**Low Level of Concern Checklist**

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

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| --- | --- |
| 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 self-harming to a degree which is not likely to cause serious harm, have long term health implications or result in accidental death, and who does not have thoughts of suicide or a suicide plan.

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? |  |
|  | Self-harm concerns:   * Have you asked the child/young person if they are self-harming? * Have you established that currently there is a low level of concern? * Is the self-harm unlikely to cause permanent harm or accidental death? |  |
|  | Suicide concerns:   * Have you asked the child/young person if they have any suicidal thoughts or plans? * Have you established that currently there is a low level of concern? * Is their behaviour unlikely to cause permanent harm or accidental death? |  |
|  | * Have you discussed involving the child’s/young person’s parents/carers if they are under 16 years old or still at school? * Have you informed parents/carers, if appropriate? (see Section 3 of Lifelines Lanarkshire for guidance) |  |
|  | Provide and secure advice on appropriate care of any injury. This should be given by a first aid trained professional or health professional. |  |
|  | 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. the Adult Supporter): |  |

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

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| --- | --- | --- |
| **Undertaken by and date** | **Discussion/Action** | **Check-in monitoring date and initials** |
|  | 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), as required. |  |
|  | 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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