Self-harm in secondary schools: What are the perceptions and experiences of staff?

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Abstract

The purpose of this study is to explore the perceptions and experiences of secondary school staff with regard to adolescent self-harm. The research was conducted in a Local Authority where there were particular concerns about rising numbers of young people presenting with self-harm.

While the majority of young people who self-harm are supported in the community and never access clinical services, surprisingly little research has considered the role of schools and their staff. The research that has been done suggests that school staff can feel underqualified and overwhelmed in their attempts to support young people who self-harm. Further, there is a growing evidence base that when young people experience negative attitudes towards self-harm it is distressing and reduces the chance of them seeking further help.

To address this, qualitative exploratory research was conducted with thirteen members of staff working in secondary schools. Since the research was concerned not just with experiences, but also with perceptions of adolescent self-harm, the participants were from two groups: those with direct experience of supporting young people who have self-harmed and those without any direct experience. Data collection involved individual semi-structured interviews which were analysed using thematic analysis.

The research indicated that secondary school staff are keen to help and understand young people who self-harm, but that they do not always feel skilled or confident enough to do so, often feeling that some kind of specialist is required and/or fearing that they might make a situation worse. Findings highlighted the emotional impact of this work and illustrated the importance of supporting staff, who expressed a desire for further training and other forms of professional support such as supervision.

Student Declaration

University of East London

School of Psychology

Doctorate in Educational and Child Psychology

Declaration

I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution.

I declare that no material contained in the thesis has been used in any other submission for an academic award.

I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.

Jody Walshe

Signature: ..... Date: 22nd April 2016

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List of Abbreviations

A&E	Accident and Emergency Department
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Service
DSH	Deliberate Self-Harm
EP	Educational Psychologist
EPS	Educational Psychology Service
GP	General Practitioner
IPA	Interpretive Phonological Analysis
LA	Local Authority
NICE	National Institute for Clinical Excellence
NSSI	Non-suicidal self-injury
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-Ordinator
SSI	Semi-Structured Interview
TEP	Trainee Educational Psychologist
UEL	University of East London

Chapter One – Introduction

1.1 Overview of chapter

This thesis presents research exploring the perceptions and experiences of secondary school staff relating to young people who self-harm. Thus, this chapter begins by introducing the topic of self-harm and young people. The international, national and local contexts are discussed, with reference to the role of the school in supporting young people. The researcher's position is then stated and a rationale for the research is outlined. The chapter concludes with the four research questions this study intends to address.

1.2 Understanding self-harm

Adolescent self-harm is 'a major public health concern' (Hawton, Saunders, & O'Connor, 2012, p. 2373). They (2012, p.2373) further note that 'although international variation exists, findings from many community-based studies show that around 10% of adolescents report having self-harmed'. There are around 150,000 attendances at accident and emergency departments every year as a result of self-harm and it is in the top five reasons for hospital admission (NICE, 2004).

1.2.1 Definitions of self-harm

There is a wide range of terminology used around the topic of self-harm. Some definitions explicitly make the distinction between suicidal self-injury i.e. suicide and suicide attempts, and nonsuicidal self-injury (NSSI) i.e. deliberate intention to harm one's body without the intention of suicide. Other definitions make reference to a deliberate intention to cause harm, such as the term deliberate self-harm (DSH). The World Health Organisation defines parasuicide as:

> *an act with non-fatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes in the subject desired via the actual or expected physical consequences.* (Platt et al., 1992, cited in NICE, 2004)

By contrast, the definition of self-harm adopted by The National Institute for Health and Clinical Excellence (NICE, 2004), and this research, is broader and more concise: 'self-poisoning or self-injury, irrespective of the apparent purpose of the act' (p.7). NICE's definition was selected for this research because it is recognised nationally and therefore highly relevant to current practice within the United Kingdom. Further, this broad definition supported the exploratory purpose of this research.

The NICE guidelines exclude culturally accepted behaviours such as excessive consumption of alcohol, dieting, over-eating, smoking and drug use. They explicitly state that 'self-harm is an expression of personal distress, not an illness and there are many varied reasons for a person to harm him or herself' (p.7). As such, self-harm is often considered as a way of managing emotional distress. Williams, cited in (Skegg, 2005, p. 1472), suggests that self-harm can be considered as a 'cry of pain' rather than a 'cry for help'.

Self-harming behaviours can include: banging; scratching and burning one's body; hair pulling; swallowing objects; breaking bones; self-cutting and self-poisoning. Self-cutting is the most common method of self-harm in adolescents

in the community; in clinical settings the most common adolescent self-harm behaviour seen is self-poisoning (Hawton et al., 2012; Duggan & Whitlock, 2012).

1.2.2 Functions and explanatory models of self-harm

These differing definitions of self-harm highlight the variety of ways in which it has been conceptualised in the existing body of research. Previous research has considered the functions of self-harming behaviours as varied, including as a coping mechanism for difficult and distressing emotions, to gain attention from others and an expression of suicidal intent (Jacobson & Gould, 2007).

A number of different explanatory models of self-harm have been posited, some of which are briefly discussed:

1.2.2.1 Developmental model

Moran, Coffey, Roamiuk, & Olsson (2012) explored the natural history of self-harm with a primary focus on the stage of transition from adolescence to young adulthood. Their findings suggested that adolescence is a factor in explaining self-harm and that most adolescent self-harming is spontaneously resolved over time. However, the researchers emphasised the vulnerability of young people who self-harm and experience mental health difficulties which require further support and intervention. Researchers identified a ‘strong’ connection between ‘depression and anxiety’ in adolescence and ‘an increased risk of self-harm in young adulthood’ (2012, p.241). Moran et al. argue for the importance of early intervention for such difficulties as these ‘might have additional benefits in terms of reducing the suffering and disability associated with self-harm in later years’ (2012, p.242).

Their research involved 1,800 Australian adolescents and young adults in a longitudinal study. However, since this was based on a clinical population and most young people who self-harm do not present for clinical interventions (Hawton et al., 2012), these findings may not be generalisable.

1.2.2.2 Regulating emotions model

Some researchers have concurred that self-harming behaviour is an individual's coping mechanism for managing distressing and difficult emotions (Brown, Comtois, & Linehan, 2002; Evans, Hawton, & Rodham, 2005). In-Albon, Burli, Ruf and Schmid (2013, p.2) 'propose that NSSI can be regarded as a response for managing or inhibiting aversive emotions, thus representing a dysfunctional emotion regulation strategy'. In this model, self-harm may achieve this emotional regulation by acting as a release: 'participants tended to feel overwhelmed, sad, and frustrated before self-injury and relieved and calm after self-injury; (Klonsky & Muehlenkamp, 2007, p. 1045).

1.2.2.3 Psychodynamic model

Psychodynamic models of self-harm have asserted that 'self-harm must be understood as having meaning within interpersonal and intrapsychic relationships' (Briggs, Lemma, & Crouch, 2008, p. 1). In this model self-harm is seen as an expression of a deeper emotional issue which the individual may or may not be conscious. A psychodynamic approach would also focus on the function that the self-harm serves for the individual.

1.2.2.4 Systemic model

Eco-systemic theory asserts that any individual's behaviour is understood in the context of the different systems which surround and influence that individual

(Bronfenbrenner, 1979). As such, the systemic model sees a young person's self-harm in relation to the systems which surround them such as wider family and school. Within this model the system is influential and has the potential to unintentionally perpetuate the self-harming behaviour (Suyemoto & MacDonald, 1995).

1.2.3 Risk Factors

The Mental Health Foundation's (2006) national inquiry into adolescent self-harm in the UK found extremely limited research considering the reasons for self-harming behaviour. The research which has been done suggests that self-harm is the result of a complex interaction of personal experiences and is not usually linked to one specific experience (Fox & Hawton, 2004). These complex factors may include mental health, personal and family histories, interpersonal relating and social factors (Fox & Hawton, 2004). Young people have shared that bullying, poor body image, feeling isolated from peers and family, examination pressure and peer relationships are some of the risk factors for self-harm (Mental Health Foundation, 2006). Notably, the triggers young people identified focused on daily stresses and pressures rather than significant one-off events.

1.2.4 Prevalence and epidemiology

Statistics on prevalence of self-harm lend valuable context to understanding this area; however, they also need to be treated with caution. One key reason for this is the hidden nature of the behaviour means that it is underreported (Hawton et al., 2012). There appears to be a concern that rates of self-harm are increasing in young people and rates of self-harm in the UK are reported to be rising (Fortune & Hawton, 2005). Information on prevalence must be treated

with care since the research conducted on this topic uses a number of different definitions, terms and labels. They also assess this figure using different tools, for example, interviews and self-report questionnaires. Ougrin's (2014) analysis notes that questionnaires asking 'yes/no' questions about self-harm behaviours produce lower estimates than those where participants are presented with a list of potential self-harming behaviours prior to the question. Comparing the findings of different studies is difficult and highlights the importance of caution when considering figures of self-harm prevalence.

Nock (2012) argues that epidemiological research on self-harm in young people and children needs to be developed as much of the existing epidemiological research in this area is based on an adult population. A large study between 2000 and 2007 collected data from six English hospitals; the data comprised of a total of 7,150 incidents of self-harm by 5,205 young people (Hawton, Berger, et al., 2012). It was identified that 53.3% of those presenting with self-harm had self-harmed previously, and 17.7% harmed themselves again within a year. Most of the individuals (82.1%) were between the ages of 15-18 years; this finding supports the developmental model of self-harm.

Three quarters (74.6%) of all of the individuals who presented were female. Self-poisoning with paracetamol was the most common method for both genders – 79.5% of female incidents and 72.9% of male incidents. However, some differences were noted: a key difference was that self-injury was more common with males (22.7%) than females (15.3%); of those cases of female self-injury, the method most commonly used was self-cutting. Hawton, Berger, et al. (2012) note that this is at odds with community-based UK studies which

have found that the majority of male and female incidents of self-harm involve self-cutting.

1.3 The National Context

Some evidence suggests that rates of self-harm in the UK are higher than anywhere else in Europe (Mental Health Foundation, 2006; Royal College of Psychiatrists, 2014). Most self-harm takes place in the community and most young people do not access treatment (Hawton et al., 2012). This supports the finding of Madge et al.'s (2008) Child and Adolescent Self-harm in Europe research, which found that 87.4% of young people did not seek help from an acute hospital.

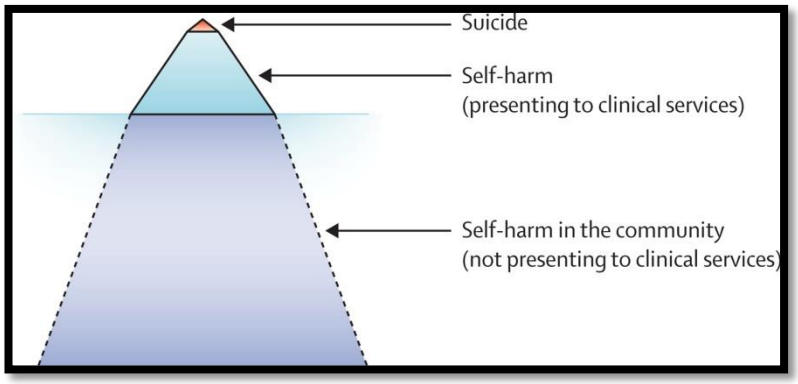


Figure 1: Representation of the relative prevalence of self-harm and suicide in young people (Hawton, Saunders, & O'Connor, 2012, p. 2374)

The National Society for the Prevention of Cruelty to Children analysed calls to ChildLine and reported that one in three young people who called mentioned self-harm in their counselling sessions (NSPCC, 2014). Further, they noted an increase in this statistic, rising from 19% in 2010/2011 to 29% in 2012/2013.

The NICE guidance highlights that 'the experience of care for people who self-harm is often unacceptable' (2004, p.6). There is a considerable amount of

evidence which shows that people accessing support for self-harm have not been treated positively by those responsible for providing support and care (Mental Health Foundation, 2006; Timson, Priest, & Clark-Carter, 2012; Cello & YoungMinds, 2012; Royal College of Psychiatrists, 2014). Despite negative outcomes for young people who self-harm, they are often unwilling to access professional support (Evans et al., 2005; Fortune, Sinclair, & Hawton, 2008; Cello and YoungMind, 2012). Berger, Hasking and Reupert (2014) suggest that this may be partially due to 'negative attitudes and inaccurate knowledge of health professionals' (p.201).

1.4 Attitudes of medical professionals

Despite most self-harm being community based, the majority of the evidence in this area has looked at the attitudes of medical professionals, rather than other professionals working in community settings such as schools (Anderson, Standen, & Noon, 2003; Crawford, Geraghty, Street, & Simonoff, 2003). These studies noted that there was a lack of confidence in managing individuals, feelings of anxiety and a belief that a more specialised type of intervention was required for these individuals presenting with self-harm. Pressures on resources and staff time were also mentioned in these studies.

The relationship between knowledge of self-harm and attitudes among A&E staff, CAMHS (Child and Adolescent Mental Health Service) staff and secondary school teaching staff was investigated by Timson et al. (2012). They found a significant relationship between negative attitudes and poor knowledge within all three groups. The more negatively they felt, the less knowledgeable they perceived themselves to be. Staff members who are knowledgeable about adolescent self-harm feel more effective in their work and less negative, which

supports the notion of providing better information to multi-disciplinary staff. None of the teachers had received training on self-harm and reported that they would benefit from training, knowledge and supervision.

Self-harm has been shown to cause distress for those providing support and a study has identified that self-harm can be the most distressing client behaviour experienced in clinical practice and the behaviour that many professionals find most upsetting to encounter (Gamble et al., as cited in Deiter, Nicholls, & Pearlman, 2000).

1.5 The experiences of young people

Fortune et al. (2008) illuminate the adolescent perspective on self-harm. They explored what young people consider supportive in helping to reduce or stop self-harm and considered young people's perspective on the role of adults who offer support. Their self-report questionnaire garnered responses from 2,954 students aged 15-16 years old across a representative sample of 41 of England's secondary schools. Young people stated that they found it difficult to share with some teaching staff and showed a preference for non-teaching staff such as learning mentors and school counsellors. One possible reason for this may be that young people have described the importance of self-harm in helping them to feel in control of something in their life; however, they experienced the loss of this control when they disclosed their self-harm (Mental Health Foundation, 2006).

Qualitative research by Spandler found that young people often self-harmed further after experiencing negative attitudes and reactions. They found that the support valued by young people was characterised by adults being respectful,

listening, adopting a non-judgemental attitude and not showing fear (Spandler, 1996, pp. 88–100). These findings were supported by the research conducted by Cello & YoungMinds (2012) which found that young people wanted to challenge the stigma they felt existed around this topic.

1.6 Attitudes to self-harm in schools

Secondary school staff are uniquely placed to identify and support adolescents who self-harm (Heath, Toste, Sornberger, & Wagner, 2011). Given the time young people spend in education, schools exert substantial influence on their personal and social development (Meltzer et al., 2001; Dow, 2004). While school staff are 'in a unique position to identify and respond to pupils' personal, social, emotional and behavioural needs' (Best, 2004, p. 3), there is clear evidence that, when it comes to self-harm, schools are often struggling to do so (Best, 2004). A review of government strategies aimed at promoting well-being for children across educational settings shows that, in the UK, the strategies were general with little to no specific attention paid to self-harm (Mental Health Foundation, 2006). Young people involved in the inquiry felt that self-harm should be tackled in schools and that comprehensive training was essential for teachers to know how to talk about self-harm, and to detect the signs of self-harm.

The findings of the Mental Health Foundation inquiry (2006) raise the issue of how educational professionals understand self-harm. However, it seems there is limited research exploring professionals' understanding and responses to self-harm in children and young people. Educational professionals are likely to hold a range of attitudes and understandings towards a young person who has self-harmed, and Best (2006) notes that this is likely to impact on that young

person. A number of unfounded myths have arisen around self-harm, held by adults and young people; Fox and Hawton (2004) note that these myths include the idea that such young people are attention seeking, that self-harming does not hurt, and that the seriousness of the problem can be measured by the severity of the injury. Such beliefs will inevitably impact on the way a child who self-harms is perceived and responded to.

Simm, Roen and Daiches (2008) researched primary school professionals' understandings of self-harm in their pupils with the intention of improving understandings of how self-harm is experienced and managed in primary schools. They intended that the findings could contribute to a long-term goal of working with schools to devise collaborative interventions which consider the whole system and build upon existing resources. Simm et al. (2008) found that primary school staff ascribed several different functions they thought self-harm could serve for children. This current research aims to build on this, working with a population of secondary school staff.

1.6.1 Recent international studies

Several recent international studies have considered the experiences and perceptions of secondary school staff.

School staff's confidence on the issue of self-harm and young people is one area where evidence is growing. Heath, Toste and Beettam (2006) investigated the knowledge, self-perceived knowledge and attitudes regarding self-injury, of 50 high school teachers from a large urban area of Canada. They found that 50% of teachers did not feel knowledgeable about self-injury and 78% of teachers underestimated the prevalence of self-injury. Berger, Reupert and

Hasking (2015) explored knowledge and attitudes about self-harm and levels of confidence in providing support for young people in Australian pre-service (n=267) and in-service teachers (n=261). They reported that participants expressed concern for the young people and a wish to help them. However, in findings similar to Heath et al. (2006), these participants felt 'ill-informed about self-injury and requested school policies and additional education regarding behaviour' (p.37). Best (2006) found that UK school staff members shared these concerns and expressed fear, worry and a sense of helplessness when supporting young people who self-harm. Further, teaching staff in Canada and the United States reported negative attitudes and limited knowledge of self-harm, this being particularly notable for staff members with little or no experience in this area (Carlson, DeGeer, Deur, & Fenton, 2005; Heath et al., 2011). A desire for education, resources and support for school staff was reported by Berger et al.'s (2014) study of 501 secondary school teachers and other school staff.

1.7 The local context

Adolescent self-harm was a topic of concern within the Local Authority (LA) where this research was conducted. A key concern was the evidence of year on year increases in young people presenting at the local hospital's accident and emergency (A&E) department with self-harming injuries. It is important to note that the there was also an increase in admissions to hospital for adolescent self-harm; however, this rise was much less sharp. One explanation for this was that young people were presenting at A&E with injuries not severe enough to require admission for medical treatment of the physical injury. Local schools expressed concern about appropriate support for young people who were deemed to require support beyond what the schools could provide but

who did not meet the threshold to access the Child and Adolescent Mental Health Service (CAMHS). In response to this the LA's Safeguarding Children Board formed a task and finish group to design a care pathway. The researcher was invited to join this group in light of the topic of this research.

1.8 The researcher's position

The researcher's interest in self-harm can be traced to their experiences working in school settings and seeing the impact of self-harm. The researcher became aware of the distress of young people themselves, their peer group and the school staff around them. The researcher was struck by the complex and difficult emotional impact of working with vulnerable young people and interested in ways that this could be considered and staff supported. The researcher was conscious of the stigma surrounding mental health in general, and self-harm in particular, and considers it vital that this is understood and addressed.

1.9 Rationale for this research

Very limited research has taken place into the attitudes and experiences of adolescent self-harm in educational professionals. This is surprising in light of the importance of schools in identifying and supporting young people at risk of self-harm. The research which has been conducted suggests that staff feel unsupported and under-equipped to support young people who are self-harming (Royal College of Psychiatrists, 2014; Best, 2006).

Young people have highlighted that others' responses to their self-harm impacts how they make sense of their own experiences (Adams, Rodham, & Gavin, 2005; Moran et al., 2012; Mental Health Foundation, 2006). Thus, it is valuable

and important to pursue an understanding of what responses self-harm evokes in secondary school staff and the implications of these for both the staff and the students with whom they work. It is clear that the attitude and understanding of the professional working with a young person has an important impact.

1.10 Research questions

The research aim for this exploratory study was to develop a picture of education professionals' experiences and understandings of self-harm in secondary school students.

RQ1 – What are secondary school staff's perceptions of students self-harming?

RQ2 – What are secondary school staff's experiences of working with students who self-harm?

RQ3 – What do secondary school staff see as valuable in supporting them when working with students who self-harm?

RQ4 – Where do secondary school staff get their information about self-harm?

Chapter Two – Literature Review

2.1 Overview of chapter

The previous chapter introduced the topic of young people and self-harm in UK secondary schools. This chapter outlines the process of identifying and critically considering the relevant research in this area. This chapter is concluded by stating the aims of this research and summarising the key points of the literature review.

A literature review is 'a systematic, explicit, and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work' (Fink, 2005, p. 3). By conducting a literature review, researchers can gain an overview of the existing body of literature and illuminate gaps within current research. To ensure precision and focus in literature reviews, Gough (2007) highlights the importance of identifying a review question. Consequently, this review aims to answer the question:

> *What do we know about the perceptions and experiences of UK secondary school staff working with young people who self-harm?*

2.2 Systematic Literature Search

A systematic literature search was employed to provide a broad overview of the subject area and to find a more specific understanding of the experiences and perceptions of secondary school staff working with students who self-harm. A number of strategies were used to ensure the literature search was

comprehensive. The process of the systematic literature search is described below.

In June 2015, a systematic search was conducted of available, published research looking into secondary school staff working with adolescents who have self-harmed. EBSCO Databases Academic Search Complete, British Education Index, Education Research Complete and PsycINFO were searched using the search terms in Table 1. The abstracts of these identified studies were read and papers selected according to the inclusion and exclusion criteria presented in Table 2 and relevance to the research question. This search yielded 67 studies. Reading the abstracts of these studies, nine appeared relevant. The ScienceDirect and Scopus databases were also searched using the same process. No further studies were identified.

On examination of all nine studies, two were excluded because they were not relevant to the review question. These are noted in Appendix A.

