Proactive support plan for incidence of self-harm in school

Key concerns/focus: e.g. anxiety, behaviours seen, incidence of low mood etc.

Behaviour displayed	Cues	Triggers	Likely Function of Behaviour
e.g. biting hands/arms, cutting, pinching etc	e.g. arousal state, becoming hyperactive and loud, withdrawal, contextual cues, environmental cues	e.g. requests being made of them, feeling of being unable to complete an activity, mention of particular events, comments from peers, other contextual triggers, other environmental triggers	e.g. soothing/calming means of control, release, avoidance etc
Awareness of triggers	What are X's potential triggers? Are they modifiable? If not, what can enable avoidance of these triggers? How can X be prepared for a situation when such triggers may arise?		
Teaching replacement skills (functional equivalents)	What opportunities does X have to communicate their feelings/discuss events/anxieties? How can X recognise when they have been able to do this ? Are any planning/coping systems used with X to help aid independence?		
Interaction styles	Which interaction styles does X respond well to? (e.g. humour, praise etc) Does X prefer 1:1 or group interaction? Which risks, if any, have to be monitored for this and do any protocols need to be in place for this? Do interaction styles differ between adults and peers? How can positive opportunities for interaction which take account of these styles be facilitated?		
Rewards/ incentives	Which rewards/incentives does X respond to? Ideally extrinsic (external e.g. reward) and intrinsic (internal e.g. pride) motivators should be identified.		

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Changing the environment	Which environmental factors facilitate success for X? Take account of different senses/stimuli e.g. noise positioning, group size, group demographics etc
Routine and structure	Which elements of routine and structure does X require? What style does this need to follow e.g. visual etc? At which times is this structure particularly important for X?
Transitions	Which additional factors need to be considered for X at times of transition? Are coping plans in place for X if needed?
Boundaries	What guidance does X need in terms of boundaries? Which areas are particular points of focus for X e.g. personal space, peer relationships etc
Communication	Which strategies are used to facilitate positive communication for X? What adaptations are used to take account of X's needs?
Key figures and self-harm team support	Which adults can X communicate with? What are X's key relationships in school and out of school? Has X got an agreed support structure in place? Are there particular self-harm team protocols in place to support X?
Other notes	

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