**Date**

|  |  |  |
| --- | --- | --- |
| **Local authority** **Initial statement Dols Application**  |  | In the High Court of Justice, Family Division [name of District Registry]sitting at [Court name ]In the Family Court at Birmingham before HH Judge x sitting as a Section 9 Judge |
|  | In the matter of the Children Act 1989 |

**The child(ren) – use one per template per family**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names**  | **Gender** | **Date of Birth** | **Child’s current placement status** | **Child’s current legal status** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Local Authority and Social Worker details** |
| Case number |  |
| Filed by [local authority] |  |
| Social work statement number in the proceedings e.g. 1st, 2nd , 3rd |  |
| This author/witness’s name, qualifications, experience, and office address |  |
| This author/witness’s HCPC registration number |  |

**Summary of Reason/s for Order sought**

|  |
| --- |
|  |

|  |
| --- |
| **1. Case details** |
| **1.1 Family composition*** This section should include family members and relationships, especially the primary carers and significant adults/other children and should specify the relationship in respect of each child subject to the application. Please set out the family members' full names, their dates of birth, their nationality, ethnicity and their current addresses.
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Parental Responsibility** | **DOB** | **Nationality** | **Ethnicity** | **Address** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **2. The social work chronology** |
| * Key incidents already listed in the application from can be re-stated here so that the social work chronology contains all significant incidents
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Incident or sequence of incidents relevant to the child’s welfare** | **Source of evidence/document reference**  | **Significance** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **3. Current presentation of the Child/Professional Diagnosis and**  **Prognosis**  |
| * Description of the child’s circumstances, identifying and describing, in particular, those aspects of the child's situation which are said to require the child to be placed as proposed and be subject to the proposed regime and, where possible, the future prognosis. Include details of any current diagnosis and prognosis.
* Cover suicidal ideation/self harm/absconding/violence/other risks
 |
|  |

|  |
| --- |
| **4. Analysis of Confinement**  |
| * The nature of the regime in which it is proposed to place the child, identifying and describing, in particular, those features which it is said do or may involve 'confinement'. Identification of the salient features will suffice.
* Cover locked doors/supervision levels/preventing absconding/violence/aggression to staff
* Removing a phone or limiting access to internet not a deprivation of liberty but should be mentioned.
 |
|  |

|  |
| --- |
| **5. The Proposed Care Plan and placement /Analysis of Restrictions** |

* Describe the proposed placement and regime, explaining why they are necessary and proportionate in meeting the child's welfare needs and that no less restrictive regime will do.
* Cover - information on the accommodation/layout/outside space/other residents

 Staff experience/qualifications/training in restraint

Where ongoing search for accommodation an issue – cover in detail the search for accommodation and the difficulties – not just a list of places.

|  |
| --- |
|  |

|  |
| --- |
| **6. Child's level of Understanding /Gillick Competence** |
| * Whether the child is able to consent bearing in mind Re T, reference to *Gillick* competence, and the steps which have been taken to ascertain this aspect – details as to any expert assessments which have been undertaken in this respect
 |
|  |

|  |
| --- |
| **7. Duration of the Order sought (Maximum 12 months)**  |

* What is the minimum duration for which an order is said to be necessary before any change of circumstance is likely
* NB Court unlikely to agree to a period of more than 6 months prior to review.

|  |
| --- |
|  |

|  |
| --- |
| **8. Details of Consultations with the child and other relevant persons** |
| **8.1 Child's views** |
|  |
| **8.2 Mother's views** |
|  |
| **8.3 Father's views**  |
|  |
| **8.4 Views of other parties or significant others e.g. Cafcass, any expert instructed prior to proceedings, the Independent Reviewing Officer (IRO)** |
|  |

|  |
| --- |
| **9. Need for further Evidence/ Assessments**  |
| * What, if any, further evidence or assessment are required in order to determine whether an order should be made
 |
|  |

|  |
| --- |
| **10. Transition Plan (if Child due to turn 17)**  |
| * Where the child will be 17 by the time of the next review, details of the steps being taken for the transition to the Adult Team and the name of the Social Worker who will be responsible for the transition.
 |
|  |

|  |
| --- |
| **11. Any other matters** |
| * Any other matter which should be brought to the Court's attention, having regard to the duty to place all relevant facts both positive and negative before the Court, whether in favour or against the case presented.
 |
|  |

|  |  |
| --- | --- |
| **12. Signature** |  |
|  |  |
| Print full name |  |
|  |  |
| Role/position held | Social Worker |
|  |  |
|  | **I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.** **I believe that the facts stated in this witness statement are true.** |
| Signed |  |
|  |  |
| Date |  |  |

|  |  |
| --- | --- |
| Print full name |       |
|  |  |
| Role/position held | Team Manager |
|  |  |
|  | **I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.** **I believe that the facts stated in this witness statement are true.** |
| Signed |  |
|  |  |
| Date |       |