Electronic database search terms
(School* OR Teach* OR Educat*)
AND
(DE "Self Injurious Behavior*" OR DE "Self Destructive Behavior*" OR DE "Head Banging" OR DE "Self Inflicted Wound*" OR DE "Self Mutilation" OR DE “self-harm*” OR DE "self harm*" OR DE “Self-injur*” OR DE "Deliberate self harm*" OR DE "Deliberate self-harm*" OR DE “DSH”)
AND
(Student* OR Pupil* OR Adolesc*)

Table 1: Electronic database search terms

Inclusion and Exclusion Criteria		
	Inclusion	**Exclusion**
Participants	Primary / secondary teachers Educational professionals	No reference to educational professionals
Location	School settings in the UK	Studies not conducted in schools and/or the UK
Design	Empirical research or qualitative, quantitative and mixed methods design	Literature reviews
Topic	Self-harm	No mention of self-harm
Dates	Published in the last 10 years (2004-2015)	Published prior to 2003
Language	English	Not written in English
Publications	Peer reviewed journals	Not published in peer reviewed journals

Table 2: Inclusion and exclusion criteria

All studies that related to contexts other than the school environment, or studies that related to children with a learning disability, were excluded. Studies that related to professionals who do not work within the school environment were excluded; the majority of these related to emergency medical care staff. Those professionals who work within schools include those who may work in schools, but who are not necessarily employed by schools, for example school nurses or education welfare officers. Those who fit within this category, and those employed by the school, are included within the description of 'school staff' which is used throughout this research.

The decision was made to expand the initial inclusion criteria to include primary school education professionals in addition to secondary school; this allowed the inclusion of one study (Simm et al., 2008) which was deemed to be relevant to the current research since so few of the studies identified included participants who worked in UK schools.

In addition, a hand search was carried out. Relevant journals including 'Educational Psychology in Practice', 'Emotional and Behavioural Difficulties' and 'Educational and Child Psychology' were searched. No further studies were identified through this search. Additional systematic and hand searches were carried out in November 2015 to explore whether any further research had been published. One additional paper was identified and included (Marchant & Ellis, 2015).

Finally, the references of all identified studies were checked. As with the systematic search, the abstracts of papers which met the inclusion criteria were read and considered according to their relevance in answering the review question. This did not yield any new papers.

On completion of this process eight papers were identified. The researcher read each for relevance and quality; those that were deemed highly relevant to the review question and demonstrated validity, reliability and/or trustworthiness were selected for the literature review. Based upon these judgements, all eight studies were selected. Table 3 provides an overview of these studies.

Studies identified through systematic literature review			
Authors	**Research Aim**	**Design**	**Participants**
(Best, 2006)	To explore professionals' awareness of and responses to adolescent self-harm.	Pilot study using semi-structured interviews.	34 social, health and educational professionals working with young people who self-harm.
(Cooke & James, 2009)	To explore experiences and training needs of school nurses in relation to their work with	Mixed methods: Questionnaire and semi-structured interviews.	School nurses. Questionnaire (n=9) Interviews (n=4)

	adolescent self-harm.		
(Haddad, Butler, & Tylee, 2010)	To identify school nurses' views concerning the mental health aspects of their role.	Questionnaire.	A random sample of school nurses (n=258)
(Kidger, Donovan, Biddle, Campbell, & Gunnell, 2009)	To explore student and staff views regarding current and future school based emotional health provision.	Mixed methods study of student and staff views of emotional health. A survey across 296 English secondary schools consisting of qualitative interviews and focus groups.	27 pupil focus groups involving 154 secondary age pupils. 15 staff interviews.
(Marchant & Ellis, 2015)	To explore what factors support and impede staff in taking up a role in managing students who self-harm	Semi-structured interviews analysed using thematic analysis.	5 school staff members in one secondary school (4 pastoral coordinators and 1 school nurse)
(Potter, Langley, & Sakhuja, 2005)	To assess the priorities of professionals making referrals to CAMHS.	Postal survey of non-CAMHS professionals including school staff.	184 professionals working with young people including 52 Head teachers and SENCos from schools in one UK district.
(Simm, Roen, & Daiches, 2008)	To develop a thorough description of educational professionals' experiences and understandings of self-harm in primary school children.	Semi-structured interviews analysed using IPA.	15 staff members including teachers and staff in support roles (e.g. learning mentors) from 6 schools.
(Timson, Priest, & Clark-Carter,	To investigate professional	Two self-report questionnaires	120 participants: A&E staff (n=51), CAMHS

2012)	staff attitudes and knowledge about adolescents who engage in self-harming behaviour and to identify training needs.	to measure perceived knowledge and attitude. Demographic information was collected to provide descriptive data of the participants.	staff (n=39), secondary schools teachers (n=30)

Table 3: Studies identified through systematic literature review

2.3 Review of relevant literature

The eight studies identified were read and critiqued. Through this process key themes were identified:

- *Professional Roles*: how clearly roles are defined and the impact of confusion over roles.
- *Challenges*: what staff found difficult, including how time constraints impact on staff capacity to provide support to young people and the emotional impact of the work.
- *Awareness and understanding:* the knowledge and skills staff have and their awareness and understanding of self-harm.

School nurses feature heavily in the studies identified, while there is comparatively little on the attitudes and experiences of other professionals working in education. The systematic literature review process identified that most research into the attitudes of professionals towards self-harm are from the medical professional perspective which may go some way to explaining why school nurses are so prominent in this literature search.

2.3.1 Professional Roles

The role that professionals working in secondary schools are expected to play, when working with young people who self-harm, was identified in the literature. The research is limited but presents the picture that school nurses had more clarity around their understanding of their role than other professionals working in schools, including teachers and SENCOs.

Role of Educational Professionals

Best (2006) conducted a pilot study with 34 education, health and social care professionals working in UK secondary schools and support young people who self-harm. The study intended to investigate the forms of self-harm encountered, the prevalence of self-harm, participants' awareness of self-harm and their reactions to self-harm. Semi-structured interviews were employed for this exploratory piece of research.

Participants described a practical role in responding to student self-harm by making referrals to external agencies or within the organisation. This suggested that in some schools staff had clear, defined roles for supporting pupils who self-harm; including form-tutors, SENCOs and Heads of Year, supporting Best's (2005) earlier assertion that pastoral staff are more aware of self-harm. Best (2006) found a lack of consensus on whether specific staff members should have sole responsibility of students who self-harm. A CAMHS professional described the legitimacy of teachers wanting to get someone else to support the student, whether inside or outside of school. However, a counsellor expressed concern that if adults immediately passed the pupil to another professional, this could undermine the trust the pupil has placed in that adult. A learning support

staff member described this as ‘pushing [the child] away’ and viewed it as not acknowledging that the young person had come to them for a reason (2006, p. 170). These responses contribute to the concern expressed that some staff focus on procedures at the expense of the pupil’s emotions.

Marchant and Ellis’s (2015) thematic analysis describes the difference between the ‘psychological roles that staff took up and the sociological roles defined by others’ (p. 21). This stresses the distinction between what is expected of a professional, and how they perceive their role; some participants articulated a tension between a desire to take action and the limitations of their professional role. This tension is consistent with the findings of Kidger et al. (2009) in which participants expressed a desire to support students’ emotional well-being, yet felt concerned about their ability to keep a young person’s concerns confidential (p. 11). However, when considering Kidger et al.’s (2009) findings, it is important to be aware that the focus was on supporting adolescent emotional wellbeing in schools, including the views of students and staff. While the topic of emotional wellbeing clearly encompasses the area of self-harm, the scope of this research is broader than the parameters defined in this literature review. Also, much of the research looks at the attitudes of adolescents which, while interesting and relevant in a broader context, are not the focus of this review.

Marchant and Ellis (2015) suggest that their findings may indicate that ‘having clear safeguarding procedures may serve a containing function for staff’ (p. 21). While the psychological role is a key theme identified in this research, their study is limited by the small sample size (n=5) in one school. However, since this was a piece of exploratory research which acknowledges the limitations of

its small-scale, this can be helpful in contributing to our understanding in a very under-researched area.

Best (2006) outlines the importance of clarity of role and role-conflict for teachers; as a class teacher they have responsibilities for teaching and learning and also may have a pastoral role, for example as a form tutor. In their role as 'class teacher' they may be expected to focus on learning and manage classroom behaviour. When in a pastoral role they are expected to try to empathise with a young person. This emphasises that there can be complexities, and even conflicts, between aspects of the professional identity of a teacher. This may be more evident when teachers are supporting vulnerable young people, including those who self-harm (Best, 2006).

Best (2006) interviewed a range of education, social care and health professionals; identifying participants through a 'snowball' method, consisting of identifying respondents who found additional respondents for the researcher; this is unsurprising given the exploratory nature of this research. This method of sampling can be criticised as having poor external validity since it reduces the likelihood that a sample will be representative of a good cross section of the population. As such, this sampling can result in a more homogenous group of participants of the same social group (Faugier & Sargeant, 1997). Additionally, some participants did not work in secondary schools directly (e.g. a middle-manager in a secure unit), which may impact the relevance of some of the findings. However, Best (2006) acknowledges the small scale of the research and cautions against generalising the findings. Further, in the context of a piece of exploratory research in a highly under-researched area, the selection of a

'snowball' sampling method is very pragmatic. Indeed the research notes that by this method 'the study assumed momentum of its own, and the data-set is both larger and more varied than originally anticipated' (Best, 2006, p.164).

The author does not clearly describe the process of data analysis, nor does he reference the epistemological position taken up in this study. Analysis of the interviews was described as highlighting passages according to their focus, then grouping them according to topic or whether they referred to pertinent sections of the literature review. This research critiques the definitions of self-harm and the author was explicit that interviewees defined deliberate self-harm themselves.

Role of CAMHS

Further to confusion about role within school, there is some evidence that this confusion also extends to the expected role of other professionals supporting young people who self-harm. One of Potter, Langley, & Sakhuja's (2005) key findings was the existence of 'continuing confusion among some of our partner professionals regarding our [CAMHS's] role' (2005, p. 265). They used a postal survey of non-CAMHS professionals including school staff to investigate the cases which referrers to CAMHS felt needed prioritising. Professionals working in schools who participated included Educational Psychologists (EPs), Head Teachers and SENCOs from all secondary schools in one district in the UK; there was a response rate of 75% (n=52). Findings indicated that staff considered cases of self-harm were the second highest priority after young people who have been sexually abused. This potentially suggests school staff

feel that self-harm requires the specialist support of CAMHS or other professionals, as opposed to schools.

Potter et al. (2005) asked participants to rank their priorities in accessing CAMHS; while self-harm was clearly identified as a priority, much of the rest of the study considers other areas of concern for education professionals. This study can be used to illustrate that self-harm is a subject which educational professionals consider to be a priority and one where they feel that CAMHS have a role to play. Other than that, this research does not offer insight into the experiences or attitudes of these professionals regarding young people who self-harm. This is partly because the research designed asked 3 closed questions requiring participants to rank mental health factors relating to a scenario. The final question invited 'any other comment' – these finding are reported generally ('frequently stated was the need for better communication' (2005, p. 264)) but with no quotations or discussion of a method of analysis for this data.

Role of School Nurses

Cooke and James's (2009) explored investigated UK school nurses' feelings towards working with adolescent self-harm and whether nurses valued and prioritised training on self-harm. Researchers intended to identify and explore the training needs of school nurses in relation to adolescent self-harm. A mixed methods design was used to explore the views of a small number of participants, all from one Primary Care Trust. The study commenced with a questionnaire for nine participants and followed by four semi-structured interviews.

Participants appeared to agree with the role of school nurses as professionals who can offer practical advice, suggest alternatives to self-harming behaviour and make referrals to CAMHS and other clinical services. Respondents noted that the school nurse is often the first person who teachers seek out if they have concerns about the possibility of a young person self-harming. Participants had differing experiences on whether they would be directly approached by young people for support. Eight out of the nine participants responding to the questionnaire felt that school nurses needed further self-harm training.

The professional focus for school nurses was the physical injuries of adolescents who self-harmed and none mentioned discussing the meaning of or reasons for the self-harming behaviour. When reflecting on this, participants were frustrated and felt that they had made assumptions which had resulted in their narrow focus on the physical harm caused. This was not true of all interviewees and one participant did express the view that it was their role to listen to the young person and try to support them in making sense of their experiences. Another participant expressed their concern about a lack of clarity around the definition of their role and identified this as something they would like to shift. Within schools, clarity of role is identified as a protective factor for professionals working with vulnerable adolescents (Rendall & Stuart, 2005).

Cooke and James (2009) clearly defined and explained their terminology of deliberate self-harm in their literature review. The researchers explicitly stated their rationale for use of a questionnaire which they based on published guidelines and further they assured the quality of this questionnaire by piloting it

before the main study. However, there is a note of caution about this pilot since it was comprised of a convenience sample of two nursing students and a tutor, who may well not have been representative of the whole profession. It was not made clear whether the participants in the pilot had an actual experience of working with adolescents who have self-harmed. The questionnaire employed closed and open questions. The closed question responses were analysed using descriptive statistics; no further analysis was used as a result of the small sample size (n=9). The responses to the open questions were analysed using thematic analysis. The authors do not state a clear rationale for the way that they identified themes or their epistemological position (Braun & Clarke, 2006). The interviews were analysed using 'a phenomenological approach to interview analysis' (Cooke & James, 2009, p. 263). In reporting the results, the authors describe themes, but do not indicate whether the themes came from the questionnaires or the interviews. Consequently it is difficult to draw conclusions, as the aims of each method of analysis are different and it is not explicit how the themes were derived.

Haddad, Butler & Tylee's (2010) research purpose was to develop understanding of the training requirements of UK school nurses using a postal survey (n=258). Researchers identified participants' attitudes to adolescent mental health, depression in young people, and their perception of their own role and their perceived training requirements. 93% of all respondents felt that supporting young people to manage emotional and psychological issues was central to their role. This suggests that the majority of school nurses see themselves as playing an important role in supporting the emotional wellbeing of pupils. Conversely, research by Kidger et al. (2009) found that secondary

school pupils did not see psychological and emotional support as part of the role played by school nurses.

The generalisability of Haddad et al.'s (2010) findings was bolstered by a relatively large sample (they had 258 respondents out of a possible 700; a 37% response rate). However, the qualitative data was not analysed using any named qualitative approach and the rationale for selecting themes is not stated. Thus, the findings should be considered with some caution regarding the themes they identify.

Kidger et al. (2009) conducted a mixed methods study to explore the views of students and staff on emotional wellbeing across a random sample of 25 secondary schools in England. Twenty-seven pupil focus groups were carried out (n=154 pupils). One of the findings was that school nurses were not perceived positively by any of the participants with regard to supporting young people with emotional difficulties. This was closely tied to their perception that school nurses were unavailable or only concerned with physical ailments. This presents an important contrast between how school nurses saw their role and the differing perceptions of service-users.

2.3.2 Challenges

The literature suggests that working with young people who self-harm appears to be challenging for staff as a result of logistical factors, particularly time pressures on staff, and the emotional impact of the work.

In their research into the training needs of UK school nurses, Cooke and James (2009) found that participants reported feelings of frustration and inadequacy in

working with young people who self-harm. Participants described these feelings as a reaction to lack of time and resources, leading to feelings of frustration and futility. These emotions may impact on staff's capacity to engage with adolescents and may explain why they were more likely to define their role as attending to physical wounds and referring students on to someone else.

This is supported by the findings of Haddad et al. (2010) who used a postal survey of school nurses. As part of this survey, respondents were offered the opportunity to give qualitative information regarding any factors they felt might help or constrain their role. The most frequently cited issues were lack of time and low staffing levels that limited their capacity to engage with the mental health issues which students presented.

Best (2006) interviewed a range of education, social care and health professionals. Interviewees from within and outside the education profession reported that the time pressure on teachers created by marking, paperwork and large class sizes discouraged them from being aware of pupils who self-harm. Respondents described the lack of time as a systemic issue; that the pressure of delivering the academic curriculum had a negative impact on staff's capacity to support young people who self-harm. From a systemic perspective this highlights the competing demands staff have to negotiate: the priorities of the academic curriculum and the social, emotional and mental health needs of their students. Similarly, Simm et al. (2008) found that participants felt that 'a person's role, and the time they were able to give to children had an effect on their awareness of self-harm' (p. 264). Learning mentors and teaching

assistants described how small group and one-to-one work allowed them opportunities to see self-harm which might be difficult for a teacher who has a whole class of children to consider. This appears to suggest that logistical constraints in general, and time pressures in particular, are a concern across primary and secondary schools. Simm et al. (2008) interviewed 15 members of staff from six schools in the North of England. They clearly outline how data was analysed using Interpretive Phenomenological Analysis (IPA), how the iterative analysis was conducted and how the three researchers validated the process of interpreation by checking samples of data together.

Further to the logistical challenges, the research identifies emotional challenges to staff supporting young people who self-harm. Self-harming behaviours can often evoke intense negative reactions from other people, including clinicians and the general public (Gatz, 2003). Individuals who self-harm report the harmful effects from these negative attitudes and the lack of understanding they receive from professionals (Friedman, et al., 2006).

In Cooke and James' (2009) mixed-methods study into school nurses' training needs, interviewees described the emotional impact of working with students who self-harmed as being 'overwhelming' and reported feeling unsupported in supporting them. This seemed to suggest that the organisations that they worked for did not recognise the emotional impact or did not provide a suitable system of support for staff in managing these issues. Cooke and James (2009) found that school nurses expressed difficulty looking beyond the physical manifestations of self-harm, rather than exploring why a student might be self-harming. This may reflect a difficulty in understanding why young people self-

harm. This is in contrast with the NICE (2004) guidance which stresses the importance of exploring the meaning of self-harm for a young person through psychosocial assessment. One respondent did state that they feel it was their role to listen and try to make sense or give meaning to the young person's experience. The respondents also talked about referring to other services rather than engaging with students.

The education, social care and health professionals interviewed by Best (2006) described feelings of shock and panic when faced with a disclosure of self-harm by a young person. This was also a finding of Heath et al. (2006); in a survey of Canadian high school teachers, 48% of respondents described adolescent self-harm as 'horrifying'. Best (2006) further found that staff described a feeling of powerlessness. This strong emotional reaction may impact on the capacity of staff to support adolescents. Similarly, Marchant and Ellis's (2015) participants described the fear among school staff 'that the way in which they respond to an incident of self-harm could make the situation worse' (p. 23).

Best (2006) found that a number of interviewees described the stigmatising nature of self-harm and the need for only certain key members of staff to be made aware when a pupil is self-harming. This seemed to reflect an appreciation of how it might feel for the child to have the control taken away from them. One example was given where all staff in contact with a student were informed in general terms that the student was under unusual pressure. The findings of the 'Truth Hurts' (Mental Health Foundation, 2006) suggests that this is often not the case; it suggests that the reaction a student receives when

they disclose that they have been self-harming has a significant influence on whether they then seek help and recover (Mental Health Foundation, 2006).

2.3.3 Awareness and understanding

The literature suggests that an important factor in whether staff felt able to take up a role with young people is how knowledgeable they felt about self-harm and their awareness around the issue. The level of expertise suggests varying degrees of knowledge and confidence with many professionals in secondary schools describing a desire for additional support (including training or work with other agencies) and concern about the lack of awareness and knowledge around the issue of self-harm held by other professionals.

Haddad et al. (2010) asked 258 school nurses to rate the factors they considered would aid them in providing more mental health and emotional wellbeing support to the children and young people in their care. Participants ranked the topic of managing self-harm as first, with 81% rating it as a training need for their role. Similarly, Cooke and James (2009) found all school nurses they interviewed reported that they wished they had more knowledge and training of how to manage young people who self-harm. It was also the view of the Royal College of Nursing when contributing to the 'Truth Hurts' national inquiry (Mental Health Foundation, 2006) that school nurses reported feeling that they lacked knoweldge and confidence when working in with young people who self-harm. Similarly, research by Cello and YoungMinds (2012) found that three out of five GPs did not feel confident in using the right language when talking to young people about self-harm.

Haddad et al. (2010) found that CAMHS teams were valued highly by school nurses who expressed a desire for specialist training and improved support from their local CAMHS teams. This is a clear indication that CAMHS were seen by these participants as knowledgable and skilled in the area of adolescent self-harm. Some of the types of support which participants requested from CAMHS were a referral point and professional support through staff supervision. This request for clinical supervision may illuminate the school nurses's professional anxiety or a sense they wanted more knowledge to be more confident in their role.

Best's (2006) participants described a culture within schools where a 'lack of awareness' was linked to 'a desire not to be aware because of "massive anxieties" which it would raise if acknowledged' (p. 167). There was a perception shared by two interviewees that there was a link between self-harm and suicide and this created emotions of fear, anxiety and powerlessness. Simm et al. (2008) reported similar concerns around anxiety.

Simm et al.'s (2008) findings highlighted a lack of understanding among primary school staff; 'many participants expressed uncertainty as to what self-harm was and was not' (p. 261). Simm at al. interviewed 15 staff members across six schools and used open ended questions to facilitate 'respondents' flexibility to express their subjective experiences' (p.258). In line with this methodology, a clear Interpretative Phenomenological Analysis (IPA) is described.

2.4 Research Aims

The present research will explore secondary school staff's experiences and perceptions of young people who self-harm. To date there has been very little

research in this area. Thus, the intention of this research is to explore the reality for secondary school staff; their experiences, their perceptions of adolescent self-harm and what they find helps them in this role. The main purpose is to improve educational staff's understanding of working with young people who self-harm by considering the current reality in schools. It is hoped that this research provides a picture of existing practice, current knowledge and what is perceived as valuable.

This research intends to consider the following research questions:

RQ1 – What are secondary school staff's perceptions of students self-harming?

RQ2 – What are secondary school staff's experiences of working with students who self-harm?

RQ3 – What do secondary school staff see as valuable in supporting them when working with students who self-harm?

RQ4 – Where do secondary school staff get their information about self-harm?

2.5 Chapter summary

This review aimed to answer the following question:

What do we know about the perceptions and experiences of UK secondary school staff working with young people who self-harm?

A systematic review of the literature found that research in this area is very limited. The research was restricted to eight studies in total. Of these, two studies focused exclusively on school nurses, three studies focused on education professionals (two in secondary education and one in primary education) and three studies included education professionals among health professionals and students. Therefore, even of the relevant studies, only two of the eight actually focused on secondary school staff experiences.

The review of the literature highlighted that there is confusion about the professional role a member of school staff is expected to play, and that this confusion causes some concern amongst those professionals. Other challenges identified were around the logistical factors within a school setting such as time and academic pressures conflicting with a pastoral role.

