**North Somerset Council Children’s Services – Deprivation of Liberty Checklist**

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| **Child’s Name:** | **Date of Birth:** |
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| **SECTION A – Is the child free to leave?**If in doubt as to the answer, please select “NO” |
| **Is the child free to leave (to set up permanent residence elsewhere)?** | **YES** | **NO** |
|  |  |
| **Give reasons for your answer:** |
| **SECTION B –** **Is the child receiving a higher level of supervision and restriction that an ‘average’ child of the same age would experience?**When completing Section B you **MUST** compare the child with a child / young person of the same age, station, family background, relative maturity, free from disability and not subject to a care order.When considering ‘average’, you must consider a child of the same age without any additional needs, disability, etc.If in doubt as to the answer, please select “YES”. |
| **Is the child receiving a higher level of supervision and restriction that an ‘average’ child of the same age would experience?** | **YES**  | **NO** |
|  |  |
| *Consider whether the child’s freedom of movement is restricted (e.g. leaving home alone / meeting friends / using public transport / shopping / leisure activities), what would happen if they ran away, the balance between them being supervised, supported or controlled versus having “alone time”, their ability to influence their daily routine, their access to social media and the internet, their access to money, any physical restraint used towards them, any medical assistance given to them (e.g. treatment or support to comply with a medical regime), any other restrictions to which P is subject not covered by the above headings.* **Reasons for your answer:**  |
| A list of restrictions should be developed, which are relevant for this particular child. This list will appear in your statement and if approved by the court, they will form part of the court order. **Please complete the list of restrictions at Appendix A.**  |
| **SECTION C – Is the child objecting to their care or accommodation** **and the restrictions that come with the placement?** |
| **Is the child objecting to their care or accommodation?**  | **YES** | **NO** |
|  |  |
| **Is the child objecting to the restrictions that come with the placement?** | **YES** | **NO** |
| *Consider verbal and non-verbal, e.g., behaviour such as packing bags, running away etc):* **Reasons for your answer:**  |
| **SECTION D – Has the child validly consented to their continuous control and supervision?**Only complete Section D if the child is aged 15 or younger.If the child is 16+ then do not complete Section D and instead complete Section E. |
| Has the child validly consented to their continuous control and supervision? | **YES** | **NO** |
|  |  |
| Has the child been assessed to establish “Gillick competence”? | **YES** | **NO** |
|  |  |
| * + *If yes, who completed it and what was the date and outcome of the assessment? (Consider re-assessing if the previous assessment is more than 12 months old). Please submit a copy of the assessment with this form.*
	+ *If the child’s Gillick competence has not been assessed, is there reason to suspect they may not be “Gillick competent”? (If there is reason to suspect they may not be “Gillick competent” then an assessment must be arranged before this checklist is completed)*
	+ *If their Gillick competence has not been assessed and there is no reason to suspect they may not be “Gillick competent” then please give reasons for your opinion*

**Reasons for your answer:**  |
| **SECTION E - Has the child validly consented to their continuous control and supervision?**Only complete Section E if the child is 16+ |
| Has the child validly consented to their continuous control and supervision? | **YES**  | **NO** |
|  |  |
| Has the child’s mental capacity to make decisions about their own care and residence been assessed?  | **YES** | **NO** |
|  |  |
| * + *If yes, who completed it and what was the date and outcome of the assessment? (Re-assess if the assessment relied on is more than 12 months old). Please submit a copy of the assessment with this form.*
	+ *If their mental capacity has not been assessed, is there reason to suspect they may lack mental capacity? (If they may lack mental capacity, then an assessment must be arranged)*
	+ *If their mental capacity has not been assessed and there is no reason to suspect they may lack mental capacity, then please give reasons for your opinion.*

**Reasons for your answer:**  |
| **SECTION F – Does anyone who holds PR for the child (except the local authority) consent to the deprivation of liberty? Is the local authority content with that person’s ability to provide such authorisation?** |
| **Has someone with PR, who is able to consent, consented to the deprivation?** | **YES** | **NO** |
|  |  |
| *If there is a parent or someone holding PR consenting to the deprivation of liberty?* *Are there any concerns with that person’s ability to consent? If the local authority is considering a care application, the answer would be no.* *If the local authority holds PR, the local authority cannot consent.* **Reasons for your answer:**  |
| **SECTION G – Funding** |
| Is North Somerset Council funding or contributing towards the funding of the child’s care and /or accommodation? | **YES** | **NO** |
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**CHECKLIST SUMMARY**

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| --- | --- | --- |
|  | **YES** | **NO** |
| SECTION A - Is the child free to leave (to set up permanent residence elsewhere)? |  |  |
| SECTION B - - Is the child receiving a higher level of supervision and restriction that an ‘average’ child of the same age would experience? |  |  |
| SECTION C – Is the child objecting to their care or accommodation and the restrictions that come with the placement?? |  |  |
| SECTION D / E – Has the child validly consented to their continuous control and supervision? |  |  |
| SECTION F – Does anyone who holds PR for the child (except the local authority), consent to the deprivation of liberty? Is the local authority content with that person’s ability to provide such authorisation? |  |  |
| SECTION G - Is North Somerset Council funding or contributing towards the funding of the child’s care and /or accommodation? |  |  |
| HAVE YOU COMPLETED THE LIST OF RESTRICTIONS (IN APPENDIX A) AT THE BACK OF THIS FORM? |  |  |

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| **Social Worker Name** | **Date** |
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| --- | --- |
| **Team Manager Name** | **Date** |
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**NEXT STEPS FOLLOWING COMPLETION OF THE CHECKLIST:**

* Retain a copy of each checklist completed on the child’s file

**REFER IMMEDIATELY FOR LEGAL ADVICE IF:**

* The answer to Section C is “YES”.

Or

* The answer to Section D or E is “NO”.

**IN ALL OTHER CASES:**

* A new checklist should be completed each time it is proposed that the child’s care or residence arrangements should change (or if they have changed)
* A new checklist should be completed annually to ensure ongoing review of whether the child may be deprived of their liberty requiring authorisation.

**APPENDIX A - LIST OF RESTRICTIONS**

The social worker should develop a list of restrictions, which are relevant for this particular child. This list will appear in the social worker’s statement and if approved by the court, they will form part of the court order.

The following list has been developed to assist with this process.

*Delete any restrictions which are not relevant and add in any additional restrictions which are applicable as this is not a definitive list.*

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| --- | --- |
| **RESTRICTION** | **Length of time restriction has:**  |
| **been in place**  | **will be in force** |
| Supervision and support from one person at all times |  |  |
| Supervision and support from two people at all times |  |  |
| 30 minute checks during the night |  |  |
| A placement in which this is the only child |  |  |
| No access to a mobile telephone and other electronic devices without supervision and parental controls on all devices |  |  |
| No access to internet or social media except under supervision and parental controls on all devices |  |  |
| Limited access to the internet, with supervision and parental controls |  |  |
| No access to the community or other settings, including education, unless they are with a member of staff, family member, or other professionals |  |  |
| Support and supervision from two people at all times when in the community |  |  |
| No access to sharp objects which may be used for self-harming including razors, knives and scissors  |  |  |
| No access to medication |  |  |
| Supervision and monitoring of medication |  |  |
| Use of child locks in vehicles |  |  |
| Use of door locks within buildings with all access ways being kept locked, including their bedroom |  |  |
| Supervision and support in relation to all daily living tasks |  |  |
| Supervision and monitoring of personal care tasks |  |  |
| Use of physical restraint as is deemed necessary |  |  |
| *Insert any other restrictions that may be applicable* |  |  |
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