

Appendix A

Examples of questions to ask when considering the next step

1) First Contact – Baseline Risk Assessment Stage

A child, a peer or a parent/carer may directly contact a member of staff. Equally a worker may notice a change in the child's behaviour or appearance that leads to a cause for concern. Either way, an early baseline assessment should take place to ensure that the child or young person gets timely and appropriate support.

All key contacts need to feel confident to make an early baseline assessment via a number of basic but important questions – See below

2) Baseline Risk Assessment: Questions and Guidance

2.1) Initial questions

- What has been happening?
- Where are you currently? Are you with anyone – if so who?
- Have you got any injuries or taken anything that needs attention consider emergency action?
- Who knows about this?
- Have you thought about hurting or harming yourself? Do you have thoughts of wanting to die? Are you planning to do any of these things – consider likely or imminent harm? (intent)
- Have you got what you need to do it (means)?
- Have you thought about when you would do it (timescales)?
- Are you at risk of harm from others?
- Is something troubling you? – family, school, social, consider use of child protection procedures.

2.2) Responses

- If urgent medical response needed call an ambulance
- Say who you will have to share this with (e.g. parent/carer designated teacher) and when this will happen
- Say who and when the right person will speak with them again to help and support them
- Check what they can do to ensure they keep themselves safe until they are seen again e.g. stay with friends at break time, go to support staff.
- Give reassurances i.e. its ok to talk about self-harm and suicidal thoughts and behaviour

2.3) Setting up the contract with the child or young person

- Discuss confidentiality
- Discuss Child Protection if necessary
- Discuss who knows about this and discuss contacting parents/carers
- Discuss who you will contact
- Discuss contacting the GP

2.4) Further Questions

- What if any self-harming thoughts and behaviours have you considered or carried out? (Either intentional or unintentional – consider likely/imminent harm)
- If so, have you thought about when you would do it?
- How long have you felt like this?
- Are you at risk of harm from others?
- Are you worried about something?
- Ask about the young person's health (use of drugs / alcohol)?
- What other risk-taking behaviour have you been involved in?
- What have you been doing that helps?
- What are you doing that stops the self-harming behaviour from getting worse?
- What can be done in school to help you with this?
- How are you feeling generally at the moment?
- What needs to happen for you to feel better?

3) **Outcome**

Responses to the questions, together with an assessment of the appearance and behaviour of the child or young person will lead to some or all of the following:

- Referral to children's social care for initiation of child protection procedures
- An increased awareness of the child's or young person's needs and an on-going support and potential re-assessment system being put in place locally, or
- A recognised need for the child or young person to be referred on for a more in-depth assessment and support.

Other considerations:

- Function of self-harm (other than a clear suicide attempt) – what did the young person hope the act would achieve: a sense of relief a form of communication of distress or other significant matter; something else?
- Method of self-harm – be aware of unintended consequences, such as liver damage from repeated 'Paracetamol' overdoses, stomach ulceration from aspirin overdose, brain damage from oxygen starvation in attempted hanging, drowning or exhaust poisoning, or bone damage resulting from jumping.
- Time of year may be significant, especially when school-related factors are involved, such as bullying or exams. Hence the start of terms or exam periods may see an increase in self-harming behaviour.
- Young people may be highly ambivalent in their views of themselves and any act of self-harm.

Looked After Children - if a child /young person is Looked after then The Looked After Health Team should also be notified if a child has self-harmed (though this should not replace contact with Mental Health services and should be in addition to notification of child's social worker)