In the context of the literature reviewed, the research questions outlined above are informed by the previous research and aim to add further information to an under-researched topic.

Chapter Three – Methodology

3.1 Overview of chapter

The previous chapter identified, considered and reviewed the literature contributing to the existing research into education professionals' perceptions and experiences of self-harm. The research questions were presented.

This chapter provides a detailed description of the approach to methodology and data collection. The critical realist epistemological framework and ontology are discussed. An argument is made for a qualitative research design, located in the context of the exploratory purpose. The procedures for data collection and analysis are described. An examination of thematic analysis and the rationale for its selection to guide this research are explored. Issues of ethics and trustworthiness are considered. The chapter closes with a consideration of the role of reflexivity within this research process.

3.2 Ontological and Epistemological Considerations

Research paradigms offer 'a way of looking at the world … composed of certain philosophical assumptions that guide and direct thinking and action' (Mertens, 2010, p. 7). Three of Lincoln and Guba's (2005) questions, as cited in Mertens (2010), helpfully define the research paradigm:

> *The ontological question asks, "What is the nature of reality?"*
>
> *The epistemological question asks, "What is the nature of knowledge and the relationship between the knower and the would-be-known?"*

> *The methodological question asks, "How can the knower go about obtaining the desired knowledge and understanding?"* (p.10)

In this context it is central that researchers establish their own belief system within this framework. Moore (2005) strongly argues that for contemporary EP research 'methodological questions can no longer be divorced from questions of epistemology and ontology' (p. 107). Thus, it is vital researchers be transparent and explicit about the ontological and epistemological position they take up, and are reflexive about the implications. Reflexivity is defined by Yardley (2008) as 'explicit consideration of specific ways in which it is likely that the study was influenced by the researcher' (p.250) and is an important feature of quality assurance and transparency in qualitative research. Willig (2001) asserts that there is personal and epistemological reflexivity.

Epistemological reflexivity involves reflecting how ontological and epistemological assumptions influence research methodology, data collection, analysis and findings. Awareness of ontological and epistemological positions are important, not only from a researcher perspective, but when situated more widely in the context of EP practice: 'as professionals, we surely have a duty to be fully aware of the ontological and epistemology basis of our practice, since this will inevitably have implications for both how we understand our practice and, importantly, the nature of the relationships we have to those with whom we work, colleagues and "clients" alike' (Moore, 2005, p. 107).

Ontology, a view of the nature and orientation of the world, is central to any research project as it, along with epistemology, will inform methodology. Critical

realism bridges the gap between positivists, who believe there is one, fixed reality, and constructionists, who believe no reality exists beyond meaningful ways of describing it. Critical realism posits that there are multiple, constructed and complex realities (Robson, 2002) and there are multiple, valid 'knowledges' (Willig, 2008, p. 7) or perspectives, which are historically and contextually bound. This researcher's critical realist perspective acknowledges that there is a reality for school staff which is dependent on, and shaped by, their individual understanding of the world at a particular time and in a real-world context. Consequently, the researcher approached these experiences critically by trying to avoid making assumptions and acknowledging reality can only be understood imperfectly because of the human limitations of the researcher (Mertens, 2010).

This research adopts a critical realist epistemological position. Epistemology is the study of the nature of knowledge and how we acquire information; Willig (2008) defines it as 'a branch of philosophy concerned with the theory of knowledge' (p.2). Different epistemological positions, on the nature of knowledge and how it is created, are reflected in different research methodologies. Further, the role and impact of the researcher is understood in this context (Willig, 2008). Carter and Little (2007) argue that not only does epistemology guide methodological choice, but that it is also axiological. Acknowledging this, it is important that research methods are outlined with conscious reference to the critical realist epistemological position of this research.

Consequently, in the context of this research, the critical realist position explicitly acknowledges that the researcher is not outside of the research;

instead, they bring their experiences, understanding and assumptions to the methodology, data collection, analysis and findings (Maxwell, 2012). Critical realist epistemology suggests an interactive connection between participant and researcher. Consequently, researcher's reflexivity is central to the qualitative research process and they must recognise their role in creating meaning (Miles & Huberman, 1994; Willig, 2008). A critical realist position strives to reduce the power imbalance between researcher and participant by jettisoning the positivist assumption that the researcher has the ability to define or quantify the participant's experiences.

The realist research question may ask 'what is it about this programme that causes it to work for some people in some contexts?' (Matthews, 2003, p. 63); in this research, the focus was on a specific group (secondary school staff), in the geographical and social context of an outer London borough. The aim was not to produce data that can be widely generalised; rather, it was to look in rich detail at the experiences of a small number (13) of these staff, acknowledging that these experiences are bound by time and context.

A justification of the critical realist approach is its potential to be emancipatory and promote positive change. Robson (2002) describes how 'understanding the mechanisms at work and the contexts in which they operate provides a theoretical understanding of what is going on which can then be used to optimise the effects of the innovation by appropriate contextual changes, or by changing the innovation itself so that it is more in tune with some of the contexts where positive change has not been achieved' (p.39).

The critical realist perspective and exploratory purpose of this research informed the choice of a qualitative design. An aim of this research was to inform EP practice working with secondary schools and students dealing with self-harm. Bhaskar (1986), a key proponent of critical realism, has argued that, within the social sciences, it has the potential to be emancipatory. By questioning the value systems, assumptions and interpretations of reality, critical realism is well placed to 'further social progress and individual development by linking results to ethical systems and political and social action' (Kelly, 2008, p. 25). Conscious of the role of the EP in hearing the voice of schools and their staff, this research explored the perceptions and experiences of secondary school staff with students who self-harm, and the hope was to empower participants by using their voices to help inform school, local policy and the design of training for schools. This explains why the third research question was concerned with what helps secondary school staff to support students most effectively, positioning this study within the tradition of positive psychology.

Further, a critical realist stance correlates with research being conducted in concert with an external organisation, such as a Local Authority; it acknowledges that there are realities, for example the reality of Local Authority EPs working to support schools with young people who self-harm.

3.3 Exploratory Purpose

The purpose of this research was exploratory, aiming to develop a better understanding of an area that has not been clearly defined (Robson, 2002). As highlighted by the literature review, there is little existing research which has attempted to understand secondary school staff's experiences of supporting

pupils who self-harm, or their perceptions of self-harm. Exploratory research is particularly relevant in an area where there is little current understanding or research and it can be used to study phenomena using a different theoretical perspective (Robson, 2002).

3.4 Qualitative Research Design

The current study deployed a qualitative data collection design using semi-structured interviews with 13 members of secondary school staff within the LA (n=13). In line with qualitative research, semi-structured interviews were considered appropriate with a small, purposively selected sample size to allow the gathering of detailed individual narratives.

Qualitative methods are particularly recommended in areas where there is little existing research as they enrich understanding and can be used as a basis to develop theory (Elliott, Fishcer, & Rennie, 1999). In terms of the epistemological approach underpinning the research interviews, the interviewer and the interviewees were seen as collaborators in the construction of knowledge and understanding. Greig, Taylor and MacKay (2013) argue that qualitative research is valuable because it 'represent[s] an excellent source of the kind of data that [is] at the heart of qualitative research – rich descriptions in words and pictures that capture their experiences and understandings' (p.174). This focus on complexity, detail and individual meaning is central to qualitative research.

3.5 Research Procedure

3.5.1 Pilot Study

Once ethical consent had been obtained, two pilot interviews were conducted by the researcher, one of each interview schedule. The purpose of the pilot interviews was to allow the researcher to determine whether the semi-structured interview questions were appropriate and to give the researcher experience of conducting research interviews. The researcher did not audio-record these interviews as they were not being included for analysis, but notes were kept by the researcher.

The participant feedback on both occasions was positive but on both occasions there were felt to be too many questions in the interview. Thus, the researcher reduced the number of questions and made slight changes to the order of the questions being asked. The copies of the original interview schedules with details of amendments can be found in Appendix K and Appendix L, the final interview schedules can be found in Appendix F and Appendix G.

3.5.2 Participants

13 participants were recruited from a total of four schools in the outer London LA where the researcher was on placement as a TEP. The participants were recruited in two groups; those with direct experience of working with students who self-harm and those with no direct experience of working with students who self-harm but an interest in the area. The researcher was explicit in wanting to recruit a variety of staff members, not exclusively teachers; this was informed by findings which indicated that young people would rather share their experiences with a non-teaching member of staff at school (Mental Health Foundation,

2006). Purposive sampling allowed the researcher to identify participants based on the specific inclusion criteria detailed in Table 4 (Cresswell, 2009).

These participants were self-selecting, which could be perceived as a limitation in that they may not be representative of all secondary school staff. However, as accepted within a critical realist research framework, the aim of this research was to explore the experiences and perceptions of the individual participants and the meaning that they attach to their narrative, not to present data that is widely generalisable. This research considered the individual meanings described by school staff when talking about their experiences and perceptions of students who self-harm. Further, this sampling technique was appropriate because, due to the sensitive nature of the topic, participants were difficult to access.

Inclusion Criteria	
Participants are secondary school staff	
Participants work within the LA where the research is conducted	
Participants have at least 2 years of experience working in school settings	
EITHER	
	Direct experience (recent or current) working with students who self-harm
OR	
	No direct experience of working with students who self-harm but an interest in the area

Table 4: Inclusion criteria for participants

Following ethical approval (see Appendix I), the researcher wrote to the head teachers of all of the secondary schools in the LA (Appendix B). This letter introduced the researcher, the aims of the research and invited head teachers to express interest in their school participating in the study by contacting the researcher. Four schools expressed interest in participating in this research. These schools were contacted by the researcher by telephone and meetings were scheduled for the researcher to meet with the person who would act as a

contact; in most cases this was the school's SENCO. These meetings allowed the school staff to ask questions about the study and what the school's participation would involve. These contacts within the school were then asked to circulate copies of the participant information sheet (Appendix C) to staff within the school.

13 members of staff from the four schools voluntarily expressed interest in participating and the researcher contacted them to schedule a time to visit the school and conduct the individual interviews. Information relating to these 13 participants is shown in Table 5.

Participants			
Interviewee	**Experience with young people who have self-harmed**	**School**	**Role**
A	Direct experience	B	SENCO with additional responsibilities for pastoral care
B	Direct experience	C	Class teacher
C	Direct experience	C	Class teacher
D	Direct experience	D	'Care and Guidance' and first aider
E	Direct experience	D	'Care and Guidance'
F	Direct experience	D	Post-16 co-ordinator
G	Direct experience	C	School counsellor
Total number of participants with direct experience (n=7)			
H	No direct experience	A	Head Teacher's Personal Assistant
I	No direct experience	A	Exams Officer
J	No direct experience	B	Student support officer
K	No direct experience	C	High-level TA working with young people with dyslexia and ASD
L	No direct experience	C	Class teacher and deputy head of year
M	No direct experience	C	Class teacher
Total number of participants with no direct experience (n=6)			
Total number of participants (n=13)			

Table 5: Participants

3.5.3 Data Collection

The interviews took place in meeting rooms within the school. Before each interview, the purpose and confidentiality limits of the interview were explained again and the participants were reminded that they could withdraw their consent

at any time. This was done verbally and in written form with the participant information sheet (Appendix C). Consent forms were signed and collected prior to the interview commencing. The participants were then given further opportunities to ask any questions and asked to provide written consent to be interviewed (Appendix D). The interview was based around a semi-structured schedule, depending on whether the participant defined themselves as having 'direct experience of working with young people who have self-harmed' (Appendix F) and those who defined themselves as 'having no direct experience of working with young people how have self-harmed' (Appendix G).

3.5.4 Semi-structured interviews

This research used 'semi-structured interviews' (SSIs). Munn and Drever (2004) define SSIs as 'a flexible technique which is suitable for gathering individual's opinions, exploring people's thinking and yielding rich information' (p. 8). Conscious that interviews can present difficulties of reliability due to the risk of a lack of standardisation between interviews (Robson, 2002), other data collection approaches were considered, primarily focus groups. However, with due consideration of the sensitive nature of the subject matter, SSIs were deemed the most appropriate method of data collection. The researcher ensured, through preparation and the use of the pilot study, that they had developed the appropriate interviewing skills to facilitate successful interviews (Gillham, 2005).

The use of SSIs recognised the subjective nature of perspectives and understandings (Warren, 2001). The qualitative nature of SSIs facilitated an exploration of meaning that interviewees ascribed to their experiences and

perceptions of young people who had self-harmed. Open-ended questions allowed participants to express freely their subjective experiences. When the interview was concluded, participants were thanked and verbally de-briefed, which included outlining the researcher's next steps with regards to the study. Further, participants were given a de-briefing information sheet (Appendix E) which included the contact details of the researcher and contact details for organisations which could offer support if any participant felt this was appropriate.

Interviews were audio-recorded by the researcher. Interviews lasted between 35 and 60 minutes and were later transcribed verbatim; identifiers were removed from the transcripts and the participants were assigned a letter.

The flexible nature of SSIs also provided opportunities for the researcher to clarify participants' views. The researcher was able to check their understanding of what was said immediately and to ask further questions if appropriate. Given the limited research into educational professionals' experiences and perceptions of self-harm, and the exploratory purpose of this study, this flexibility was complementary and enabled participants scope to give rich, detailed information (Kvale, 2007).

3.5.5 Use of the vignette

During the interviews all participants were presented with the same vignette (Appendix H). The vignette was presented at the start of the interviews with those participants without direct experience of working with young people who self-harm. The vignette was included with the intention of prompting further discussion from the participants with direct experiences and as a starting point

for discussion with those participants without previous experience of working with young people who self-harm.

3.5.6 Research Timeline

Table 6 illustrates the timeline of this research.

Date	Procedure
February 2015	UEL ethical approval granted Ethical approval from LA sought and granted
February - March 2015	Contacting schools by writing to Head Teachers to outline research
March 2015	Pilot study (two interviews) conducted and amendments made to interview schedules in light of feedback
March – May 2015	Initial meetings in schools with stakeholders
April – June 2015	Data collection – interviews with participants
May – August 2015	Data transcribed and anonymised
August 2015 – April 2016	Data analysis and thesis write up

Table 6: Research timeline

3.5.7 Data Analysis

The researcher considered the potential of several qualitative data analysis approaches; Grounded Theory, Interpretative Phenomenological Analysis (IPA) and thematic analysis. Grounded Theory is an inductive qualitative research methodology which uses a constant comparative method to develop a bottom-up theory of the given phenomenon. It is characterised by adjusting the interview schedule after each interview to incorporate additional themes until theoretical saturation is achieved (Strauss & Corbin, 1998). Grounded Theory was judged to be an unsuitable method for this research because a homogenous sample is required in order to gather data to form a Grounded Theory. This was challenging because the participants in this research were separated into two groups (those with and without direct experience of supporting young people who have self-harmed) and since the focus of the

research was to seek the perspectives of different staff members, Grounded Theory was not felt to be appropriate.

IPA was also considered as a method of data analysis, especially since it was chosen by Simm et al. (2008) who provide one of the key pieces of research identified in the review of existing literature. IPA is concerned with the lived experience of each individual participant and this was considered to be incompatible because this study involved two groups of participants, one with direct experience of working with self-harm in young people, and one without any direct experience of this type of work. As such, IPA would have allowed the researcher to answer the second research question: What are secondary school staff's experiences of working with students who self-harm? However, the other three research questions are answered with data from both sets of participants. Since IPA focuses on the lived experience, and six out of the 13 participants did not have lived experience, it was not considered to be suitable.

The interviews were analysed using thematic analysis. This method is reported to be one of the most commonly used methods of qualitative analysis (Howitt & Cramer, 2008). Thematic analysis is a flexible approach which is not constrained by any particular theoretical framework (Braun & Clarke, 2006). As such, it is complementary to the critical realist position of this research, reflecting the reality of educational professionals' experiences and understandings relating to adolescent self-harm.

The data was analysed through inductive thematic analysis (Braun & Clarke, 2006). Thematic analysis is used for identifying, analysing and reporting on

themes. It can be used to organise and describe data and it can also be used to analyse data in greater depth, either deductively or inductively (Braun & Clarke, 2006). Deductive analysis would be driven by the analysist, with themes of interest identified prior to the start of the process of analysis. By contrast, an inductive approach identifies themes from the data set and the subsequent analysis is data-driven rather than researcher-driven. This research was conducted without a predetermined framework or theory in mind as it was felt that this approach was less likely to limit any themes that emerged. Further this facilitated the data being considered from a genuinely exploratory position and is in line with a critical realist position. The researcher's analysis focused on explicit surface meanings found within the data and identified semantic themes based on what interviewees said.

A further advantage of using thematic analysis is that it clearly identifies key features of a data set and can provide rich data related to the research questions. In doing this, both similarities and differences across the data set are highlighted and unforeseen insights can be gained. The flexibility of thematic analysis can also be seen as advantageous, allowing the researcher to use a variety of approaches within this method to analyse the data. However, this also means that care must be taken to ensure that the actual methods used are clearly identified. Thematic analysis has been criticised due to a lack of clarity and consistency in the procedures used (Holloway & Todres, 2003). One clear and replicable model of thematic analysis is outlined by Braun and Clarke (2006) and this was felt to be an appropriate model to adopt for this research.

Braun and Clarke, (2006) propose a six stage model for researchers to follow during inductive thematic analysis in order to establish meaningful themes. These six stages were followed by the researcher (Figure 2) and are described in detail below. Further, the research followed Braun and Clarke's (2006) '15-Point Checklist of Criteria for Good Thematic Analysis' (Appendix J) to add additional rigour to the process of thematic analysis.

The process of analysis began during the transcription phase, when the researcher began to note the links and connections between the participants' views and experiences. This offered additional understanding and lent meaning to the shared perspectives and experiences of the participants. This was in line with a critical realist ontological position.

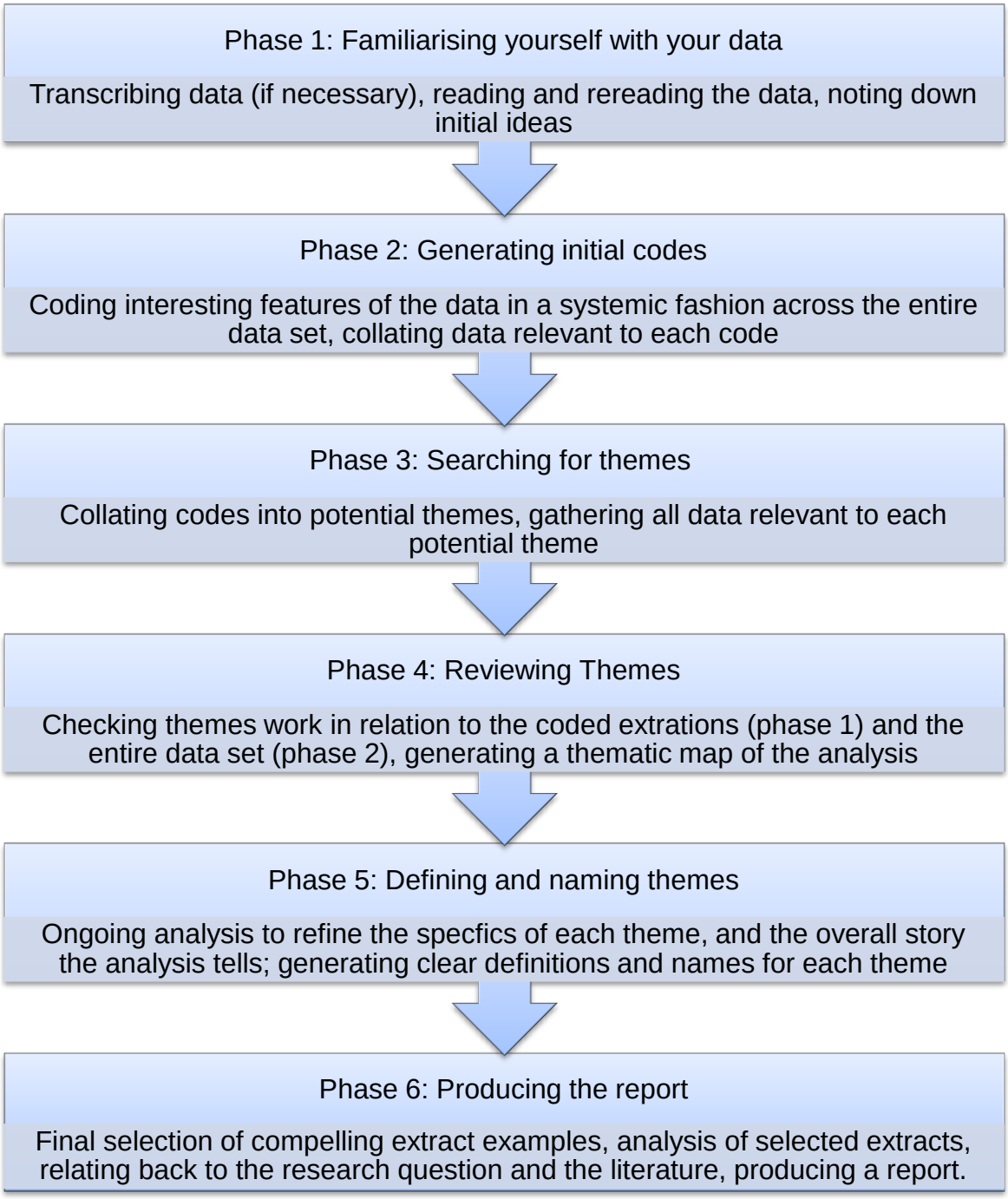


Figure 2: Braun and Clarke's Six Stages of Thematic Analysis (2006, p. 95)

Phase 1: Familiarisation with the data

This phase of the analysis involved the transcription, and re-reading, of the 13 interviews. While re-reading the transcripts the researcher listened to the recordings of the interviews to check again for accuracy and develop

familiarisation with the data. Each transcript was re-read several times and the researcher made notes of initial impressions during this phase.

