**SBAR DoLs / CoP – Children’s Social Care**

**Name/Address:**

**Date of Birth:**

**Referrer:** **Referrer Contact Details:**

**Date:**

This form should be used by CSC to identify where any child over the **age** of **16**, is **deprived** of his or her **liberty**, and therefore a **Court of Protection** authorisation is required.

**A person is deprived of their liberty if:**

* **They are not able to consent to their care or treatment.**
* **They are not free to leave.**
* **They are under continuous supervision and control.**

If you are unsure on whether this may apply please contact the Deprivation of Liberty Safeguards team for further advice.

Phone: 01670 629700   
Email: [dolsnorthumberland@northumbria-healthcare.nhs.uk](mailto:dolsnorthumberland@northumbria-healthcare.nhs.uk)

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| **S** | **Situation.. e.g.:**  Current situation  Why are you making this referral to DoLs team?  Consider the definition of a DoL above  Are there any objections to the placement, or is restraint being used?  Where applicable identify source of funding for placement e..g CCG, LA |  |
| **B** | **Background** |  |
| **A** | **Assessment**  Brief analysis of current involvement  Has a Mental Capacity Assessment been undertaken/recorded? (MCA 1/2)  What are the current / planned deprivation/restrictions to liberty? |  |
| **R** | **Recommendation**  What do you want to achieve and how is this being planned?  Would this involve a ‘transitional’ plan? If so, has this been completed? |  |