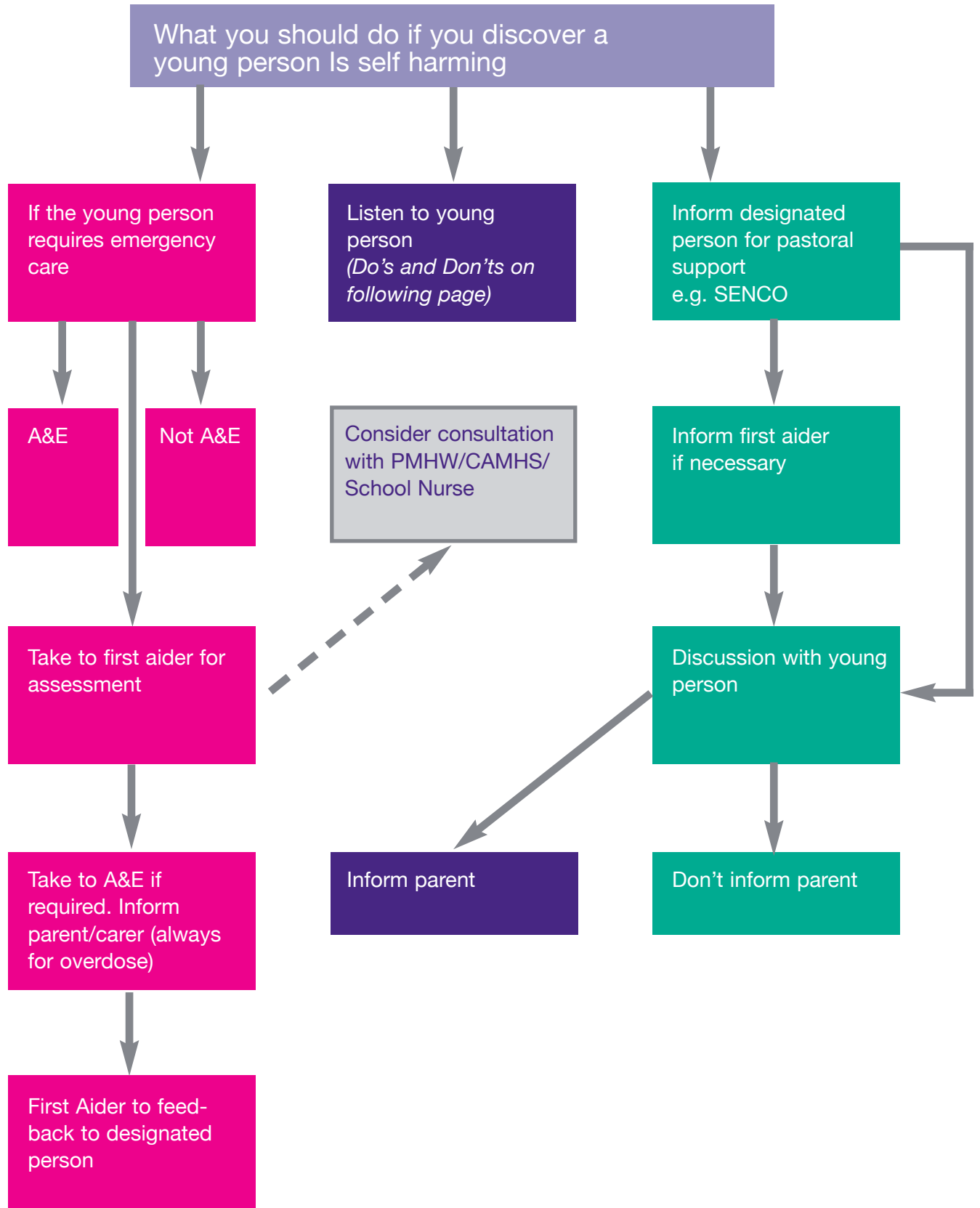
The Language of Safety – this is the glue which holds all the Protective Behaviours elements together. It includes re-framing our language into an empowering, non-victimising and non-violent format which is consistent with the PBs process. It also means we acknowledge that language is a powerful tool informing and maintaining a positive self image.

We demonstrate the difference between ‘political correctness’ when we do not need to believe in what we are saying and PBs language where we know, for example, that racist words are never acceptable because someone is likely to feel unsafe if we use such language. This would mean that we were not observing our responsibility to other peoples’ right to feel safe.

uses of protective behaviours

To date the PBs framework is used in many places by a variety of people. It is being used by schools, residential care services, domestic violence services, mediation practitioners, police, counselling agencies, probation workers, youth workers, social services, disability service workers and others. The process is used in many ways including abuse prevention, crisis intervention, bullying prevention policies, managing challenging behaviour, crime prevention, counselling, assertiveness training, staff development, parent support work, Restorative Justice, mediation, conferencing and conflict resolution, to name a few. Because of the universal ‘we all’ in PB’s it can be, and is, used by anyone irrespective of their ability, belief system, colour, gender, sexual orientation, profession, age, physical or mental abilities.

appendix 9
self harm care pathway



Do's

Stay calm – do not show anxiety, disapproval or disgust. Be prepared to be shocked – then.....

Listen – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before.

Listen intently – calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them.

Observe – Listening does not just require ears. Observe the young person's non verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? Frustration?

Think carefully before you act – what is in the best interest of the young person. Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

Treat a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm.

Don'ts

Don't panic – Unfortunately many young people self-harm. It is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel safe and contained.

Don't send the young person away – make some time for them – either help them find other ways of coping or support them in getting the right kind of support.

Don't be judgemental – keep an open mind about the behaviour and don't refer to it as "attention needing".

Don't work alone – you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.

Don't offer to take them to your home. Don't give them your mobile number or house number – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself.

Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person's difficulty.



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A charity dedicated to helping people contend with the difficulties of self harm,
depression and associated disorders.