Phase 2: Generating Initial Codes

This phase involved inductively coding the data and thus the coding was data-driven. The focus of this research was exploring the perceptions and experiences of secondary school staff working with young people who have self-harmed and consequently the researcher was interested in: data referring to understandings of self-harm; ways in which school staff described examples of good practice in this area; how these staff felt supported in their role; how skilled staff felt working in this area and ideas staff had about ways forward for the school to support young people who have self-harmed. The 13 transcripts were coded by hand and an example of a coded transcript can be found in Appendix M.

With an awareness of the importance of a rigorous process of analysis, the researcher and another TEP read and coded the same extracts from a transcript to check agreement with coding. This process facilitated reflection on the importance of coding and the researcher felt there would be value in adopting the process for a second transcript. After the second transcript had been read and coded by the researcher and their colleague it was agreed that the data set had been coded appropriately.

Phase 3: Searching for Themes

The third phase of analysis involved the researcher grouping codes together to begin to identify themes and sub-themes. This process was completed by

hand; the researcher wrote out the codes which were then moved around as the researcher considered potential themes (Appendix N).

A semantic, rather than a latent, approach to identifying themes was adopted. Braun and Clarke (2006) assert that when a researcher uses the semantic approach they do not begin to interpret, theorise and understand the broader meanings of themes until later in the analytic process. Thus, themes were identified through the explicit surface meaning of the data and the researcher did not attempt to make an interpretation of what participants said (which would have been a latent approach). This correlated with the researcher's intention that this research process empowered participants and respected the voice of secondary school staff.

A number of groupings were identified by the researcher. There were a number of codes which represented: talk about young people and why they may self-harm; the roles of staff, schools and external professionals; their knowledge and experiences and staff's emotional responses to working with young people who have self-harmed. The researcher used these groupings to create an initial thematic map.

The researcher then broke the areas down further into a number of groups. Some of these groups might have been large enough to be a theme, or small enough to be a sub-theme. Appendix N gives an example of a data extract with the initial coding, then the revised coding.

Phase 4: Reviewing Themes

During this phase the researcher returned to the coded transcripts and considered how well they worked within the themes developed in the previous phase. Themes were removed when there was not sufficient data to support them, and other themes were merged together or split up. The researcher's intention was for the coded extracts within each theme and sub-theme to form a coherent pattern. Appendix O shows examples of initial thematic maps.

At the end of this stage the researcher had condensed and refined the themes into: 4 core themes, 13 themes, 12 subthemes and 3 subordinate themes. A final thematic map which illustrates this is located at the start of the next chapter. The researcher confirmed the extracts from the data set under each theme and related these to the final thematic map.

Phase 5: Defining and Naming Themes

Within the final phase the researcher went back to the description of each theme to ensure it accurately matched the themes and sub-themes. The researcher also asked a colleague to read the descriptions of each theme to make sure the name clearly expressed what the theme or sub-theme was describing.

Phase 6: Producing the report

The sixth and final phase involved the write up of this thematic analysis, presented in Chapter Four. Direct quotations were used to provide sufficient and detailed evidence for the analytic narrative. This phase involved relating back to the data, the research questions and previous literature.

3.6 Research Quality

The value of qualitative research is judged on its 'trustworthiness' (Seale, 1999). Trustworthiness was demonstrated through the researcher's committed and thorough approach to the research process. The transcripts were all completed by the researcher, read a number of times and audio-recordings listened to repeatedly. By doing this prior to analysis the researcher ensured familiarity with the data.

Reflexivity is central to the process of establishing the trustworthiness of the researcher's claims. Reflexivity is an attempt to make explicit the process by which qualitative material is analysed and is a distinctive feature of the way qualitative material is analysed and of qualitative research methods.

Willig (2001) describes two different types of reflexivity; epistemological reflexivity and personal reflexivity. Epistemological reflexivity refers to how a researcher defines their understanding of how knowledge is constructed and being explicit about that. As previously outlined, this researcher took a critical realist approach to conducting research and this underpinned the research aims and research design. Personal reflexivity refers to a reflection about oneself and one's research and recognising the central position of the researcher in constructing knowledge. An example of personal reflexivity during the research process was the researcher noted how some participants positioned the researcher as very knowledgeable on the topic of self-harm and asked specific questions. The researcher considered in their reflective journal on why this mad them feel uncomfortable in their role as interviewer, but the questions would not

have created this response if the interviewer had been meeting with the member of staff as a TEP.

Reflexivity has an important role to play in ensuring qualitative research is transparent as well as giving the reader insight into the researcher's process and thinking (Cresswell, 2009). Further, it sits well with the critical realist position which is particularly aware of the value of clarity about the researcher's position, and recognises that they impact upon the interviewee (Finlay & Gough, 2003). To ensure reliability, an extract of data was coded by the researcher, and then a second coder, to help to assure that the themes identified were accurate. It is important for researchers to be clear and open about their own ideas, values and perspective and consequently a research journal was kept and appropriate, regular supervision was used. Interpretations have been explained and the research process has been clearly set out.

3.7 Ethical Considerations

This research was designed and conducted in accordance with the British Psychological Society's (BPS) *Code of ethics and conduct* (2009) and the researcher was mindful of ethical practice throughout the research. Ethical permission was sought and obtained by the University of East London Ethics Committee (Appendix I) and the Local Authority where the research was conducted. The researcher was supervised throughout by a supervisor at the University of East London and a Senior Educational Psychologist in the Local Authority where the researcher was working.

The feedback from the University of East London Ethics Committee posed the question: 'what would happen if the teacher expressed reluctance to take the

matter up with the designated safeguarding staff member?' (Appendix I). As a result of this feedback, the verbal debrief was amended to include that the researcher could raise issues with the designated member of staff with responsibility for safeguarding if the participant was unwilling to do so.

Informed consent was obtained from participants by explaining clearly what their involvement in the research would be, the purpose of the research and emphasising that their participation was entirely voluntary and they could withdraw if they wished to. Participants were assured that their anonymity was protected; all names and other identifiable information was removed or altered. Participants were made aware that their data would be stored on locked premises; the audio recordings would be destroyed as soon as they had been transcribed and the anonymised transcripts would be held for a period of five years before being destroyed.

The researcher was conscious throughout the research process that this study was concerned with an emotive topic and, as such, took steps to ensure that the participant was signposted towards a selected member of staff within the school, local agencies and charities, if they felt they had any issues they would like to discuss after the interview (Appendix E). In addition, the interviews only discussed historic cases of students who self-harm, cases which were no longer on-going. The researcher only interviewed members of staff with at least two years of experience. Kvale (2007) stresses the value of adequately debriefing participants at the conclusion of their interview, acknowledging that information talked about within the interview can provoke anxiety for participants. Thus, in addition to the written debriefing information (Appendix E) which was given to all

participants, time was allocated at the conclusion of each interview to allow participants to be fully debriefed, giving them the opportunity to ask any questions or discuss anything further. The researcher's next steps within the research process were shared with participants.

No unexpected ethical issues arose during the course of the research.

3.8 Chapter summary

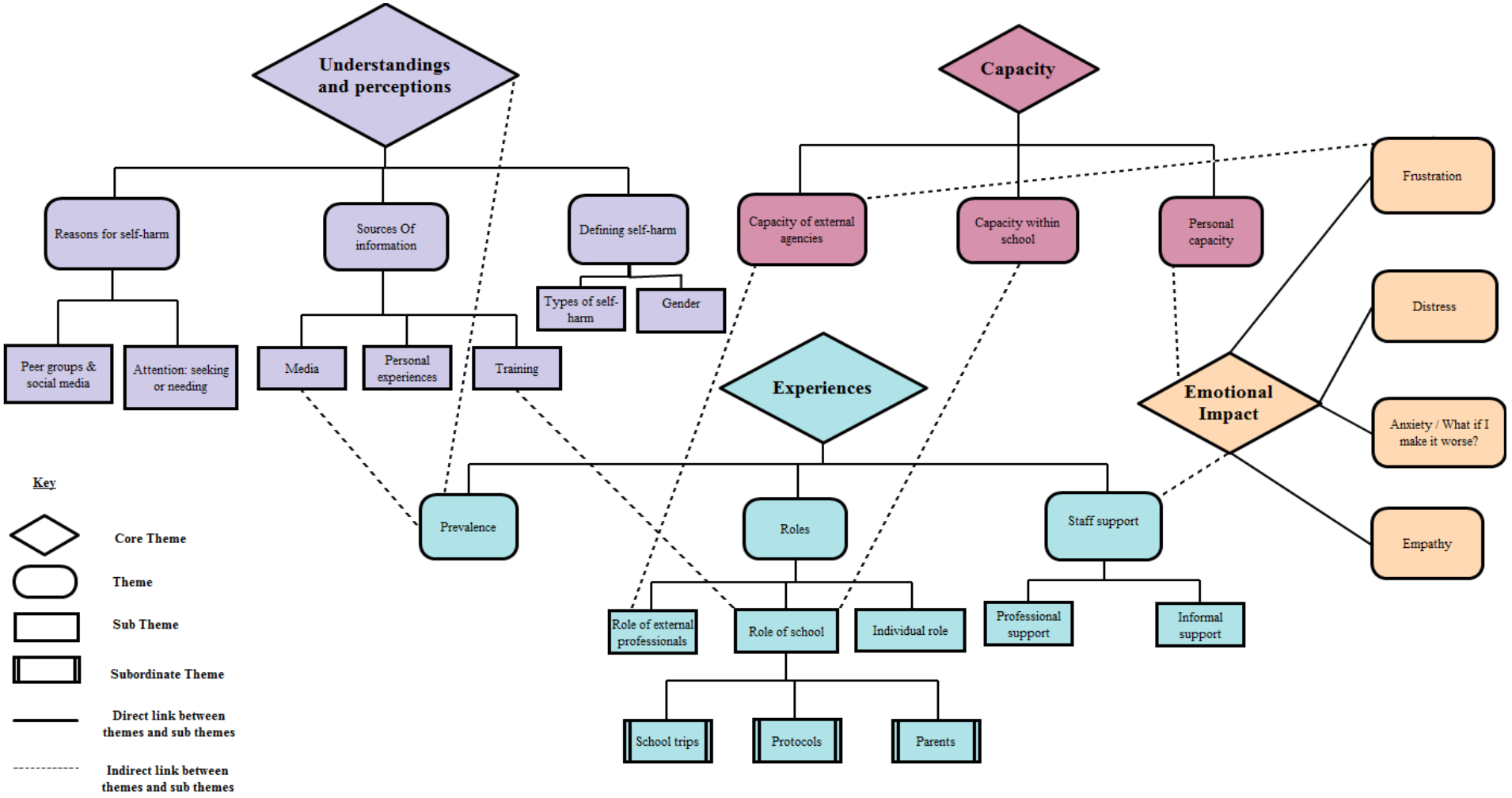
This chapter outlined the critical realist ontology and epistemological framework which underpinned this research study. This was followed by a discussion of the explanatory purpose of this research and consequently the appropriateness of a qualitative research design. Thematic analysis was discussed and the rationale for its selection to guide this study was explored. The procedures for data collection and analysis were described. Issues of ethics and trustworthiness were considered. The chapter closed with a consideration of the role of reflexivity within this research process.

Chapter Four – Findings

4.1 Overview of chapter

The previous chapter discussed the research design, process of data collection, research methodology and ethical considerations related to this study. Chapter Three then outlined and considered the process of thematic analysis and this chapter reports the findings of that analysis.

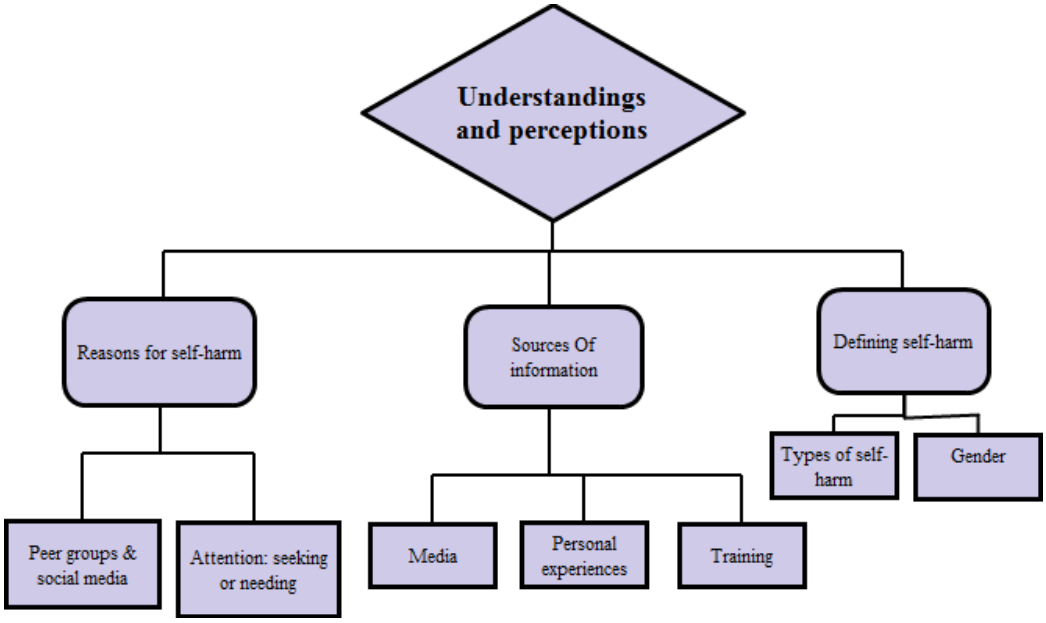
4.2 Final Thematic Map



The findings from the thematic analysis identified four core themes, 13 themes, 12 subthemes and three subordinate themes. A final thematic map, which illustrates all of this and the relationships between themes, is included below. These findings are discussed through the presentation of each core theme as a thematic map. The four core themes are: understandings and perceptions of adolescent self-harm; experiences of direct work with young people who self-harm; the capacity of external services, schools and individuals to work in this area; the emotional impact of working with adolescent self-harm. These core themes are discussed in turn, and selected quotations from participants are used to facilitate and further the data analysis.

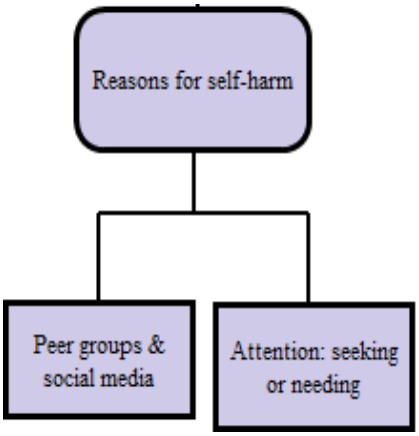
In this thematic map it is not only the direct and indirect connections which provide information, it is also the disconnected themes. It may have been expected that more direct or indirect links would have been identified, especially between the core themes of experiences and understandings and perceptions. One explanation for this may be because of the design of the interview questions (Appendices F & G) which were structured to suit two participant groups (one with direct experience of adolescent self-harm and one without direct experience) and, consequently, raised questions of experience as separate from questions about perceptions of adolescent self-harm.

4.3 Core Theme 1: Understandings and Perceptions



This core theme centres on the understandings and perceptions of self-harm held by secondary school staff. There was some variety of opinions among participants around what is and what is not defined as self-harm. Participants acknowledged a rich and varied number of possible reasons which might be contributing towards a young person self-harming. This core theme also explores the sources of information which participants felt had contributed to their understanding of self-harm. One key finding from this core theme was the confusion and differing ideas from participants around what was and what was not self-harm – some self-harming behaviours were seen as not serious enough, or not done with deliberate intention of self-injury, and thus considered not to be self-harm. A number of participants saw a link between the severity of the physical injury and the severity of the young person's emotional distress.

Theme 1: Reasons for self-harm



This theme represented what participants suggested might contribute to why young people self-harm. All participants were asked to comment on what might explain the behaviour of the boy in the vignette; further, all participants with direct experience of working with young people who have self-harmed also discussed what they thought the reasons for self-harm were in that situation. All participants expressed concerns about the pressures on young people, which links with the theme of empathy (13). The vignette prompted participants to consider family difficulties as a possible factor for self-harm. Participants gave many different suggestions for what might cause self-harm, including family difficulties, examination stress, peer pressure, not being able to talk about their feelings, bullying and poor body image. Some participants saw gender as a factor.

> *'boys are kind of trained as it were to not show their emotions and to not express when things aren't going properly, that it's probably more likely that they are self-harming and just not showing it.'*
>
> (Interview C, lines 771-773)

Subtheme 1.1: Peer groups & social media

Participants indicated that difficulties with friendship groups and peer relationships have a significant emotional impact on young people and may be a reason why young people self-harm.

> *'An argument with a friend and the whole world is a bad place. And they've got work pressures and they got school pressures, and they got home pressures. I mean work as in school work, and some of them are working, Saturday jobs as well cos they need to, it's tough.'*
>
> (Interview H, lines 175-178)

> *'I think often the self-harm has something to do with friendships. If they go wrong I mean. I don't underestimate how important friendships are. When they have fallen out with a friend it is a huge pressure because it makes the whole thing of coming to school difficult, they don't want to see those friends.'*
>
> (Interview G, lines 392-396)

A number of participants reported the idea of self-harm being influenced by peers, and some considered there to be a competitive element.

> *''Once something goes wrong with somebody as it were that it happens to their friends and then, so it's quite a catching thing.'*
> (Interview L, lines 106-108)

'*We have a lot of students doing it and if one does it, we then have the friendship groups do it, and it rolls over to other groups. Some just do it to be part of that friendship group…'*
(Interview D, lines 17-19)

'she was competitive- she did, almost, I wouldn't say hone in on anyone that she thought was vulnerable, but it was almost a mirroring of, "So, I'm on this medication, and you're taking this." But with self-harm, it was most certainly, "My injuries are more severe than yours, or I have more."'
(Interview F, lines 632-636)

The ability for young people to manage these difficulties with peers was seen as even more challenging as a result of the internet, with smart phones giving continuous access to contact with peers and social networking sites.

'At least we used to be able to go home and shut the door. With smart phones, facebook and snapchat they don't get a choice, they can't switch off. They sleep with their phones under the pillow – never free. Maybe that is ok for some kids but you can also be bullied 24 hours a day now.'
(Interview I, lines 233-237)

The internet itself also concerned some participants. Those who discussed this specifically referred to websites where self-harm photographs could be viewed and shared. These sites were seen as very harmful and participants expressed confusion about why young people would use them:

'That's not a real friendship, is it? Sending photos of the cutting on your legs to you friend. That is scary, why would you do that?'

(Interview J, lines 79-80)

The internet was also seen as compounding a competitive element to self-harm. In this context no reference was made to any potentially positive aspects to the internet, which is discussed further in the next chapter.

Subtheme 1.2: Attention: seeking or needing

Many participants saw attention as a reason for self-harming behaviour, with a strong division between those who saw the behaviour as attention seeking and those who saw it as attention needing. Those participants who saw self-harm as attention seeking thought this could be true of incidences where the injury was minor or more significant. Those who described self-harm as attention needing spoke about the meaning of the behaviour, not simply the severity.

'and they are doing it really gently, and they keep looking at you. Checking like. You know that's not the real thing'

(Interview D, lines 369-372)

'He messed up all his arms and he is stuck with that now – all because he wanted the attention.'

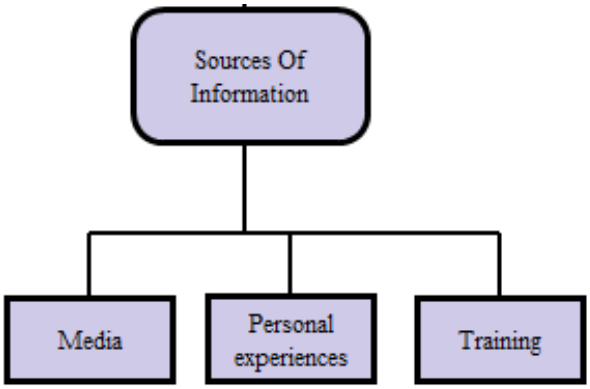
(Interview E, lines 122-123)

The participants who saw self-harm as attention needing, saw the value of giving that attention.

'She has got a bit of attention she knows I'll follow up and even if it's just in the corridor and a thumbs up kind of thing, and she can give me the nod and that's it. Low key. But she knows I'm there.'

(Interview L, lines 69-71)

Theme 2: Sources Of Information



Participants were all asked where they got their information about self-harm from. Participants had knowledge about self-harm from the media, their own personal experiences, and training they had received linked to their work in schools.

Subtheme 2.1: Media

Most participants talked about the media – television, radio, newspapers - as having raised awareness of self-harm and having delivered the message that self-harm is an increasing issue for young people.

'I haven't seen any self-harm here but I know it goes on and it is happening more and more isn't it. Quite a new thing really.'

(Interview I, lines 200-201)

'You never used to see anything about self-harm when I was young. Mental health just wasn't talked about, you didn't say, but now celebrities talk about it and you hear it on TV and I think that makes it better for people with all different problems.'

(Interview H, lines 168-172)

The higher profile of mental health difficulties was seen as a positive by a number of participants. No participants mentioned learning anything particular about the issues around self-harm from the media.

Subtheme 2.2: Personal experiences

Several participants had personal experiences which had brought them into contact with young people, or the families of young people, who had self-harmed. These participants felt empathy for all of those concerned and acknowledged the worry and distress of the young people and their families.

'I haven't seen anything here. But my friends did when I was at school and as a kid I saw how scary it is. Looking back at it as an adult I don't know how I dealt with seeing it.'

(Interview M, lines 7-9)

Subtheme 2.3: Training

All participants felt that their main source of information about self-harm was through professional training. All members of staff talked about self-harm in the context of safeguarding training.

'Well, I've had my safeguarding training. We cover all of this stuff in it.'

(Interview K, lines 352)

A number of participants talked about a desire for more training, feeling that it would give confidence and help them to understand why young people do self-harm.

'It's the kind of training you wish you had here, so you really know what is going on for those complex little souls'

(Interview E, lines 533-534)

'More training would really help because then you could really know how serious something was, you wouldn't be guessing.'

(Interview B, lines 243-245)

One participant, who had specific responsibilities for pastoral care and safeguarding, had attended an extended course of training specifically on self-harm and found it very valuable.

