Post Crisis Support Record

|  |  |
| --- | --- |
| Young person |  |
| Date |  |
| Completed by |  |

**Preparing for return**

1. **Preparing the home**

|  |  |
| --- | --- |
|  | **Yes/No** |
| **Have the other young people been prepared?** |  |
| **Is the physical warm and welcoming?** |  |
| **Has any damage been repaired?** |  |
| **Is the environment safe?** |  |
| **Is the environment nurturing?** |  |
| **Are there going to be adequate staff on duty?** |  |
| **Have you arranged additional staff?** |  |
| **Are good plans / structure in place for the other young people?** |  |
| **Is there structure for the young person to return to?** |  |
| **Have staff been clearly identified for the young person within this plan?** |  |
| **Is it clear what they will do** |  |
| **Is it clear who will be with the other young people?** |  |
| **Is it clear what they will do?** |  |

**Sign this section of when satisfied that you have made adequate arrangements. It is important to acknowledge if you are not able to make good arrangements in all cases above; inevitably sometimes things do not fall into place, and knowing about gaps in your arrangements is also important.**

**Signed**

1. **Preparing the young person**

|  |  |
| --- | --- |
|  | **Yes/No** |
| **Have you planned how you will help the young person reflect on this crisis?** |  |
| **How will you reiterate and maintain boundaries?** |  |
| **Does the young person have insight into triggers and antecedents?** |  |
| **Do they have insight into how we might have done things differently** |  |
| **Have they requests for additional help that we can fulfil?** |  |

1. **Completing the paper trail**

|  |  |
| --- | --- |
|  | **Yes/No** |
| **Have risk assessments been updated?** |  |
| **Have all notifications been made (including keeping the record up to date)?** |  |
| **Has Ofsted been notified?** |  |
| **Has the Local Authority been notified?** |  |
| **Have family been informed?** |  |
| **Is there a useful and comprehensive report?** |  |
| **Does a Pierce Suicide Intent Scale need to be completed** |  |
| **Are there accident forms?** |  |
| **Is there a chronology?** |  |
| **Is the decision making process clear in the recording (including the management of risk)?** |  |

1. **Staff care**

|  |  |  |
| --- | --- | --- |
|  | | **Yes/no** |
| **Has there been a proper shift debrief?** | |  |
| **Have staff had access to supervision?** | |  |
| **When will this be discussed in the team meeting (date)** |  | |
| **Does the keyworker have all the information required?** | |  |

1. **Current risk**

|  |  |
| --- | --- |
|  | **Yes/No** |
| **Is the crisis over?** |  |
|  | |
| **If the crisis is on-going, briefly describe you actions** | |