**Record of Meeting Form (page 1)**

**Concern:** **Self-harm and/or thoughts about suicide**

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| --- | --- | --- | --- |
| Name of child/ young person |  | | |
|  |  | | |
| Place of meeting |  | Date and Time |  |
|  |  |  |  |
| Discussion with |  | Designation |  |

|  |  |
| --- | --- |
| Child’s/young person’s overall appearance | |
|  | |
| Description of self-harm, including injury (if applicable) or thoughts about suicide | |
|  | |
| **Function of the child’s/young person’s behaviour** | |
| **Possible questions to ask include*:***   * How do you think self-harm helps you? * Do you know why you are thinking about suicide? * Do you know how it helps you? * Does anyone else know how you are feeling?   Continued overleaf | |
| **Record of Meeting Form (page 2)**  Function of the child’s/young person’s behaviour, continued | |
|  | |
| Other points/issues from discussion | |
|  | |
| Next steps (for child/young person and Adult Supporter)  Detail what information can be shared and with whom | |
|  | |
| Support websites, apps and contacts recommended | |
| Childline 0800 1111  Breathing Space 0800 83 85 87  Samaritans 116 123 | Calm Harm app  Stay Alive app  Self-help Anxiety Management app |

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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