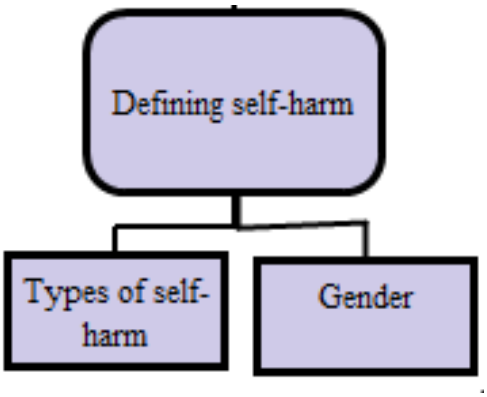
'I've definitely got a level of confidence from that training, I also think that week on, month on, the fact that you know makes, I'm not saying every calls easier, it's a very difficult call to make and it's not a pleasant part of the job and I knew from dealing with young people who are troubled to that extent, that they're managing their troubles in that way, it is also difficult but I do feel, I personally feel very confident to do that. It's not something that I would personally shy away from, I think it's you know, if

it's happening we'd rather be able to start putting in place what we need to that we're supporting… It's a necessary evil isn't it?'

(Interview A, lines 153-161)

This sense of confidence through training was also described by the participant trained as a school counsellor.

Theme 3: Defining self-harm



A number of participants made the link between the severity of a physical injury and the severity of the young person's emotional distress.

'Then the cutting got really deep and we knew it was bad.'

(Interview E, lines 15-16)

'It's got to be something that's physical or something that everybody else would notice.'

(Interview H, lines 151-152)

This awareness of different severities of self-harm links closely to the sense that certain types of self-harm, which were viewed as low-level by staff, could be

managed within the school setting. By contrast, many incidences of self-harm were perceived as something which required specialist intervention from a more 'qualified' practitioner such as a school counsellor or CAMHS worker.

> *'Out of my league. She needed lots more help than we could give her and it was all very complicated, she needed professionals.'*
> (Interview D, lines 416-418)

Subtheme 3.1: Types of self-harm

Participants listed a number of behaviours for self-harm including head-banging, cutting, self-poisoning, hair pulling and scratching. Some participants expressed interest in whether eating disorders or risky behaviour, such as drug-taking, counted as self-harm.

Subtheme 3.2: Gender

The context of the vignette (Appendix H) gives an example of a teenage boy who has previously self-harmed by banging his head. Participants were asked about what they considered self-harm to be and some commented on gender:

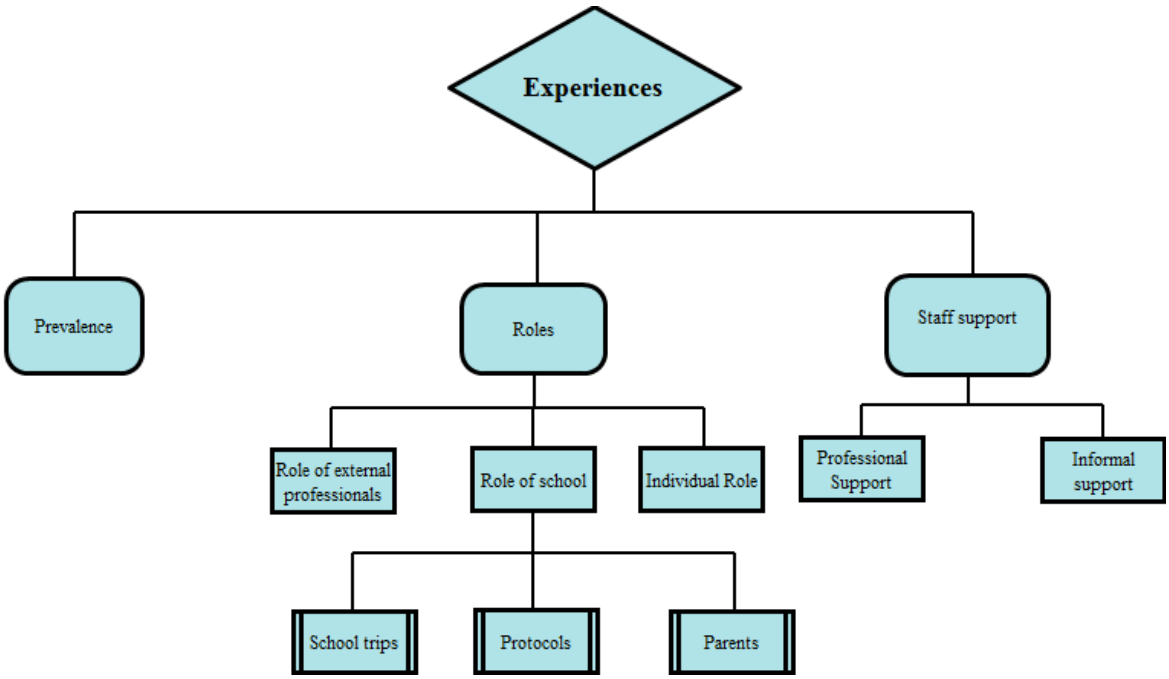
> *'I'd definitely have thought more about girls and about cutting, you know? But obviously this is self-harm'*
> (Interview M, lines 36-37)

One participant challenged the idea that the vignette presented an example of self-harm. They described the behaviour as an expression of anger.

'It isn't really self-harm. He's angry. He's feeling overwhelmed and angry and so that makes him bang his head. But it's not like he is actually trying to hurt himself so it's not self-harm. He needs anger management.'

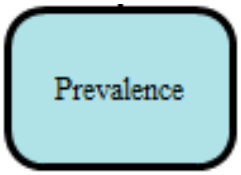
(Interview J, lines 274-276)

4.4 Core Theme 2: Experiences



This core theme centres on the experiences of secondary school staff working with young people who self-harm. Consequently, responses were from the group of participants with direct experience. Participants were asked about their experiences and there was a huge variety among them. Participants tended to share stories of individual cases and then were asked to extend and expand their answers. This core theme linked with the theme of emotional impact (4), particularly the anxiety and distress caused for some participants when they were unclear about their role.

Theme 4: Prevalence



Participants discussed their awareness of self-harm as an area of concern for individual staff and schools as organisations. Some commented on prevalence within their school and noted an increase; this contrasted with some accounts from those participants without direct experience who did not.

> *'I think it's increasing, and I think it's, it seems to be with younger students which is quite alarming.'*
>
> (Interview K, lines 19-20)

> *'I think when they're in Year 9 they tend to do it a bit more. Mine have gone through everybody doing it, it does seem to be a bit of a craze. To be fair, it was a craze.'*
>
> (Interview E, lines 219-221)

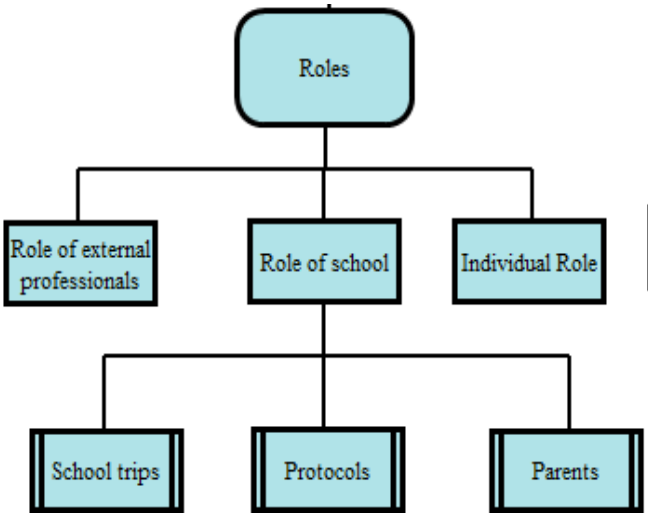
> *'they all went through a stage year before last when it was absolutely rife. Everybody was doing it…. It was silly. It was like an epidemic, really.'*
>
> (Interview E, lines 230-232)

Some participants described a sense that there were waves where more self-harm happened There was the clear feeling that self-harm is influence by peer behaviour and that this has an impact on prevalence.

> *'I think when they're in Year 9 they tend to do it a bit more. Mine have gone through everybody doing it, it does seem to be a bit of a craze. To be fair, it was a craze.'*
>
> (Interview E, lines 219-221)

> '*they've all went through a stage year before last when it was absolutely was doing it…. It was silly. It was like an epidemic, really.'*
>
> (Interview E, lines 230-232)

Theme 5: Roles



In discussing the vignette and their own experiences of direct work, staff showed an awareness of different roles for both organisations and individuals

supporting young people who self-harm. Clarity around these roles seemed to offer confidence and reassurance to staff; for example, they knew that a certain incident was now the responsibility of the safeguarding lead which could be considered a relief for them.

Subtheme 5.1: Role of external professionals

Staff saw an important role for the specialist services of CAMHS in many cases of adolescent self-harm. Staff also saw a role for school counsellors, though not all schools had a school counsellor to whom the young person could be referred. This could be closely linked to the definitions of self-harm (theme 3) which noted that school staff reported cases where the level of need was too high. CAMHS professionals were seen as having a role to provide specialist, one-to-one care.

One participant recognised a difference between the support offered by CAMHS and that offered within school, describing CAMHS's role as addressing the issues underlying the self-harm and the school's role as monitoring students who have some coping strategies.

> *'there's a need and CAMHS is probably the eventual best answer, best solution to support this young person. But there's a process and that process in some cases can be a little bit lengthy, so we use school nurse, youth engagement and for us its student support officers.'*
>
> (Interview A, lines 338-341)

Subtheme 5.2: Role of school

All participants saw a school's primary function was to safeguard young people and self-harm was always viewed within a safeguarding context. When participants were asked what next steps they would take after having read the vignette about self-harm, all mentioned the role of safeguarding and all were very clear on the named safeguarding lead within their school.

> *'I think there was a Twilight session on that, on mental health and self-harming, but most of ours is just general safeguarding, because I don't know that they want you, teachers, dealing with it too much. I think they'd rather it was all just passed straight to the safeguarding team.'*
>
> (Interview E, lines 582-586)

Subordinate Theme 5.2.1: School trips

School trips were mentioned by several participants who had experienced finding out very late that a student was currently self-harming. A participant noted the discrepancy between physical and mental health in that they would have been made aware of a physical illness as a matter of course, but there was an unwillingness to disclose self-harm. Participants expressed worry that they would be left, with little staff support on a school trip, with sole responsibility for a young person who was self-harming.

> *'It's an issue that doesn't tend to get passed on to class teachers, for example I ran a French trip …. 76 students. It wasn't until very shortly before the trip that I found out that one of the students was very depressed, self-harming and had talked about. It was quite a late notice*

thing, I had to alert the host family so that they knew what the situation was, and then get back to the school and say if the host family are still willing to accommodate her, which they were which was good.'

(Interview C, lines 180-186)

'If they had been diabetic I would have known. But they had a history of self-harm, why didn't I know that. That is vital information when you are running a school trip.'

(Interview B, lines 377-379)

Subordinate Theme 5.2.2: Protocols

All participants discussed the safeguarding protocols they would follow if they were concerned that a young person had been self-harming. The protocols themselves seemed to be reassuring for some participants. One school used a protocol involving pink slips on which staff recorded safeguarding concerns and then shared them with the safeguarding lead.

'We have these blue forms, so if there's a concern about a student, teachers are advised to just put…give that over to the designated person'

(Interview G, lines 133-135)

Fill in a pinkie [a pink form which was referred to the safeguarding team]. *Type a pinkie to somebody and then we go from there, depending on what they want us to do'*

(Interview E, lines 474-475)

'I think there was a Twilight session on that, on mental health and self-harming, but most of ours is just general safeguarding, because I don't know that they want you, teachers, dealing with it too much. I think they'd rather it was all just passed straight to the safeguarding team.'

(Interview E, lines 582-586)

Interestingly, none of the participants gave much detail about what happened once the coloured forms were filled in. This may suggest that they did not feel responsibility for what happened after the form had been completed. Perhaps this could be because they were clear that their role in a safeguarding scenario is to fill out a coloured form and hand it to the member of staff in charge of safeguarding.

Subordinate Theme 5.2.3: Parents

Staff acknowledged the emotive nature of disclosing a young person's self-harm. Several expressed caution and wariness of parental reaction. Some staff also discussed the role for parents in trying to access external agencies.

'So I play a part in sort of, you know, engaging with the parents to say phone CAMHS to give them an update if things are deteriorating.'

(Interview G, lines 243-245)

'one girl in this friendship group who did develop, end up with anorexia and end up with referrals and her parents were not quite angry at the school, but, don't know, I think they thought we would be able to do more'

(Interview L, lines 135-138)

Subtheme 5.3: Individual Role

Many participants saw their role as passing on disclosures of self-harm or concerns to the safeguarding lead at their school. All participants were clearly and confidently able to name the relevant member of staff.

> *'I would take it straight to XXX [safeguarding lead] and then they would take it from there.'*
>
> (Interview I, line 132 – 133)

A number of participants expressed confusion around the scope of their individual role; primarily they were unclear on how much support they could provide themselves and how much was the role of someone more specialist within school, such as a school counsellor, or externally, such as CAMHS.

> *'I'm a languages teacher, I am not in charge of safeguarding or in the pastoral team. But then someone comes to speak to you and you want to help them, but then you worry, this is someone else's job and maybe I should send the student to them.'*
>
> (Interview C, lines 519-522)

> *'But sometimes I feel I'm getting out of my depth and this is way beyond my kind of remit'*
>
> (Interview K, lines 235-237)

'but it's one of those things that once you've filled out the form and referred it on to the appropriate person you don't really hear anything from that point'

(Interview C, lines 509-511)

'The worry I have is that it is an unofficial role, that I've had no training, and its unofficial, not allowed to, I mean so many things are not allowed to do and it's all about protecting yourself.'

(Interview B, lines 186-189)

Some participants described a sudden end to their role when they had passed on a disclosure to the appropriate member of staff. This seemed to be difficult and upsetting for some staff who continued to keep the young person in mind and continued to wonder how they were coping.

'They trust you, they come to you, then. Nothing. You just don't know what is going on for them now. Then you see them in class, but, you don't know anything.'

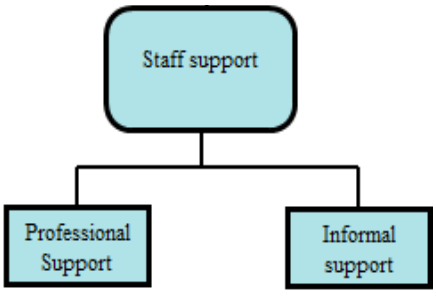
(Interview C, lines 513-515)

Other participants saw their role in a very pastoral and family way. For example, one described herself as a 'school mum' (Interview E, line 188).

One participant powerfully summed up conflicting roles and the support they wanted to provide for young people.

> *'We've had general safeguarding training course, like obligatory safeguarding training, which has been delivered well. We've had external providers come in and talk about the general, what to do if a kid makes a disclosure. But none of that is giving that practical advice of what actually what do you do at this point, because you know the protocol, which is y'know, you'll refer it to the necessary person, because it's really, as that first step, it's your job to listen and it's your job to refer it on. But it's that feeling of well if students are coming to you, how do you ensure that you are not letting them down, even though it is not your obligation. They're continually coming to you because you're their point of contact, that kind of grey area I think that's where we struggle, us teachers.'*
>
> (Interview B, lines 29-39)

Theme 6: Staff Support



The theme of staff support was raised by a number of participants as vital in helping them successfully to cope with the professional and personal stresses of working with vulnerable young people.

Subtheme 6.1: Professional Support

Participants noted that a key way in which they could feel professional support was having someone to check in with. Participants who did not have direct experience of staff support, nonetheless referenced professional support as something which they felt would be valuable.

> *'They fund the supervision, they fund continual professional development now, you know, if I want to go on a course, I've never been told no.'*
> (Interview G, line 648-649)

Some participants did not take up the offers of professional support.

> *'Well we are offered a supervision but I've never taken it up yet.'*
> (Interview J, line 523)

Subtheme 6.2: Informal Support

The majority of participants did not receive formalised professional support, such as supervision, relating to working with young people who self-harm or are vulnerable in other ways. These participants used informal networks of support.

> *'I think it's our team, we do work really closely with each other and we meet every week whereas the subject department wouldn't get to meet that often…'*
> (Interview K, lines 388-390)

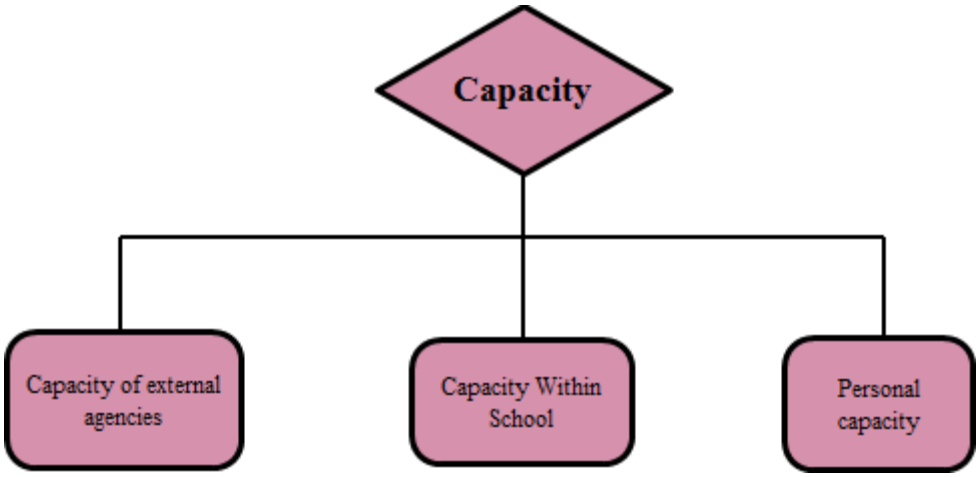
'so we don't need to walk out and hide our tears we can burst into tears in front of xx, she's very supportive.'

(Interview J, lines 540-541)

'they [the team] had bits and pieces but nothing particularly formal, having said that xxx is ex-CAMHS background so her expertise is fantastic and she shares that expertise. That's something that she shared with the team, so all of us have been up-skilled by her presence in the team'

(Interview A, lines 492-495)

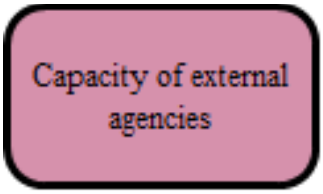
4.5 Core Theme 3: Capacity



Participants demonstrated a strong awareness of the challenges they faced in supporting young people. The theme of capacity powerfully illustrates this. Staff saw external agencies, particularly CAMHS, as overwhelmed and unavailable to young people whom they felt needed that support. Capacity was

also a factor within school, primarily relating to logistics such as time and space to be able to meet the needs of young people. Participants also referred to their personal capacity; describing a sense of being able to cope with difficult situations, or finding them overwhelming, depending on their own personal circumstances.

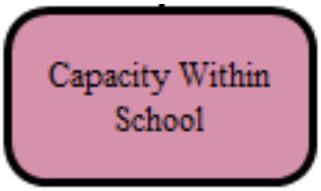
Theme 7: Capacity of external agencies



Participants were highly concerned about the ability of young people to access clinical support services - CAMHS - when they needed it. This links closely to the theme of role (3) and demonstrated the notion that young people struggling with self-harm needed specialist support beyond what could be provided by schools. This was most powerfully highlighted by one participant who discussed being told to send young people presenting with self-harm to A&E in what appeared to be a way to access CAMHS support. This suggested that other pathways to access CAMHS were not working properly if this was being considered.

> *'Whenever someone says 'well we've been told we've got to send them straight to A&E', but I've learnt and I also believe that to do that is potentially causing more damage. You will hold that young person really and assess as best you can and take it from there."*
>
> (Interview G, lines 487-490)

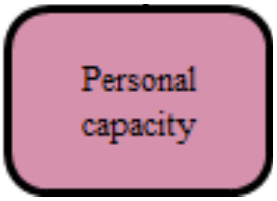
Theme 8: Capacity Within School



Participants listed a number of capacity issues within their school settings which impacted on their ability to support young people. The logistical issues of finding free space and free time in a busy school were common to many participant responses.

> *'She was extremely upset, she actually came to see me whilst I was teaching a lesson, because we have split lunches here. So I was teaching lower school and she was on her lunchtime, and knocked on the door, and was really upset and said "Miss, I know you're teaching, I'm really sorry but I need to talk to you." Which wasn't great because it was a year 7 class and right at the start of term as well so they weren't particularly well trained, so I went back to an explosion of noise. But in that kind of situation there's only one thing you can do, it's "Fine, I'm going to have to leave you to it for a bit and get to it".'*
>
> (Interview C, line 81-88)

Theme 9: Personal capacity



In the theme of personal capacity, participants reflected on whether they felt able to support and help. Most did feel personally able to offer support,

however some acknowledged that complexities in their own lives made this difficult at particular times.

'I'm very good at leaving it at work'

(Interview J, line 527)

'even as an adult I find it really hard to deal with how much these students are going through.'

(Interview B, lines 409-410)

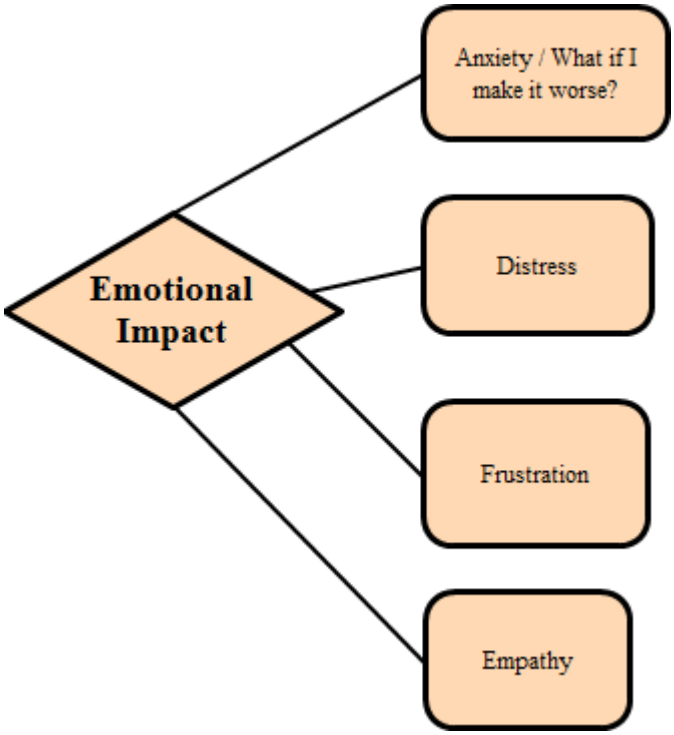
'At the start I used to take all those problems home with me, and they became my issues and ways to get really upset, and spent evenings to thinking what they're going through… I guess with time, the more students talk to you the more, the more, it sounds horrible but the more you get hardened to the emotional side.'

