Note: [The Review of the Child's Plan for LAC on the Children's Services Manual](http://lincolnshirechildcare.proceduresonline.com/chapters/p_rev_child_plan_pub_care.html) should be read alongside the completion of this form.

**REVIEW OF YOUNG PERSON PLACED IN SECURE ACCOMMODATION**

**(Secure Accommodation Regulations 15 & 16)**

**PART A - TO BE COMPLETED BY SOCIAL WORKER**

**(Attach copies of any relevant medical, psychiatric or psychological reports)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Review: |       | Venue: |       |
| Name of young person: |       | Date of Birth: |       |
| Home Address: |       |
| Legal Status |       |
| Name of Social Worker: |       | Area: |       |
| Date of Admission: |       | Admitted from: |       |
| Date of current Secure Order: |       | Duration: |       |
| Date of last Secure Review |       |  |  |
| Family Composition: |  | Address: |  |
|  |       |
| Reason for admission to Secure Accommodation: |
|  |
| Which of the criteria for keeping the young person in secure accommodation continue to apply?**(Tick as appropriate)** |
| [ ]  | a) (i) S/he has a history of absconding and is likely to abscond from any other description of accommodation; and (ii) If s/he absconds, s/he is likely to suffer significant harm; or |
| [ ]  | b) If s/he is kept in any other description of accommodation s/he is likely to injure her/himself or other persons. |
| **Case History**Was the young person and family known to the Children's Services Directorate prior to the date of placement in secure accommodation? If **YES**, give reasons for involvement and indicate what support was offered: |
|  |
| **The care plan for the young person whilst in secure accommodation**Explain the aims to be served by secure accommodation, to what extent restriction of liberty is consistent with the Children in Public Care Plan; how those providing secure accommodation meet those aims and whether there are any plans for mobility. Say what needs to be done before the plan can be achieved; identify what are the key tasks, who will be responsible and give a target date. |
|  |
| **Progress, behaviour and relevant changes in personal and family circumstances since last review**Describe any changes and developments there have been in the young persons circumstances since the last review. Do not only describe the problems; remember also to record the things that are going well. |
|  |
| **Alternative placements considered and rejected**Alternative placements explored and why they are not suitable. |
|  |
| **The proposed exit plan**Include placement, education, other resources and timescale. |
|  |
| **Views of the young person and family**The local authority has a general duty to ascertain the young person’s wishes and feelings and those of the parent, other persons with parental responsibility any other relevant person. Say whether the young person understands the purpose of their placement in secure accommodation. Does the young person or family have any views as to any other form of alternative accommodation that might meet her/his needs? Remember that you must discuss the content of your report with the young person and his/her parents and anyone with parental responsibility before the review meeting. Where the young person, parents and anyone with parental responsibility are unable to attend their views should be represented through completion of the Children in Public Care Consultation form and brought to the review meeting. |
|  |
|  |
| Signed: |       | Social Worker | Date: |       |
|  |  |  |  |  |
| Signed: |       | Team Manager | Date: |       |

# PART B – TO BE COMPLETED BY THE CHAIR OF THE PANEL

**Present at the review meeting:**

| **Name** | **Position/Organisation** |
| --- | --- |
|  |       |

| **Apologies** | **Position/Organisation** |
| --- | --- |
|  |       |

|  |
| --- |
| **Review Decision:** Does the criteria for keeping the young person in secure accommodation continue to apply?  |
| **Does the placement continue to be appropriate for the young person?**  |
| **Other Comments:** |
|  |
|  |
| **Date and time of next review:** |  |
|  |
| Signed: |       | Chair of Review Panel | Date: |       |

**Distribution:**

Social Worker

Unit Manager

Head of Service file

County Councillor file

Independent member file