

**Deprivation of Liberty Assessment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child** |  | | |
| **Date of birth** |  | **Age** |  |
| **Current address** |  | | |

**Placement Setting** (Check one)

The family home

A foster placement

A school or college

A care home

A hospital

A day centre or other place where the child receives care or treatment away from their home

**Legal Status** (Check one)

Section 17

Section 17 (6)

Section 20

Section 20 (4)

Section 20 (48)

Interim Care Order (Section 38)

Care Order (Section 31)

**Describe the factual circumstances relating to the apparent deprivation of liberty with particular reference to whether the child is free to leave their residence and what type of supervision arrangements are in place.**

(a) Is the child free to leave? **Yes No**

If No, please give details

|  |
| --- |
|  |

(b) Is the child under constant supervision and control? **Yes No**

If Yes, please give details below

|  |
| --- |
|  |

(c) Is the child/young person subject to restrictive physical intervention? (See section 3.6 of the Deprivation of Liberty procedure for guidance.) **Yes No**

(d) Is medication being used for sedation purposes? **Yes No**

(e) Is there evidence that medication is being misused? **Yes No**

(f) Is the medication prescribed? **Yes No**

If you have answered Yes to any of the questions (c to f) above, please give details to support your response.

|  |
| --- |
|  |

(g) Is the child/young person prevented from having contact with others? **Yes No**

If Yes, why? Please give details below

|  |
| --- |
|  |

(h) Are restrictions imposed that affect the child’s/young person’s access to the community?

**Yes No**

If Yes, please give details below

|  |
| --- |
|  |

(i) Are there any other relevant factors that relate to the deprivation of liberty? **Yes No**

If Yes, please give details below

|  |
| --- |
|  |

**Disabled Children Only: Comparable Deprivation**

Is the level of deprivation greater than the level of restriction normally placed on a non-disabled child/young person of that age? See Section 3.5 of the Deprivation of Liberty procedure **Yes No**

|  |  |
| --- | --- |
| **Completed by** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Date Reported to Line Manager** |  |

**Decision Making**

In light of the responses recorded in this assessment and upon discussion with your Line Manager, do you consider that the arrangements represent an apparent deprivation of liberty? **Yes No**

If Yes, follow up action is required – see Section 4 (for children under 16 years) or Section 5 (for children aged 16 and 17 years) and the remaining sections of the Deprivation of Liberty procedure.

**--------------------- Upload to Care Store --------------------**