(Interview B, lines 415-420)

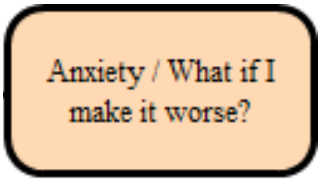
'There's times when I've had to, and I've said "I've got to off load this" even if it's five o'clock at night. I've got to off load it before I go home. I can't take it home with me. It's important for me.'

(Interview D, lines 865-867)

4.6 Core Theme 4: Emotional Impact



Theme 10: Anxiety / What if I make it worse?



A prominent theme shared by all participants was the strong concern that their involvement had the potential to make a situation worse. Many participants linked this worry to feeling de-skilled and not being sure what was in the remit of their professional role. This theme linked with the theme of role (3) because part of the anxiety expressed appeared to be linked to a lack of clarity about how much support staff could or should offer. Many felt that they might not be doing the 'right thing'.

'the music teacher...something came up and he just panicked then because he sent an email and it was ten o'clock in the evening. I didn't see it till next morning, obviously. I was in bed by then. Saying, "Have I done the right thing? Did I do the right thing?" He told me and I covered it. But he'd obviously got home, got himself in a bit of state worrying.'

(Interview E, lines 938-943)

'So it can be a churning up inside, but there is that other side that you can tap into, because you've had all the training, and you think…'

(Interview G, lines 316-317)

Theme 11: Distress

Some staff reflected on the emotions evoked through their sometimes challenging work.

'I did go off and cry that day, that was really tough'

(Interview K, line 337)

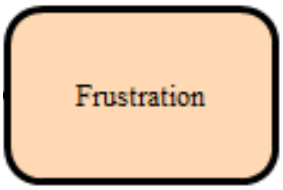
'I think it's phenomenally stressful for everybody involved, isn't it? Yes, for form teachers and teachers and friends. I'm sure that none of them have any idea and it feels like if only there was a checklist or there was a place you could call or we could have something…'

(Interview M, lines 81-85)

'*It's not easy … sometimes you feel like it is just too much and you worry you aren't doing what a professional would do. But really I just want to help. As much as I can I just want help.'*

(Interview M, lines 247-249)

Theme 12: Frustration



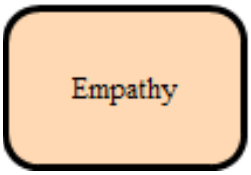
The theme of frustration was expressed in relation to issues with limited capacity (theme 3) and sometimes relating to young people. Almost all participants were frustrated that there were vulnerable young people requiring, in their opinion, specialised CAMHS intervention, yet they were unable to access the service because it was overwhelmed and consequently had a very high threshold.

'The CAMHS threshold, it's just impossibly high.'

(Interview J, line 346)

The participants who expressed frustration relating to young people and self-harm tended to see the self-harming behaviour as attention seeking and sometimes as selfish in not considering the distress it caused those around them. This frustration seemed to be linked to struggling to understand the factors behind self-harm.

Theme 13: Empathy



Participants demonstrated a high level of empathy for young people when they were relating their experiences working in schools, and also when responding to the vignette. This sense of empathy seemed to allow some participants to gain further insight into the potentially complex reasons why a young person may be self-harming.

> *'He [Mark from vignette] must be having this awful time and he just doesn't know who to talk to and he is scared about his parents and all he can do to feel in control is harm, harm himself.'*
> (Interview H, line 25-26)

4.7 Chapter Summary

This research intended to explore the perceptions and experiences of secondary school staff working with young people who have self-harmed. Findings have demonstrated that secondary school staff working with young people who have self-harmed face several challenges. They have little training and the training they did have was not specifically related to self-harm. The thematic analysis illuminated the significant emotional toll that working with young people who self-harm can take on staff. Further, staff wanted to help

these young people. They did not always know how to and often lacked confidence; however, they recognised self-harm as something serious and difficult in young people's lives and that these young people need help and support.

The following chapter will further consider these findings and link them to the research aims.

Chapter Five – Discussion

This chapter will explore and expand upon the findings reported in Chapter Four by considering them in the context of the research questions discussed in Chapter Three. These findings will further be considered in the light of the existing literature reviewed in Chapter Two and in the context of national guidance on both adolescent self-harm and the broader topic of mental health and wellbeing. This national context is considered through examination of the NICE guidance (2004) around adolescent self-harm, recommendations from the Department for Education (2016) and the role of evidence-based practice in supporting mental health needs in a school setting (Weare, 2015). The implications of these findings are considered, for schools and for educational psychology. This chapter then addresses the limitations of this study, and areas which could be considered and expanded upon by future research. Self-reflection for the entire research process, with particular reference to the researcher's own learning experience, is discussed. The chapter ends with the conclusions drawn from this research.

5.1 Research Questions

The intention of this research was to explore the perceptions and experiences of secondary school staff working with adolescent self-harm. Informed by a review of the existing literature, four research questions were designed:

RQ1 – What are secondary school staff's perceptions of students self-harming?

RQ2 – What are secondary school staff's experiences of working with students who self-harm?

RQ3 – What do secondary school staff see as valuable in supporting them when working with students who self-harm?

RQ4 – Where do secondary school staff get their information about self-harm?

The main findings from the thematic analysis outlined in Chapter Four are now considered with reference to the context of the previous literature.

5.1.1 Research Question One

What are secondary school staff's perceptions of students self-harming?

The findings highlighted that self-harm was a topic of interest and concern within schools and staff were keen to discuss it. There was a sense from all staff that self-harm was an issue which was increasing and that it needed to be addressed by schools and also by clinical services such as CAMHS. Participants gave examples of young people with a high level of need who were unable to access CAMHS. There was a there was a strong feeling of frustration and disappointment because, in those instances, the student self-harm was perceived as too complex for school to support adequately and requiring specialist help.

Secondary school staff perceived the internet and social media as contributing to self-harm in young people and putting pressure on them. When talking about this topic, participants varied widely in the terminology they used, referencing the internet, smart phones, technology and social media platforms such as facebook and snapchat. All of the participants' comments saw technology as creating additional pressures and strains on young people. Participants noted the 24 hour nature of technology being overwhelming for young people and expressed concerns about cyber bullying and pro-self-harm websites. Limited research highlights an evolving awareness of the link between self-harm in adolescents and online interactions (Duggan & Whitlock, 2012). Lewis, Heath, St Denis and Noble (2011) explored the range and accessibility of self-harm videos on YouTube and noted that graphic images of self-harm were common. They conclude with concerns that exposure to such material 'may foster normalization of nonsuicidal self-injury and may reinforce the behaviour through regular viewing of nonsuicidal self-injury themed videos' (Lewis et al., 2011, p. 552). However, their research focused on the scope and content of self-harm videos and they did not actually explore the impact of those videos on young people as part of their research.

No participants in this study considered the potential for any positive uses for technology in supporting young people with self-harm - it was seen exclusively as increasing difficulties for young people. While evidence in this field is emerging, it does not present such a straightforward interpretation. Young people may use the internet as a way of looking for help and finding strategies to cope with self-harm (Duggan, Heath, Lewis, & Baxter, 2012). It has been suggested that to make online contact with others who have had similar

experiences can be positive for individuals and may encourage them to share their own difficulties and maybe seek further help (Whitlock, Lader, & Conterio, 2007). Additional evidence suggests that it is possible for the internet to be utilised to access and reach out to young people at risk of self-harm (Lewis & Baker, 2011). However, Lewis and Baker expressed significant concerns that accessing self-harm images online may reinforce self-harming behaviours in some young people.

While the internet may not be as much a cause for concern as the participants in this research felt, the link between adolescent self-harm and online activity is an important one and the most recent guidance of The Royal College of Psychiatrists (2014) states:

> ''*Managing self-harm in young people', makes particular reference to the role of the internet; it is critical for professionals to include an assessment of a young person's digital life as part of clinical assessments, especially when there are concerns about self-harm'* (p.23).

The distinction between self-harm as attention seeking or attention needing (subtheme 1.2) gave valuable insight into the variation in staff attitudes to adolescent self-harm. A number of participants in this research saw self-harm as attention seeking in some way, this finding supports the findings by Cello and YoungMinds that 47% of teachers, parents and GPs saw self-harm as manipulative. More than 53% of young people in a UK school study who had self-harmed said they had not attempted to get any support. Two of their responses were:

'I'm not an attention seeker. I don't want or need help from anyone especially not in that state of mind'

'I was frightened people would think I was just trying to get sympathy and attention, which I wasn't.'
(Evans et al., 2005, as cited in Hawton, Rodham, & Evans, 2006, p.106)

These statements powerfully illuminate the stigma around mental health in general, and self-harm in particular, and emphasise that young people would be reluctant to seek help for fear of being labelled attention seeking. This does raise concerns when the findings of this research are considered, as a number of staff interviewed described some self-harming behaviours as attention seeking.

In light of this, the value placed on professional training opportunities by participants seems particularly relevant, especially since staff training is highlighted in current national guidance (NICE, 2011; Public Health England & Children & Young People's Mental Health Coalition, 2015; Department for Education, 2016). This will be discussed further in relation to research question three.

The process of thematic analysis illuminated a variety of perceptions and understandings of adolescent self-harm. All participants had slightly different perceptions of student self-harm (theme 3), which is not surprising given that only two of the thirteen participants had ever attended any training specific to

the topic of self-harm. For example, some participants saw self-harm as an exclusively female behaviour, whereas the evidence would suggest that this is not the case (Hawton, Berger, et al. 2012). This varied understanding of what might constitute self-harm was noted in the previous literature by Simm et al. (2008) -'many participants expressed uncertainty as to what self-harm was and was not' (p. 261) - and suggests the importance of staff having a meaningful understanding of self-harm. All participants saw self-harming behaviour as indicative of wider difficulties that adolescents might be experiencing, in line with the emotional regulation model of self-harm described in Chapter One.

A strong sense from these findings was that staff equated the severity of the injury with the severity of the emotional distress the young person was feeling. Participants felt that the more serious the physical injury, the more deeply the young person was in distress. However, this interpretation of self-harm sits at odds with the psychodynamic and emotion regulation models of self-harm which stress the importance of looking at the meaning of the self-harm, as opposed to looking at the injury itself. These models contribute to the understanding of self-harm in the NICE (2011) guidance which emphasises that self-harm interventions must explore the meaning and relevance of the self-harm for that particular adolescent.

5.1.2 Research Question Two

What are secondary school staff's experiences of working with students who self-harm?

Those working with young people who self-harm experienced significant levels of difficulty in trying to access what they considered to be the appropriate intervention. The high threshold for CAMHS involvement was referenced extensively, with a deep sense of frustration and disappointment that young people were struggling with self-harm and there was a service which could help, but the young person could not get in. One idea expressed was the fear that the young person's emotional wellbeing needed to continue to deteriorate until they were severe enough to access help through CAMHS. In these situations staff experienced coping with situations for which they felt underprepared, unskilled and unsure. The theme (10) of anxiety and the fear that staff might make a situation worse connected to this. There was the sense that some mental health difficulties were too much for the school to be able to adequately support the vulnerable young person, but that there was nowhere else for that young person to go.

Multi-agency working was conspicuously absent from most participants' experiences. Even if a young person had got the coveted CAMHS referral, staff were not clear what support CAMHS provided and there was little sense of linking up with other agencies. This is especially pertinent when looked at within the national context. Indeed current UK policies and advice highlight the central importance of multiagency working to support young people's mental health (Public Health England & Children & Young People's Mental Health Coalition, 2015; Royal College of Psychiatrists, 2014). A model representing this can be seen in Figure 3 below. In a review of effective evidence-based interventions for emotional wellbeing for UK adolescents, Bywater and Sharples (2012) outline the importance of early intervention to support young people's

mental health and future outcomes, arguing that multi-agency working is a vital factor for effective early intervention.

Figure 3: Eight principles to promote a whole school approach to emotional health and wellbeing (Public Health England & Children & Young People's Mental Health Coalition, 2015, p. 6).

Findings clearly identified the emotional impact of secondary school staff's experiences, described in core theme 4. These experiences chimed with the experience of school staff in the existing literature (Marchant & Ellis, 2015; Best, 2004; Berger et al., 2014). This builds the picture that school staff are working in situations where they do not feel adequetely skilled and supported to provide the appropriate help.

Some of these emotional challenges experienced by staff were connected to the concept of different roles (theme 5) and the difficulties when these roles can get confused. Schools could further support their staff not just through clarity of safeguarding protocols but also clarity of staff roles. The importance of having clear roles was identified as a central theme of Marchant and Ellis's (2015, p.21) exploratory research which reported that 'analysis highlighted the importance of established relationships which students already have with particular staff members and which might be unrelated to their job title.' Similar examples were identified in this study, where participants were providing emotional support to young people but expressed uncertainty and anxiety about whether this was part of their role. This is also a commonality with Potter et al.'s (2005, p.265) research into the expectations of CAMHS referrers, which 'highlights continuing confusion among some of our partner professionals regarding our role'.

Despite the many challenges staff described, they were highly motivated to provide support to vulnerable young people. Participants saw supporting young people as meaningful and wanted to do more.

The emotional impact of working with young people who self-harm suggests an important role for EPs in offering support to staff, informed by psychological theory. The psychological concept of containment can be seen as a valuable way of understanding how staff manage the emotional impact of their work, for example, the reassurance some participants found in documenting safeguarding concerns on slips which were then passed on to the school safeguarding team. EPs are well placed to offer support through their familiarity

with schools, the roles of school staff, and knoweldge of models of supervision. Supervision for individual, or groups of, school staff would offer a safe space where staff could express and explore some of these emotions, whilst also ensuring ongoing safe and effective practice.

5.1.3 Research Question Three

What do secondary school staff see as valuable in supporting them when working with students who self-harm?

In response to a direct question about what participants saw as valuable in supporting their work, participants focused their answers on forms of professional support through training and liaising with colleagues, and informal support from family and friends. This is illustrated in theme 6. This linked with the core theme of emotional impact (4) as professional or informal support was cited by staff as a way of managing their emotions when dealing with challenging or upsetting situations.

The professional support often seen as valuable was to have a colleague with whom they could discuss something worrying them, which participants found reassuring. These colleagues were sometimes peers and sometimes managers, suggesting that maybe what the staff found reassuring was being able to share their experiences and concerns, rather than needing to cope with them alone. Training was mentioned in relation to supporting staff, however it was primarily referenced as something staff wanted more of. Those staff who

had attended further self-harm training noted its value in building their confidence and skills.

This is not surprising given that Weare (2015; p.8) argues that schools must 'prioritise professional learning and staff development' to ensure the emotional wellbeing of both students and staff. This is echoed by the Department for Education's March 2016 guidance which values:

> *'continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem.'* (Department for Education, 2016, p. 11)

Underpinning this concept is the value of staff training: it supports staff, professionally and emotionally and, in turn, staff are better skilled and able to support young people. This model in Figure 3 (shown above in the discussion of research question two) further highlights the role of 'staff development, to support their own wellbeing and that of students (Public Health England & Children & Young People's Mental Health Coalition, 2015, p. 6). This fits closely with the idea of clinical supervision for school staff. One participant, a school counsellor, accessed supervision which they discussed as very important to their practice. Westergaard and Bainbridge (2014) assert that adopting a clinical supervision model in UK schools would help to develop reflection, improve staff relations and reduce workplace stress.

Another way in which the organisation of the school was seen as supporting staff was through clear protocols and polices. The subordinate theme of protocols (5.2.2) connected closely with this research question. Familiarity with the safeguarding protocols required when a disclosure of self-harm was made appears to give staff comfort and confidence. This may have been because they were able to share the burden of anxiety about this young person, or because they felt that the young person required a degree of specialist intervention which they were not equipped to provide.

Weare (2015; p.11) notes an important element of evidence-based practice in supporting young people with mental health difficulties is to 'provide clear pathways of help and referral.' This is echoed in the Department for Education's (2016) recent report 'Mental health and behaviour in schools: Departmental advice for school staff' which declares that schools can promote the positive mental health of their students through:

> *'clear systems and processes to help staff who identify children and young people with possible mental health problems; providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school).'* (p.11)

5.1.4 Research Question Four

Where do secondary school staff get their information about self-harm?

In response to a direct question regarding where staff get their information about self-harm, participants named three keys sources of information: the media, personal experiences and training. This is identified within the thematic analysis in Chapter Four as 'sources of information' (theme 2).

The information staff felt they had from the media – newspapers, television, radio – was in relation to the prevalence of self-harm. Most felt that there was an increase in self-harm among young people and several noted that self-harm and other mental health difficulties are discussed more freely in the media now than they were in previous years. A couple of participants shared personal experiences of having known someone who self-harmed. These personal experiences prompted expressions of empathy for the young people and their families.

Training through school was the primary way in which staff felt they had developed their knowledge about self-harm. However, upon exploring what this training comprised of, it became clear that the training was not specific to self-harm in any of the cases, rather it was general safeguarding training. All staff demonstrated their knowledge of safeguarding protocols and good practice and made reference to how they used it appropriately within their school setting. This demonstrates that one of the key ways in which self-harm is contextualised for school staff is as a safeguarding issue.

When considering the thematic analysis in relation to the research question - Where do secondary school staff get their information about self-harm? - it was interesting that the message which came across from the data was that staff wanted more information. These findings present a picture that most secondary school staff have touched on the topic of self-harm in safeguarding training but almost none has had opportunities for further training. However, though the information they had was limited, there was a strong interest in gaining further knowledge and skills in the area. Participants expressed a desire for further training, a call which echoes the participants of Best (2006), Berger et al. (2014) and Heath et al. (2006). This finding further sits within the national frameworks, which strongly recommend ongoing staff training to ensuring positive mental health and well-being in schools (Royal College of Psychiatrists, 2014; Department for Education, 2016).

5.2 Review of Research Aims

This research intended to explore secondary school staff's perceptions and experiences of working with young people who self-harm. This study found that self-harm is perceived in a variety of ways by school staff and some differing idea of what defines self-harm. School staff noted the significant emotional impact of working with vulnerable young people. Participants considered their work with young people who self-harm to be meaningful and important; however, they faced a number of challenges including lack of clarity around their individual role within the school. Participants highly valued specialist support services such as CAMHS but expressed significant frustration and concerns that these services were very busy and difficult for young people to access. These findings clearly located the crucial role schools have to play in

supporting young people who self-harm and experience mental health difficulties. This is echoed by young people, 97% of whom think that self-harm should be addressed in schools, and two thirds of whom think that self-harm should be covered during the course of lessons (Cello & YoungMinds, 2012).

This research provides valuable information for schools and EPs about the current experiences of staff supporting young people who self-harm, as well as what they would find helpful to fulfil this role better.

5.3 Implications of findings

This section addresses the potential ways in which these findings can inform the work of secondary school staff, EPs and other professionals working with vulnerable young people, in regard to adolescent self-harm. Findings from this study highlighted several topics which were considered by secondary school staff to be valuable and significant in supporting young people who self-harm:

- Secondary school staff expressed a clear wish for specific training on self-harm, rather than it simply being covered as part of compulsory safeguarding training. Training on self-harm was seen by staff as a key way for secondary school staff to develop confidence, knowledge and skills. EPs may have a role in designing or delivering such training. In addition, the findings suggested that there were some negative attitudes to adolescent self-harm (seeing it as attention seeking) which evidence from The Mental Health Foundation (2006) inquiry demonstrates is detrimental to adolescents, and training may help to change these negative attitudes. Thus, training would serve to impact positively upon the confidence and competence of staff. The importance of staff training

was emphasised by recent national guidance from The Royal College of Psychiatrists (2014); Public Health England & Children & Young People's Mental Health Coalition (2015) and The Department for Education (2016). A systematic literature review identified that school nurses have a role in supporting schools with adolescent self-harm and one consideration would be what unique contribution could be made by EPs in a training context. Research indicates that understanding the reasons why young people self-harm is at the centre of good practice and effective support (NICE, 2004) and this research found that staff have variable knowledge in this area. Consequently EPs can use psychological frameworks such as the emotional regulations model to develop understanding of self-harm and approaches to support.

- Secondary school staff showed an understanding that working with young people who self-harm has an emotional impact on them. Staff referred to the importance of professional support from colleagues and said that they valued opportunities to discuss challenging or upsetting topics. The professional support helped to prevent staff from feeling isolated in their work. This is an important acknowledgement that school staff members require support since they are faced with stressful work. Westergaard and Bainbridge (2014) have positied that school staff would benefit from formal staff supervision to allow staff a reflective space to discuss their work and its impact on them. The concept of introducing models of staff supervision to secondary schools may lend itself towards the role of the EP in facilitating such work.

- Secondary school staff found it difficult to suddenly lose contact with the young people when that young person was transferred to the responsibility of the school safeguarding team. Staff talked of wondering what had happened next for young people whom they had been supporting and suddenly lost contact with if a safeguarding concern arose. Including secondary school staff in discussions about information sharing within school may empower staff.

- Staff expressed frustration at the difficulties of getting appropriate support for young people struggling with self-harm. Strong concerns about unrealistically high CAMHS thresholds led staff to worry that young people who required more specialist support in a clinical setting were not receiving it. Staff recognised the pressures on all LA services, including schools and CAMHS teams.

