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| **Local authority  social work statement template for applications for Court authority for deprivation of a child or young person’s liberty** |  | In the Court of Protection sitting at:    Date: DD/MM/YYYY |
|  | In the matter of the Mental Capacity Act 2005 |

This template is for statements supporting applications to the Court of Protection for Court authority for deprivation of a child or young person’s liberty. It should be used with Form COP24

Guidance notes in blue are provided here to assist the author, **all font in blue should however be removed before submitting** the template to the court. This document is intended to summarise **not** duplicate other documentation contained within the court bundle and should be succinct.

Please see additional Guidance in SCS Procedure Manual .

**The child/young person**

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| **Name** | **Gender** | **Date of Birth and Age** | **Child’s/young person’s current placement status** | **Child’s/young person’s current  legal status** |
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| **Local Authority and Social Worker details** | |
| Case number |  |
| Filed by [local authority] |  |
| Social work statement number in the proceedings, e.g. 1st, 2nd  **N.B**. A final statement should be completed on the Final Statement Template (FST) |  |
| Social work statement number for this witness e.g. 1st, 2nd, 3rd |  |
| This author/witness’s name, qualifications, experience, and office address |  |
| This author/witness’s HCPC registration number |  |

**Overview of which court order is sought**

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| ***Guidance notes to be deleted before the statement is submitted:***   * Brief explanation of the order you are seeking, and a few lines on why it is considered necessary with reference to the child’s/young person’s needs and why restrictions are required to the child’s/young person’s liberty.   Some example wording:  *The local authority seeks a declaration from the court that it is lawful to restrict [the child/young person] of his/her liberty. The following restrictions are considered necessary [include brief details of the restrictions in place/required].*  *The local authority has assessed the restrictions are necessary and proportionate to ensure [the child/young person] is safeguarded and his/her care needs are met. The restrictions sought are assessed to be proportionate to the anticipated harm, the least required to ensure [the child’s/young person’s] safety and that of others; and respectful of [the child’s/young person’s] dignity. The order sought is permissive in nature and authorisation is sought for permission of use of the minimum degree of force, or restraint, required only in circumstances that these are necessary.*  *[the child/young person] was assessed to lack capacity by [assessors details] on [date] and this assessment is set out in the attached COP 3.* |

# Case details

## Family composition

### This should only include immediate family, for example parents/primary care givers and siblings.

### Where an address needs to be kept confidential, send the information to the court and do not include it in the statement.

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| **Name** | **Relationship** | **Parental Responsibility** | **DOB** | **Nationality** | **Ethnicity** | **Address** |
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# The social work chronology

### List significant events which can be evidenced.

### Focus on the last two years unless prior events are significant.

### This information should be concise, only the key facts are required.

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| **Date** | **Incident or sequence of incidents relevant to the child’s/young person’s welfare** | **Significance** |
|  | Key dates should always include:   * If the child is looked after on what date they became looked after and under what legal framework [i.e s.20, CO’] * When the child moved to his/her current placement |  |
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| **Date** | **Significant events happening in the near future which are relevant for the child/young person (e.g. the transition from primary to secondary school)** | **Source of evidence/document reference** | **Significance** |
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# Current presentation of the child / young person professional diagnosis and prognosis

## The child’s/young person’s background

### Brief description of the child/young person’s background, i.e., how long they have been in the current placement, details of any orders in place, how long Children’s Services have been involved with the family.

## The child's/young person’s circumstances

### Identify and describe those aspects of the child's situation which are said to require that the child to be placed as proposed and be subject to the proposed regime. Include details of the support in place and any risk assessment taken place (by the social worker or placement).

## The child's/young person’s current diagnosis and prognosis

### Include details of any current diagnosis and prognosis.

* Include details of doctor and any treating clinicians
* What work is being done with the child/YP to develop independence skills etc if possible.

