This form is used in the child death review process to gather detailed information about children who die as the result of suicide or self-harm (including alcohol or substance abuse). Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

The child death review meeting should be held, even if other processes including Section 47 enquiries or family court or criminal proceedings are ongoing, though the timing of the meeting will need to be agreed by all agencies. When Section 47 enquiries, family court and/or criminal proceedings are being considered or are ongoing there may need to be some restriction of the information available to the child death review meeting. However, the opportunity provided by the child death review meeting for information sharing and planning of future care for the family and others affected by the death is important and only in exceptional circumstances should this meeting not be held.

Similarly, the CDOP should discuss all such deaths, but full information may not be available until after the completion of legal or other proceedings as noted above.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth  (dd/mm/yyyy) | / / |
| NHS No. |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

|  |  |
| --- | --- |
| Which sub-category does this child’s death fall into? *(Please choose* ***ONE*** *of the following options)* | ☐ Deliberate Suicide: Conclusion of the Inquest  ☐ Deliberate Suicide: Conclusion of CDOP  ☐ Deliberate Suicide: Conclusion of Inquest and  CDOP  ☐ Deliberate self-inflicted harm leading to  unintentional suicide (self-asphyxia, drug or  solvent use, other) |
| What was the inquest verdict in this case? | ☐ Suicide  ☐ Narrative  ☐ Open / Undetermined  ☐ Accidental |
| What was the method of suicide or self-harm? | ☐ Burning  ☐ Carbon monoxide poisoning  ☐ Cutting or stabbing  ☐ Drowning  ☐ Electrocution  ☐ Firearms  ☐ Hanging / strangulation  ☐ Jumping / lying before a road  ☐ Jumping / lying before a train  ☐ Jumping from a height  ☐ Self-poisoning: household products *(please*  *specify):*  ☐ Self-poisoning: non-prescription medicines *(please*  *specify):*  ☐ Self-poisoning: prescription medicines *(please*  *specify):*  ☐ Self-poisoning: other *(please specify):*  ☐ Self-poisoning: not known  ☐ Suffocation  ☐ Other *(please specify):*  ☐ Not known |
| What was the sex of the child registered at birth? | ☐ Female  ☐ Male  ☐ Other  ☐ Not known |
| Which of the following did the child identify as? | ☐ Female  ☐ Male  ☐ In some other way  ☐ Not known |
| Which of the following best describes the child’s sexual orientation? | ☐ Bisexual  ☐ Gay  ☐ Heterosexual  ☐ Lesbian  ☐ Other  ☐ Not known |
| Was there a family history of self-harm / suicide? | ☐ Yes *(please give details):*  No  Not known |
| Did the child leave a message indicating their intention to take their own life or indicating their intentions or state of mind? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, how was this recorded? | ☐ Written note  ☐ SMS / MMS  ☐ Email  ☐ Voicemail  ☐ Other *(please specify):* |
| If a message was left, what was its content? |  |
| What recent or relevant contact had this child had with primary care professionals? |  |
| Had this child received counselling / psychotherapy? | ☐ Yes *(please give details):*  ☐ No  ☐ Not known |
| Was the child taking any prescribed medicines? If **yes**, please record when they started each of these: | ☐ Yes *(please give details):*  ☐ No  ☐ Not known |
| Had the child expressed suicidal thoughts to anyone? If so, when, how and to whom? | ☐ Yes *(please give details):*  ☐ No  ☐ Not known |
| Had the child previously engaged in any form of self-harm? *(Tick* ***ALL*** *that apply)* | ☐ Suicidal self-harm (i.e. suicide attempts)  ☐ Non-suicidal self-harm (i.e. cutting)  ☐ Had not engaged in any form of self-harm  ☐ Not known |
| If the child had engaged in any form of self-harm, did the child receive any specific intervention following previous incidents of self-harm? | Yes *(please specify what the intervention was):*  No  Not known |
| If the child had engaged in any form of self-harm, please record dates / methods of self-harm: |  |
| Were any of the following factors present in this case? *(Tick* ***ALL*** *that apply)* | **Family discord**  ☐ Parents’ divorce / separation  ☐ Argument with parents / caregivers  ☐ Argument with boyfriend / girlfriend  ☐ Break-up with boyfriend / girlfriend  ☐ Incarceration of a family member  (current or previous)  **Problems in friendship groups**  ☐ Argument with other friends  ☐ Rumour mongering  **Death and bereavement**  ☐ Suicide by friend or relative  ☐ Suicide / serious suicide attempt in their  school in the last 12 months (even if in  a different year / friendship group)  ☐ Other death of a friend or relative  **Bullying**  ☐ Bullying as victim  ☐ Bullying as perpetrator  ☐ Cyber bullying  **Problems at school**  ☐ School failure  ☐ Exam stress / concern about exam  failure  ☐ Move / new school  ☐ Other serious school problems  **External factors**  ☐ Physical abuse / assault  ☐ Rape / sexual abuse  ☐ Emotional abuse  ☐ Sexual exploitation  ☐ Neglect  ☐ Domestic violence  ☐ Involvement in gang activity  ☐ Problems with the law  **Financial concerns**  ☐ Money problems  ☐ Gambling problems  ☐ Online gambling problems *(please*  *specify which website):*  **Other**  ☐ Pregnancy  ☐ Drugs / alcohol  ☐ Sexual orientation / identity  ☐ Religious / cultural issues  ☐ Job problems  ☐ Involvement in cult activities  ☐ Accessing upsetting films / programmes (e.g.  “13 Reasons Why”)  ☐ Involvement in computer / video games  ☐ Involvement with the internet *(please specify):*  ☐ Problems with social media *(please specify*  *platform, tick all that apply):*  ☐ TikTok  ☐ Facebook  ☐ Instagram  ☐ Snapchat  ☐ Twitter / X  ☐ Discord  ☐ Other *(please specify):*  ☐ Other *(please specify):*  ☐ Not known |