- Secondary school staff interviewed for this research lacked opportunities for multi-agency work. However, staff spoke with respect and interest about CAMHS and other professionals; in light of the recommendation by the Public Health England and Children & Young People's Mental Health Coalition's report into 'Promoting children and young people's mental health and emotional wellbeing' (2015), opportunities for multi-agency work or joint training would allow the sharing of skills, experiences and knowledge.

- Research into staff experiences of working with adolescent self-harm consistently notes the issue of clear professional roles. School staff

should be clear on their role, and to feel unclear about this can be very stressful, confusing and disempowering for staff.

- Staff expressed a desire to support young people, as long as they felt confident and clear about their role. However, their ability to do this was impacted by logistical concerns such as not having time within the school day to be able to talk to a young person if they wanted to. The largely hidden nature of self-harm suggests that young people are likely to require proactive support. This presents a tension between the nature of self-harm and the busy school schedule. Ways to address this could be a 'drop-in' space where students could come to meet with available members of staff.

- The position of EPs within schools means that they are well placed to support organisational change; this could involve developing staff training on understanding self-harm and supporting young people, constructing a self-harm policy or working with individual members of staff.

5.4 Strengths and limitations of this study

This was a small scale study looking at the experiences and perspectives of 13 secondary school staff members across four schools in a LA. This is not generalisable across other schools or LAs, as the researcher was aware before starting the research. Nonetheless given that this area is under-researched, especially within the UK, this piece of research can be offered to build on the existing body of knowledge.

Building on the work of Best (2006), this research explored the experiences of secondary school staff across a number of educational settings. One unique contribution of this research to the existing UK literature is the inclusion of staff without direct experience of working with adolescent self-harm. All key research identified in the systematic literature review exclusively involved participants with direct experience of working with adolescent self-harm. This research built on this by considered not only experiences, but also perceptions, of secondary school staff. This decision was informed by the evidence from young people that negative responses to self-harm result in poor outcomes (Mental Health Foundation, 2006; Cello and YoungMinds, 2012) and an acknowledgement that young people may disclose self-harm to any member of staff, not just those with prior training or experience.

This focus on perceptions of staff can be linked to recent work by Berger et al. (2015) who explored 'pre-service and in-service teachers' knowledge attitudes and confidence towards self-injury in pupils' in Australia. Indeed, international research from Canada, Australia and the USA has been more concerned with attitudes and perceptions of adolescent self-harm than UK research. Many of these studies have focused exclusively on teachers (Heath et al., 2006; Heath et al., 2011; Berger et al, 2014; Berger et al., 2015). However, this research differs from these international studies because it has explicitly chosen participants who are members of school staff, but not exclusively teachers. It was felt that this gave a more accurate picture of the support existing in UK schools and is in line with other key UK studies (Best, 2006; Marchant and Ellis, 2015). Further, there is no evidence to suggest that a young person is more

likely to disclose self-harm to a teacher than another member of school staff (Cello and YoungMinds, 2012).

The purposive sampling technique could be seen as a limitation. However, as mentioned in Chapter Three, the researcher intended to gather rich and detailed data from participants and was interested in their individual experiences. Thus, purposive sampling was considered to be appropriate. Since this was a small scale study, further research could expand to cover a wider range of educational settings which would have given further insight into the experiences of staff working in different schools.

The methodology employed to elicit the experiences of school staff suited the nature of the research questions and yielded rich data which could adequately answer the research questions posed. The SSIs enabled the researcher to explore relevant topics raised by the participants and, as such, participants were able to drive the interview to an extent. A key strength noted was that participants from the pilot study and main research study fed-back positively about the nature and content of the interviews.

A potential limitation of using SSIs to gather data is that it is dependent on the researcher's skills. The researcher was conscious of this and so conducted two pilot interviews to develop their skills before embarking on the research. In an early interview, the researcher noted that some of the discussion appeared to have veered from the topic of self-harm. Upon reflection and listening back to the recording, the researcher considered ways to prevent this from occurring again.

Before selecting thematic analysis, the researcher considered other methods of analysis, as discussed in Chapter Three. The researcher's acting academic tutor and colleagues also reviewed coding and themes. Thematic analysis was also appropriate in the context of explanatory research.

5.5 Opportunities for future research

As the literature review in Chapter Two made clear, this area is under researched and there is much potential for further investigation of this important topic.

With consideration to the limitations of this piece of research, it would be valuable to expand the scope of this research to look at the perceptions and experiences of other adults in a community based setting. This researcher deliberately interviewed a variety of staff working within secondary schools, rather than teachers exclusively, and future research could further extend this by gaining the perspectives and experiences of different community based professionals, such as social workers, youth workers and members of youth offending teams. The experiences of parents could also be explored. While participants were very clear in their disappointment that more young people were not able to access CAMHS support, there was less clarity from participants on the actual role played by CAMHS when working with adolescent self-harm. Thus, another potential avenue for further investigation could consider the different roles taken up by educational and clinical professionals and how much shared understanding of these is present, with a view to

fostering good practice. Similarly, multi-agency working is cited as a cornerstone of good practice when working with young people who self-harm (Weare, 2015). In light of this, there is much value in further research considering the challenges and successes of current links between schools and CAMHS teams.

Conspicuously absent from this research was the voice of young people who self-harm. NICE guidance (2004) locates the meaning which the young people ascribe to their self-harm as central to understanding and supporting them. Thus, it seems that the existing research would be greatly enhanced by the stories, meanings and experiences of those young people. Indeed, the research conducted by Cello and YoungMinds (2012) and Mental Health Foundation's (2006) inquiry did listen to young people, and those findings have helped to underpin and shape the current research. However, in the early stages of planning this research, the researcher was very conscious that numerous constraints (consent and ethical concerns) would make it extremely difficult for a TEP to present a research proposal with a view to talking to young people about self-harm and their experiences of seeking help and support. The need for more research into this area remains, with researchers being very alert to the ethical and methodological challenges of investigating this sensitive area.

This research highlighted the emotional impact on the adults working to support a young person who has self-harmed. However, evidence suggests that by far the most likely person to receive a disclosure of adolescent self-harm is a peer (Evans et al., 2005), and another area of research could certainly consider the

way that peers cope with this pressure which many adults found extremely difficult.

5.6 Feedback

Prior to commencing this research, the researcher discussed and agreed ways of feeding back. The key stakeholder was the EPS where the research was conducted and it was agreed that after the submission of this doctoral thesis the researcher would share their central findings and any implications for future practice. This will be a page long document to be shared with the PEP and EPS team.

The verbal debriefing of participants involved feeding back the researcher's next steps for the study and thanking participants for their involvement. As with the EPS, the participants from this research study will also be given a one page feedback document, upon the submission and subsequent completion of this doctoral thesis.

5.7 Ethical Considerations

The researcher was mindful of ethical considerations throughout the research process. One important consideration was the risk that participants felt threatened or unskilled if they had not picked up on warning signals or did not deal well with self-harm. The researcher was aware that participants may feel compromised if they had had such experiences. Further, there might have been some reluctance to discuss this with the researcher because they knew the researcher worked as a TEP in the LA. Thus, participants may have felt a

pressure to present their school in a good light. Whilst it is difficult to have certainty in this area, there were no apparent issues during the data gathering.

Also, the debriefing carried out following the interviews and the reassurance of the information being used to guide further support and training for staff in secondary schools is likely to have reassured participants that their contribution had value beyond the immediate incidents in which they were involved.

5.8 Reflexivity

Throughout this research, and in line with a critical realist position, the researcher has maintained a reflexive stance. Chapter 3 referenced the researcher's reflective journal which was kept throughout the research process. These reflections were complemented through the use of appropriate and regular supervision which allowed the researcher to consider further the research process and their position within it. The researcher accessed academic, professional and peer supervision throughout the research process. Particularly evident in some interviews was a tension between talking to the participant as a TEP and talking to them as an interviewer. Separating out these identities felt challenging at times, and the researcher took steps to address it by being more explicit in the introductions about the nature of the interview.

The researcher was mindful of how much they have learned about the process of research, and the insight they have gained into the educational staff's perceptions and experiences of self-harm which were felt to be highly relevant to the researcher's professional practice as a TEP. One key reflection was how

much the researcher enjoyed talking to the participants, whilst being struck by the high level of need they are supporting in their student population.

5.9 Conclusions

This research aimed to explore secondary school staff's perceptions and experiences of adolescent self-harm. This exploratory study has built on the limited existing research in this area and has provided insight into the secondary school staff's experiences and understanding of adolescent self-harm. The findings suggest that supporting young people who self-harm can have a significant emotional impact on staff and an important consideration should be structures within school to support staff. Thematic analysis further illuminated that school staff are very aware of the sometimes limited capacity of services such as CAMHS to be involved. Findings further presented a very varied interpretation of self-harming, suggesting that staff training on self-harm would be valuable; indeed, it was noted that staff are keen for more training to develop their skills and knowledge about self-harm. These themes closely support those identified by previous researchers.

Mindful that one intention of this research was to empower staff by hearing their experiences of supporting young people who self-harm, it is fitting to conclude this research with the words of one of the participants:

> *'It's not easy … sometimes you feel like it is just too much and you worry you aren't doing what a professional would do. But really I just want to help. As much as I can, I just want to help.'*
>
> (Interview C, lines 95-97)

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Appendices

Appendix A: Studies excluded from literature review

Authors	Research Aim	Design	Participants	Reason Excluded
(Campbell, Rondon, Galway, & Leavey, 2013)	To explore services providers' views of the social, educational and health problems faced by vulnerable young men (aged 14-19) living in the southern area of Northern Ireland. Concerns about self-harm were identified in the findings.	Primarily qualitative using five focus groups and two individuals who had been unavailable for the focus groups.	31 participants from community based groups, health, social services and education working with young men (aged 14-19) identified as vulnerable.	Self-harm is only referenced as one of a number of themes identified; it was not a focus of the research.
(O'Connor, Rasmussen, & Hawton, 2014)	This study aimed to determine the prevalence of self-harm in Northern Ireland adolescents and the factors associated with it, including exposure to the Northern Ireland conflict.	Observational study school pupils employing an anonymous self-report survey.	3596 school students.	The focus of this report was student self-reporting not the views, experiences or perceptions of staff working in secondary schools.

Appendix B: Letter to Head Teacher

Dear Head Teacher,

My name is Jody Walshe and I am a Trainee Educational Psychologist working in xxxxx and studying at the University of East London.

I would like to invite your school to participate in my research into secondary school staff experiences of students who self-harm. I will be individually interviewing a number of school staff from different secondary schools in xxxxx. The interviews will last for about 45 minutes and will take place during the school day. This information will then be anonymously transcribed and analysed for themes. All interviews will be completely anonymised and no staff, students or schools will be identifiable in the transcripts.

The purpose of the research
Students self-harming is a national concern and has been identified as a specific priority within xxxxx. This research will help to inform xxxxx Local Authority's understanding of this issue and how best to support schools.

Students self-harming can be an emotive subject that many school staff find challenging to manage, both on a personal and a procedural level. This research is concerned with both individual and organisational attitudes and behaviours towards students who present having self-harmed. Effective ways of working will be discussed along with the emotional impact of working with people who self-harm within a busy school context.

Participants
I am looking for two groups of school staff with at least two years of experience. The first group is secondary school staff with direct experience of students who have self-harmed. During the interview we will discuss historic examples, not current cases. The second group is secondary school staff who do not have direct experience of students who have self-harmed, but have an interest in the area. I am hoping to recruit up to 2 members of staff with direct experiences of students who self-harm and 1 member of staff who does not from each of the secondary schools I contact.

I would be happy to come to a staff meeting to discuss my research with any interested members of staff. If you identify member of staff who would be interested in participating in this research please contact me to arrange an opportunity for me to meet with them and discuss it further.

Please see the attached information sheet for participants for more comprehensive details of this research.

Further information and contact details:
Please feel free to contact with myself (Jody Walshe) or my research supervisor (Dr Mary Robinson) if you have any further questions.

Jody Walshe
University of East London / xxxxx Local Authority
Xxxxx

Dr. Mary Robinson
University of East London
Xxxxx

Appendix C: Participant information sheet

Dear school staff member,
My name is Jody Walshe and I am a Trainee Educational Psychologist working in xxxxx and studying at the University of East London.

I would like to invite you to participate in my research. I am going to explain why the research is being conducted and what it would involve for you if you decide to take part. Talk to others about the study if you wish.

Please ask me if you have any questions. I am happy to go through this information sheet with you if you would like.

What is the purpose of this study?
Students self-harming can be an emotive subject that many school staff find challenging to manage, both on a personal and a procedural level. This research is concerned with both individual and organisational attitudes and behaviours towards students who present having self-harmed. Effective ways of working will be discussed along with the emotional impact of working with people who self-harm within a busy school context.

Do I have to take part?
You do not have to take part in this research. It is **your choice** if you decide to participate. I will describe the research and go through this information sheet with you before proceeding. If you agree to participate, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This will have no detrimental effect on your employment.

What does taking part involve?
If you chose to be involved you will participate in an interview, lasting approximately 45 minutes. You will be the only person in the room with me (Jody Walshe). You will be asked to respond to a series of questions about your experiences of working with students who self-harm. There are no right or wrong answers to any of these questions and it is fine if you do not feel comfortable discussing a particular topic. It has been agreed that this interview can be conducted during work time.

For the analysis, themes from the interviews will be generated.
You will have the opportunity to ask me any questions before the interview begins and there will be time at the end of the interview to discuss any issues that arise.

What will happen if I don't want to carry on with the study?
You have the right to withdraw your participation at any time. If you wish to withdraw from the study this will not have any detrimental effect your employment. Any information that has already been written up in the study will remain, but you can request for your transcript to be destroyed. Your transcript will only be identifiable until the end of the study, when all links between you and your transcripts will be destroyed.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researchers, who will do their best to answer your questions. This can be done via e-mail on xxxxx. If you would prefer to speak in person, a call back can be arranged. If you remain unhappy and wish to complain formally, you can do this by contacting my supervisor, Dr Mary Robinson, at the University of East London.

Will my involvement in this research be kept confidential?
A transcript of the interview will be written, however no identifiable information will be included. All responses will be **anonymous and confidential**. I will record the interview but your responses will not be linked to you by name or by any other identifying information. Only the researcher (Jody Walshe) will have access to the original recordings of the interview. The original recordings of the interview will be stored in a locked container in xxxxx. These original recordings will be destroyed once the recordings have been transcribed. All interview transcripts will be completely anonymised and no staff, students or schools will be identifiable in the transcripts.

Anonymised transcripts will be kept for **five years**, as required for research that may be published. These will be kept securely in electronic form on a password protected document on an encrypted memory stick stored in a locked office. The university will be able to look at the interview transcripts if they request it, however they will not be given access to any information that would identify you.

Disclosure of unprofessional conduct:
In the unlikely event that unprofessional conduct is identified during the interviews, then this would have to be reported, in the first instance to management staff, and would be dealt with in an appropriate manner.

What will happen to the results of the study?
The results of the study will be written as part of the requirements for the award of a doctorate in educational and child psychology. This may also be presented to a journal for publication. You will not be identified in any report or publication; however anonymised quotations from the interview may be used.

Who has reviewed the study?
This research has been approved by xxxxx Local Authority and the University of East London Ethics Committee.

Further information and contact details:
Please feel free to contact with myself (Jody Walshe) or my research supervisor (Dr Mary Robinson) if you have any further questions.

Jody Walshe
University of East London / xxxxx Local Authority
Xxxxx

Dr. Mary Robinson
University of East London
Xxxxx

Appendix D: Participant consent form

Title of Project: Self-harm in secondary schools: what are the experiences and perceptions of staff?

Name of Researcher: Jody Walshe

Please initial each box:

1. ☐ I confirm that I have read and understand the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. ☐ I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. ☐ I understand that relevant sections of anonymised data collected during the study, may be looked at by individuals from the University of East London and xxxxx Local Authority, where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data collected during the study.

4. ☐ I agree to take part in the above research.

…….. Signature

……... Date

Appendix E: Debrief sheet for participants

Dear school staff member,

Thank you very much for participating in this research.

This letter contains:

- Support and further information
- Information about the research you have been involved in, including the contact details of researcher

Self-harm is an emotive topic and if this research has raised any concerns that you would like to discuss then you can contact ……..…… [name of the designated teacher with responsibility for safeguarding in this school] who is aware of this research.

If you would like to talk more about any of the issues raise through your involvement in this research, the organisations listed below can provide support and further information.

Samaritans

Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do.

08457 90 90 90 (24 hours a day, 7 days a week)

www.samaritans.org

Mind

Mind are a charity who provide information and support on mental health issues.

0300 123 3393 (9am to 6pm, Monday to Friday, except for bank holidays).

info@mind.org.uk

Text: 86463

Young Minds

Young Minds is a UK charity concerned with emotional wellbeing and mental health of children and young people. It provides information and support of children, young people, parents and training for professionals

http://www.youngminds.org.uk/
This website contains sections on self-harm and on support for professionals

Young Minds Helpline: 0808 802 5544

In addition to the participant information sheet given to you at the beginning of the research, you are free to keep this sheet which gives details of the research you have participated in.

Title of Project: Self-harm in secondary schools: What are the perceptions and experiences of staff?

Students self-harming can be an emotive subject that many school staff find challenging to manage, both on a personal and a procedural level. This research is concerned with both individual and organisational attitudes and behaviours towards students who present having self-harmed.

What will happen if I don't want to carry on with the study?
You have the right to withdraw your participation at any time. If you wish to withdraw from the study this will not have any detrimental effect your employment. Any information that has already been written up in the study will remain, but you can request for your transcript to be destroyed up to the point of analysis of data. Your transcript will only be identifiable until the end of the study, when all links between you and your transcripts will be destroyed.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researcher, who will do their best to answer your questions. This can be done via e-mail on xxxxx If you would prefer to speak in person, a call back can be arranged. If you remain unhappy and wish to complain formally, you can do this by contacting my supervisor, Dr Mary Robinson, at the University of East London.

Will my involvement in this research be kept confidential?
A transcript of the interview will be written, however no identifiable information will be included. All responses will be **anonymous and confidential**. I will record the interview but your responses will not be linked to you by name or by any other identifying information. Only the researcher (Jody Walshe) will have access to the original recordings of the interview. The original recordings of the interview will be stored in a locked container in xxxxxx. These original recordings will be destroyed once the recordings have been transcribed. All interview transcripts will be completely anonymised and no staff, students or schools will be identifiable in the transcripts.

Anonymised transcripts will be kept for **five years**, as required for research that may be published. These will be kept securely in electronic form on a password protected document on an encrypted memory stick stored in a locked office. The university will be able to look at the interview transcripts if they request it, however they will not be given access to any information that would identify you.

What will happen to the results of the study?
The results of the study will be written as part of the requirements for the award of a doctorate in educational and child psychology. This may also be presented to a journal for publication. You will not be identified in any report or publication; however anonymised quotations from the interview may be used.

Further information and contact details:
Please feel free to contact with myself (Jody Washe) or my research supervisor (Dr Mary Robinson) if you have any further questions.

Jody Walshe
University of East London / xxxxxx Local Authority
Xxxxxx

Dr. Mary Robinson
University of East London
Xxxxxx

Appendix F: Final interview schedule for participants with direct experience of working with young people who have self-harmed

Introductions.

Discussion of research.

Consent form discussed and signed.

Discussion of structure of interview and use of vignette. Ethical considerations – historic cases only, signposting within school (e.g. teacher with responsibility for safeguarding / SENCO), LA and charities/organisations.

Tell me a bit about your experience of working with self-harm

Vignette presented.

What do you know/understand about self-harm?
Why do you think students self-harm?
Have you had any training on self-harm?
Does the vignette impact your understanding of self-harm?

What is the incidence of student self-harm in school?
Is self-harm something you are aware of within the school?

How did you help to support the student who was self-harming?
Did other services become involved? How did that involvement work?

What impact did that involvement have for the young person?

What do you think when you see a student who has self-harmed?
Does seeing a student who has self-harmed make you feel anything/does it bring up any emotions for you?
Do you get any an opportunity to debrief to help with this?
Has your attitude changed? If so, why do you think this is?

How does this vignette compare to your experiences of students who self-harm?
Similarities? Differences?

What do you do when presented with a student who has self-harmed?

What helps you to support students who self-harm?

What do you feel would help you to support these students better?

Debriefing – participant given opportunity to ask any questions / the debriefing sheet will be talked through with the researcher and the participants will be given a copy to keep.

Appendix G: Final interview schedule for participants without direct experience of working with young people who have self-harmed

Introductions.

Orientation to the project.

Consent form discussed and signed.

Discussion of interview and use of vignette. Ethical considerations – historic cases only, signposting within school (e.g. teacher with responsibility for safeguarding / SENCO), LA and charities/organisations.

Vignette presented.

What do you know/understand about self-harm?
Why do you think the young person in this vignette has self-harmed?
Why do you think other students self-harm?
Have you had any training on self-harm?
Does the vignette impact your understanding of self-harm?

What is the incidence of student self-harm in school?
Is self-harm something you are aware of within the school?

In the context of this vignette how would you support the student?

In the context of this vignette would you would you expect other services to be involved?
If yes, what would you expect that involvement to look like?

What would you expect the impact of this involvement to be?

What do you think when you read about this experience of self-harm?
Does it bring up any emotions for you? If so, why do you think this is?
Has your attitude changed? If so, why do you think this is?
How does this fit with your perception of what other people think about students who self-harm?

How do the people you work with behave towards students who self-harm?
How have you seen people behave when working with students who self-harm?
Do you agree/disagree with this? Why?

What would you do if you were presented with a student who has self-harmed?

What factors influence the way in which students who self-harm are treated?

Debriefing – participant given opportunity to ask any questions / the debriefing sheet will be talked through with the researcher and the participants will be given a copy to keep.

Appendix H: Vignette used in interviews

Mark is a 15-year-old boy who has been preoccupied and distracted at school for the past few weeks. He has been arguing with his friends recently and has started sitting by himself in lessons. Mark tells you that he is worried that his parents might split up – they have been shouting at each other and his dad has been threatening to leave home for several weeks.

You are particularly concerned about Mark because you are aware that Mark has a history of self-harming in situations of anxiety or distress. This self-harm has taken the form of banging his head against tables and walls.

