**High Level of Concern Checklist**

Checklist of action and monitoring on self-harm or suicide concerns

|  |  |
| --- | --- |
| Name of child/young person |  |

The following provides a quick overview of the action you should take when assessing and providing support to a child or young person who is at immediate risk of significant injury due to self-harm and/or at immediate risk of suicide (i.e. they intend to attempt suicide and have a suicide plan and they may have previously attempted suicide)

Please see the Lifelines Lanarkshire Assessment and Intervention Flowchart for reference.

|  |  |  |
| --- | --- | --- |
| **Undertaken by and date** | **Discussion/Action** | **Check-in monitoring date and initials** |
|  | Did you have a joint discussion with the child/young person to agree a plan to support them? |  |
|  | Seek support immediately. Do not leave the young person alone. Name the person that assists you to keep the child/young person safe: |  |
|  | Self-harm concerns:   * Have you asked the child/young person about self-harming and are you certain of the intentionality of their self-harm actions? * It is evident that permanent harm or accidental death could be imminent due to self-harm? |  |
|  | Suicide concerns:   * Does the child/young person have thoughts about suicide, and do they intend to act on these thoughts or have plans to act on these thoughts? * Have you established that currently there is a high level of concern? * Is the behaviour likely to cause permanent harm or death? |  |
|  | Does the child/young person have a history of suicide attempts, or is there a history of suicide attempts or death by suicide by someone close to them? |  |
|  | Access immediate medical attention or treat wounds appropriately. This should be given by a first aid trained professional or health professional. |  |

**High Level of Concern Checklist (cont.)**

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| **Undertaken by and date** | **Discussion/Action** | **Check-in monitoring date and initials** |
|  | Inform parents or carers as appropriate (see Section 3 of Lifelines Lanarkshire for guidance). If there are good reasons to not inform parents/carers, then alternative arrangements should be made as the child/young person should not be alone. |  | |
|  | Provide the child/young person with useful information regarding websites, apps and support agencies. |  | |
|  | Identify who will provide support to the child/young person (i.e. Adult Supporter): |  | |
|  | Consider if referral is required to supporting agencies, with child’s/young person’s agreement. If so, which agencies: |  | |
|  | Agree a safety plan with the child/young person (see Appendix 6 of Lifelines Lanarkshire). |  | |
|  | Agree multi-agency support plan with relevant staff and child/young person (and parents/carers, as appropriate – see Section 3 of Lifelines Lanarkshire). |  | |
|  | Complete Record of Meeting Form (see Appendix 4 of Lifelines Lanarkshire), as required. |  | |
|  | Discuss/report the level of concern to the Named Person, your line manager and the Lead Professional:  Named Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lead Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
|  | Confirm person who will continue to be responsible for monitoring the child/young person and any agreed actions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
|  | Ensure all actions and findings are fully documented. |  | |

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

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