3.4 The child’s/young person’s current placement and care plan

### Provide details of the placement including the registration status and also if it is short/long term.

### Can they stay there post 18?

### Any other YPs in placement?

### Education provision and the nature of that education

### Details of reviews both within the LA and with the placement/ provider, frequency etc

### Details of any transition plans if placement move envisaged.

Analysis of confinement

## The nature of the proposed regime

* This is led by the placement which is XXXX any proposed restrictions that form part of the safety plan for the child/young person should be reached through discussions with the placement .

## Features of the proposed regime that do or may involve confinement

### Please include here details of the restrictions in place/proposed, preferably in bullet point format, for example:

### (1) Level of supervision (i.e.1:1, 2:2, 4:1 supervision)

### (2) Use of physical restraints – what those are; restrictions on movement etc,

### (3) locking of doors etc

### (4) not free to leave etc

* If you are seeking restrictions on the child’s/young person’s access to mobile phones/tablets it may be that interventions in the child’s/young person’s access to devices is capable of being lawful without a court order under s.33 (3) (b) Children Act 1989 – please seek legal advice before including this in the list of restrictions sought.
* if P is confined to a few rooms for periods of time to enable staff to support them, what happens if P tries to leave? this is physical restraint.

# The proposed care plan / analysis of restrictions

### Describe the proposed placement and regime explaining why the restrictions are necessary and proportionate in meeting the child/young person's welfare needs and that no less restrictive regime will do. It would be helpful to explain to give examples from the child/young person’s behaviours.

* If possible, logs from the unit should be filed [ e.g., the last 3 months] to demonstrate this or if not, you could invite the unit to prepare a ‘day in the life of’ document so that the court can understand what behaviours are prompting the need for these restrictions to be authorised.

### You will need to apply this analysis of the restrictions specifically to this child/young person.

### Please also provide details of any other placement options that have been considered and why these are not sufficient to safeguard the child/young person.

# The child's/young person’s level of understanding

## Is the child/young person able to consent?

* You will need to distinguish between whether the child/young person is competent and can make decisions and for 16 to 18 year olds whether the child/young person has had a mental capacity assessment.

## Steps taken to ascertain the child's/young person’s understanding and competence

### Include details as to any expert assessments which have been undertaken in this respect.

### Confirm if a mental capacity assessment has been completed, if applicable.

# The proposed 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 circumstances is likely?

### Please reference here that you understand that the order sought is permissive in nature, regulating a safety regime which will only be used where it is necessary and proportionate to do so to meet the child/young person’s needs.

### Some sample wording*: The restrictions sought are assessed to be proportionate to the anticipated harm, the least required to ensure [the child’s/young person’s] safety and that of others; and respectful of [the child’s/young person’s] dignity. The order sought is permissive in nature and authorisation is sought for permission of use of the minimum degree of force, or restraint, required only in circumstances that these are necessary.*

# Details of the exit plan (if applicable)?

* This should include a proposed plan drafted jointly with the child/young person to look at how the restrictions can be gradually reduced to develop the relationship of trust with the child and work towards their reduction as a common goal.
* If the child/young person is likely to require authorisation for their liberty to be deprived in the long-term (for example due to disability) please include what stage you are at in respect of working with the family to plan for the child/young person’s future care arrangements and, if applicable, what other agencies i.e. Health are involved in the care arrangements for the child/young person.

# Details of consultations with the child/young person and other relevant persons

## Child's/young person’s views

## Mother's views

## Father's views

## Views of wider family members

## Independent reviewing officer's views

## Views of any other parties or significant others

* This should include the unit.

# Need for further evidence / assessments

### What, if any further evidence or assessments are required in order to determine whether an order should be made?

# Transition plan (if child/young person due to turn 17)

### Where the child/young person will be 17 by the time of the next review, detail the steps being taken for the transition to the adult social care team and the name of the social worker and person who will be responsible for the transition.

### Details of referrals to ICB or health if they will be funding post 18

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# Any other matters

# Signature

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| Print full name |  | |
|  |  | |
| Role/position held |  | |
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|  | **The facts in this application are true to the best of my knowledge and belief and the opinions set out are my own.** | |
| Signed |  | |
|  |  | |
| Date |  |  |