You do not have any evidence to suggest that Mark is currently self-harming, but have a 'gut feeling' that he might start doing so in the near future. You talk to Mark and he is adamant that he does not want his parents or any other school staff to be informed.

Appendix I: Notice of Ethics Review Decision University of East London

NOTICE OF ETHICS REVIEW DECISION
For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

SUPERVISOR: Mary Robinson **REVIEWER:** Paul Penn

STUDENT: Jody Walshe

Title of proposed study: Self-harm in secondary schools: What are the perceptions and experiences of staff?

Course: Professional Doctorate in Educational and Child Psychology

DECISION *(Delete as necessary)***:**

***APPROVED**
Just a note: It might be wise on the application to state the signposting to the school teacher responsible for safeguarding presumably exists for the protection of any current students that an interview might raise a concern about that may have not already been dealt with by the school in addition to the protection of the participant.

Playing Devil's advocate: what would happen if the teacher expressed reluctance to take the matter up with the designated safeguarding staff member. Perhaps something for the team to think about?

APPROVED: Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

Minor amendments required *(for reviewer)*:

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):*
Student number:

Date:

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*
If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

☐ MEDIUM

☐ LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer *(Typed name to act as signature)*: *Paul Penn*

Date: 19/02/15

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)

PLEASE NOTE:
*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: http://www.uel.ac.uk/gradschool/ethics/fieldwork/

Appendix J: 15-Point Checklist of Criteria for Good Thematic Analysis

(Braun & Clarke, 2006, p. 96)

Process	No.	Criteria
Transcription	1	The data has been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach) but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as *active* in the research process; themes do not just 'emerge'.

Appendix K: Original interview schedule for participants with direct experience of working with young people who have self-harmed with amendments

Introductions.

Discussion of research.

Consent form discussed and signed.

Discussion of structure of interview and use of vignette. Ethical considerations – historic cases only, signposting within school (e.g. teacher with responsibility for safeguarding / SENCO), LA and charities/organisations.

Vignette presented.

Tell me a bit about your experience of working with self-harm

What do you know/understand about self-harm?
Why do you think students self-harm?
Have you had any training on self-harm?
Does the vignette impact your understanding of self-harm?

What is the incidence of student self-harm in school?
Is self-harm something you are aware of within the school? ~~Is it discussed by other staff members?~~

How did you help to support the student who was self-harming?
Did other services become involved?
How did that involvement work?

What impact did that involvement have for the young person?

What do you think when you see a student who has self-harmed?
Does seeing a student who has self-harmed make you feel anything/does it bring up any emotions for you? ~~If so, why do you think this is?~~
Do you get any an opportunity to debrief to help with this?
Has your attitude changed? If so, why do you think this is?
~~How does this fit with your perception of what other people think about students who self-harm?~~

How does this vignette compare to your experiences of students who self-harm?
Similarities? Differences?

What do you do when presented with a student who has self-harmed?

What helps you to support students who self-harm?

What do you feel would help you to support these students better?

Debriefing – participant given opportunity to ask any questions / the debriefing sheet will be talked through with the researcher and the participants will be given a copy to keep.

Amendments made after pilot:
1. The placement of the vignette was discussed with the participant. The participant noted that being presented with the vignette first made it more confusing to move on to talking about their own experiences. Consequently, the vignette was moved for the final interview schedule – it appears after the first question about the participant's experiences.

2. Several questions were felt to be similar and/or repetitious and made the interview take longer than planned and these questions were removed from the final interview schedule.

Appendix L: Original interview schedule for participants without direct experience of working with young people who have self-harmed with amendments

Introductions.

Orientation to the project.

Consent form discussed and signed.

Discussion of interview and use of vignette. Ethical considerations – historic cases only, signposting within school (e.g. teacher with responsibility for safeguarding / SENCO), LA and charities/organisations.

Vignette presented.

What do you know/understand about self-harm?
Why do you think the young person in this vignette has self-harmed?
Why do you think other students self-harm?
Have you had any training on self-harm?
Does the vignette impact your understanding of self-harm?

What is the incidence of student self-harm in school?
Is self-harm something you are aware of within the school?
~~Is it discussed by other staff members?~~

In the context of this vignette how would you support the student?

In the context of this vignette would you would you expect other services to be involved?
If yes, what would you expect that involvement to look like?
What would you expect the impact of this involvement to be?

What do you think when you read about this experience of self-harm?
Does it bring up any emotions for you? If so, why do you think this is?
Has your attitude changed? If so, why do you think this is?
How does this fit with your perception of what other people think about students who self-harm?

~~**What do you think other members of school staff think and feel about students who self-harm?**~~
~~What have you heard others say about self-harm?~~

How do the people you work with behave towards students who self-harm?
How have you seen people behave when working with students who self-harm?
Do you agree/disagree with this? Why?

What would you do if you were presented with a student who has self-harmed?

~~**How do you think staff should behave when presented with a student who self-harms?**~~
~~How does it make you feel seeing people acting/not acting in this way? Why?~~
~~Do you agree/disagree with the way people behave towards students who self-harm?~~

What factors influence the way in which students who self-harm are treated?

~~**What do you feel would help you to support these students better?**~~

Debriefing – participant given opportunity to ask any questions / the debriefing sheet will be talked through with the researcher and the participants will be given a copy to keep.

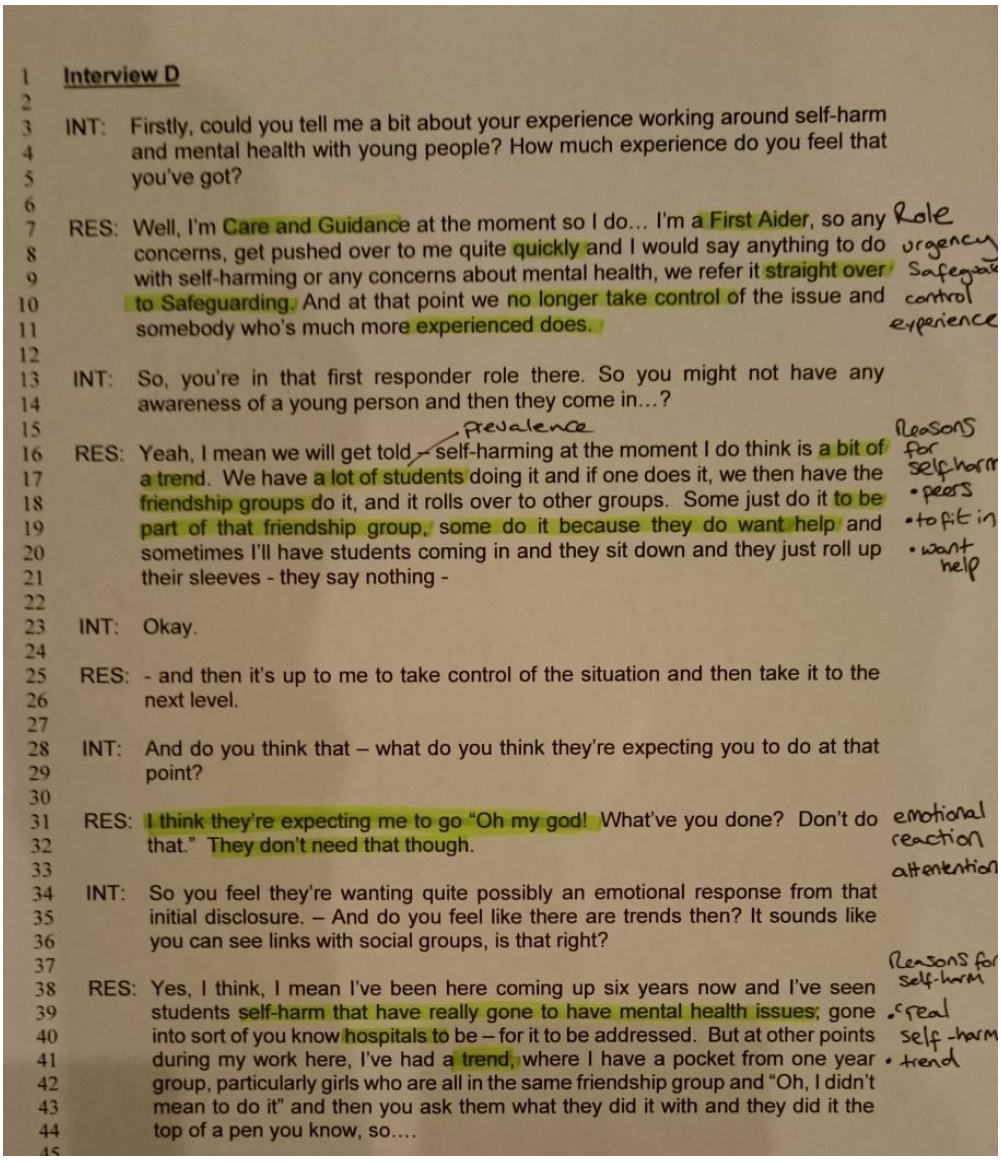
Amendments made after pilot:

1. Several questions were removed which were felt to be repetitious by the participant and researcher.

2. During the feedback, the participant noted they did not feel fully informed to be able to answer the questions:
- *In the context of this vignette would you would you expect other services to be involved?*
- *If yes, what would you expect that involvement to look like?*
- *What would you expect the impact of this involvement to be?*

However, the participant expressed that they felt the question was a helpful one which made them think about ways of supporting young people and what is expected of referrals to other services. The researcher agreed and after discussion the question was kept.

Appendix M: Examples of coded transcripts



Interview D

INT: Firstly, could you tell me a bit about your experience working around self-harm and mental health with young people? How much experience do you feel that you've got?

RES: Well, I'm Care and Guidance at the moment so I do… I'm a First Aider, so any concerns, get pushed over to me quite quickly and I would say anything to do with self-harming or any concerns about mental health, we refer it straight over to Safeguarding. And at that point we no longer take control of the issue and somebody who's much more experienced does.

Role
urgency
Safeguar
control
experience

INT: So, you're in that first responder role there. So you might not have any awareness of a young person and then they come in…?

RES: Yeah, I mean we will get told – self-harming at the moment I do think is a bit of a trend. We have a lot of students doing it and if one does it, we then have the friendship groups do it, and it rolls over to other groups. Some just do it to be part of that friendship group, some do it because they do want help and sometimes I'll have students coming in and they sit down and they just roll up their sleeves - they say nothing -

prevalence

Reasons for self-harm
• peers
• to fit in
• want help

INT: Okay.

RES: - and then it's up to me to take control of the situation and then take it to the next level.

INT: And do you think that – what do you think they're expecting you to do at that point?

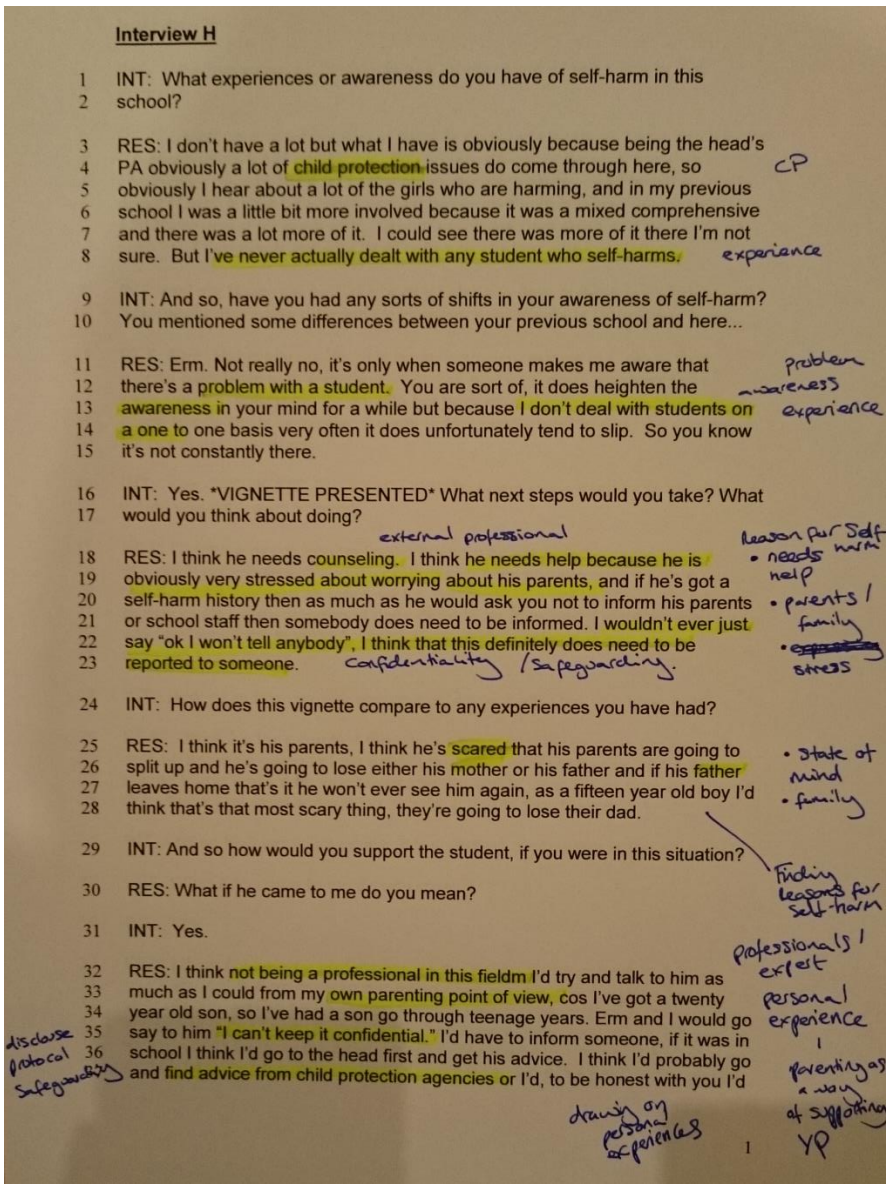
RES: I think they're expecting me to go "Oh my god! What've you done? Don't do that." They don't need that though.

emotional reaction
attention

INT: So you feel they're wanting quite possibly an emotional response from that initial disclosure. – And do you feel like there are trends then? It sounds like you can see links with social groups, is that right?

RES: Yes, I think, I mean I've been here coming up six years now and I've seen students self-harm that have really gone to have mental health issues; gone into sort of you know hospitals to be – for it to be addressed. But at other points during my work here, I've had a trend, where I have a pocket from one year group, particularly girls who are all in the same friendship group and "Oh, I didn't mean to do it" and then you ask them what they did it with and they did it the top of a pen you know, so….

Reasons for self-harm
• real self-harm
• trend



Interview H

INT: What experiences or awareness do you have of self-harm in this school?

RES: I don't have a lot but what I have is obviously because being the head's PA obviously a lot of child protection issues do come through here, so obviously I hear about a lot of the girls who are harming, and in my previous school I was a little bit more involved because it was a mixed comprehensive and there was a lot more of it. I could see there was more of it there I'm not sure. But I've never actually dealt with any student who self-harms.

CP

experience

INT: And so, have you had any sorts of shifts in your awareness of self-harm? You mentioned some differences between your previous school and here...

RES: Erm. Not really no, it's only when someone makes me aware that there's a problem with a student. You are sort of, it does heighten the awareness in your mind for a while but because I don't deal with students on a one to one basis very often it does unfortunately tend to slip. So you know it's not constantly there.

problem awareness

experience

INT: Yes. *VIGNETTE PRESENTED* What next steps would you take? What would you think about doing?

external professional

RES: I think he needs counseling. I think he needs help because he is obviously very stressed about worrying about his parents, and if he's got a self-harm history then as much as he would ask you not to inform his parents or school staff then somebody does need to be informed. I wouldn't ever just say "ok I won't tell anybody", I think that this definitely does need to be reported to someone.

confidentiality / safeguarding.

Reason for Self-harm
- needs help
- parents / family
- ~~[illegible]~~ stress

INT: How does this vignette compare to any experiences you have had?

RES: I think it's his parents, I think he's scared that his parents are going to split up and he's going to lose either his mother or his father and if his father leaves home that's it he won't ever see him again, as a fifteen year old boy I'd think that's that most scary thing, they're going to lose their dad.

- State of mind
- family

INT: And so how would you support the student, if you were in this situation?

Finding reasons for self-harm

RES: What if he came to me do you mean?

INT: Yes.

RES: I think not being a professional in this fieldm I'd try and talk to him as much as I could from my own parenting point of view, cos I've got a twenty year old son, so I've had a son go through teenage years. Erm and I would go say to him "I can't keep it confidential." I'd have to inform someone, if it was in school I think I'd go to the head first and get his advice. I think I'd probably go and find advice from child protection agencies or I'd, to be honest with you I'd

Professionals / expert

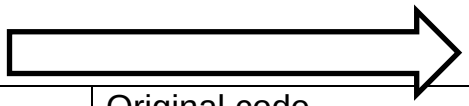
personal experience

disclose protocol safeguarding

drawing on personal experiences

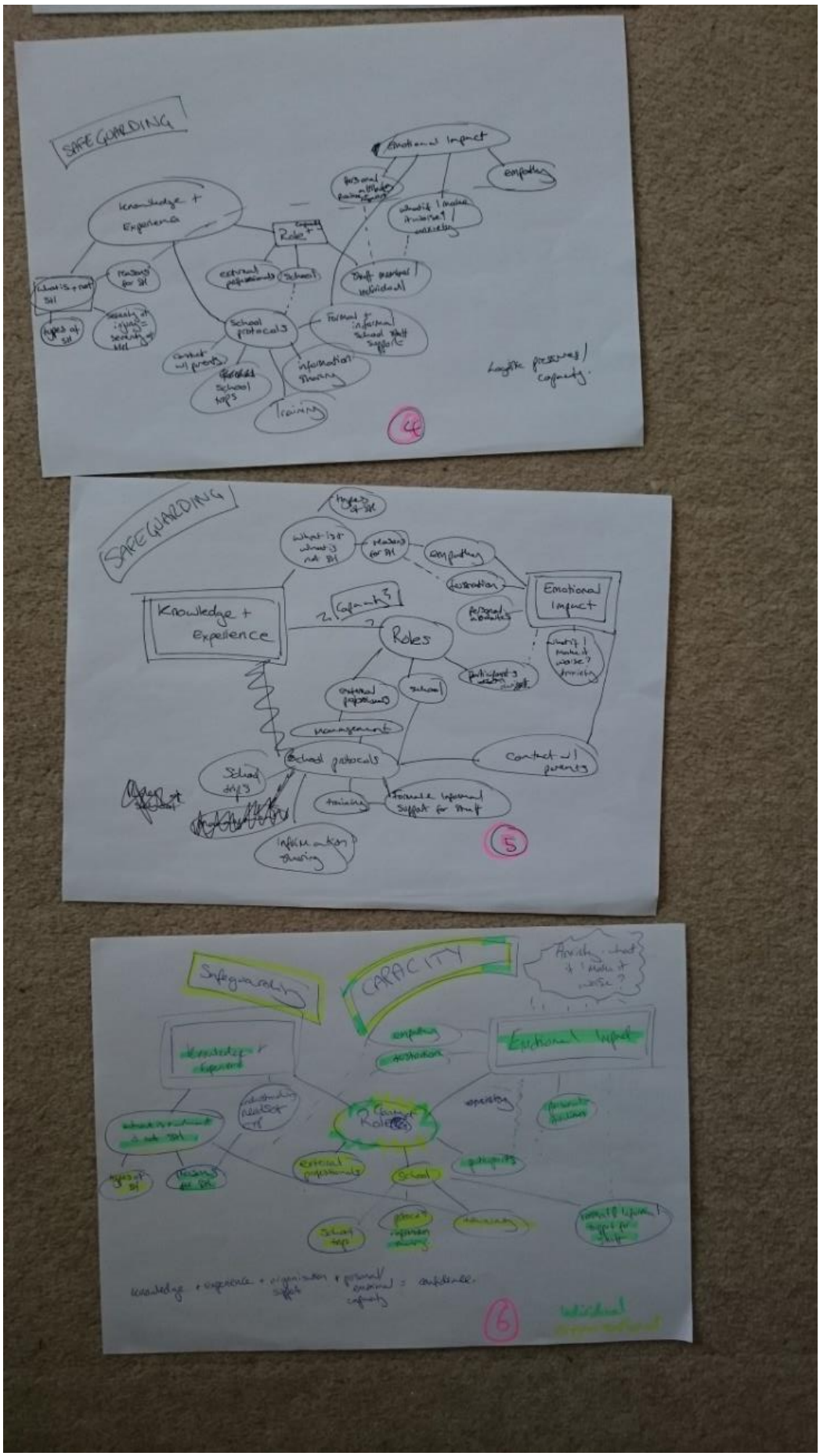
parenting as a way of supporting YP

Appendix N: Example of data extracts with the initial and revised coding



Data extract	Original code	Subtheme
'I think that this definitely does need to be reported to someone' (Interview H, lines 22-23)	Limits of confidentiality	Protocols
'*so any concerns get pushed over to me quite quickly and I would say anything to do with self-harming or any concerns about mental health, we refer it straight over to safeguarding'* (Interview D, lines 8-11)	Safeguarding	
'*I'd have to inform someone I think I'd go to the head first and get his advice'* (Interview H, lines 36-37)	Disclosure	

Appendix O: Stages of initial thematic maps


SAFEGUARDING
Emotional impact
empathy
Knowledge + Experience
Roles
external professionals
School
Staff personal individual
School is + not SH
reasons for SH
types of SH
School protocols
Formal & informal School staff Support
information sharing
training
Logistic pressures/ capacity.
4
SAFEGUARDING
what is it/ what's not SH
reasons for SH
Empathy
Frustration
Emotional Impact
Knowledge + Experience
Capacity
Roles
personal qualities
what's / makes it worse? anxiety
external professionals
School
management
School protocols
Context of poverty
School staffs
training
Formal & informal Support for Staff
information sharing
5
Safeguarding
CAPACITY
Anxiety - what is / makes it worse?
empathy
frustration
Emotional Impact
Knowledge + Experience
Roles
operating
personal qualities
external professionals
School
School staffs
training
knowledge + experience + organisation support + personal/ external capacity = confidence.
6