**Request to consider whether a young person is being Deprived of Liberty**

Allocated Worker:

Team Manager:

Date:

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| --- | --- | --- | --- | --- | --- |
| **Child’s Name**  | **Date of Birth**  | **Gender**  | **Nationality**  | **Ethnicity**  | **Child’s current placement address** |
|   |   |   |   |   |  |

Who holds parental responsibility (with names):

Mother: Father: Special Guardian: LA:

Legal Status of Young Person (YP):

(If S20 attach most recent LAC review and Case recording explaining section 20 agreement)

(If subject to a care order attach most recent LAC review, Care Order and Care Plan)

Has the Young Person (YP) previously been subject to a Deprivation of Liberty Authorisation (DOLA) (Court Order)?

(If so attach that Order and statement from those proceedings setting out restrictions and why)

Is the YP currently subject to a DOLA?

(If so attach that Order and statement from those proceedings setting out restrictions and why together with the most recent review of DOL)

Where is the YP currently living? (Please include type of placement and county)

Is it proposed that the YP moves somewhere else? If so briefly explain why and in respect of the below set out for the current and the proposed placement.

How does this placement meet the YP’s needs?

1. Please outline how the YP is supervised and supported (include staff ratio but also where the staff are in respect of the young person i.e. “eyes on” the YP, can be called to, outside room)
2. Briefly set out a “typical” day for the YP in the placement including routine. Does the YP get up by themselves, visit friends, have time alone in their room by choice etc.

1. Could the YP go to the cinema with friends? What would be the arrangements and decision making around that excursion.
2. If not already described above please confirm if the YP is able to undertake their own personal care. Is the YP able to go to the toilet on their own? Where are staff when the YP is toileting / showering?

1. Should the YP have unlimited access to a phone? Internet? What restrictions should be in place?
2. Has the YP been restrained? Are you expecting that the YP will be? If so please provide further details including reasons, frequency and average duration and briefly what restraint might entail
3. What would happen if the YP wanted to go out of the front door of their own volition? What is the procedure for opening the front door? Would the YP be accompanied?
4. What has the YP said about the arrangements?
5. What are your proposals in respect of contact with family members and friends?

1. Do you think someone who holds PR will agree to the proposals? What is that person’s level of involvement in decision making- do they attend LAC reviews? do they understand the YP’s needs? Do they challenge you? What is their relationship like with the YP?

1. Does the YP have the capacity to agree to the living arrangements you are proposing? Does the YP have an *impairment of, or a disturbance in the functioning of, the mind or brain?* Please set out the basis of your answer. If a capacity assessment has been completed, please attached.
2. Please think about a typical YP of a similar age to the YP we are thinking about. Is the degree of supervision, support, control and restriction similar for this YP and a typical YP (In other words if we just picked a YP at random from the nearest mainstream high school in the same year, would their regime in the placement be the same as this YP)?
3. How long do you think that the YP will need to be subject to this regime? How will it change over the next year?

Signed:

Allocated Worker:

Team Manager:

Date: