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| **Local authority  social work statement template for deprivation of liberty of children cases** |  | In the family court sitting at:    Date: DD/MM/YYYY |
|  | In the matter of the Children Act 1989 |

Use of this template was recommended in *Re A-F (Children) (No.2) [2018] EWHC 2129 (Fam)* for cases that concern the deprivation of liberty of a child.

**The child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **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  **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 |  |

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| --- |
| **Set out which court order or order/s are being sought, and summary of reasons** |

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# Case details

## Family composition

### This section should include family members and relationships, 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.

### Where an address needs to be kept confidential, send the information to the court.

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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.

|  |  |  |
| --- | --- | --- |
| **Date** | **Incident or sequence of incidents relevant to the child’s welfare** | **Significance** |
|  |  |  |
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| --- | --- | --- | --- |
| **Date** | **Significant events happening in the near future which are relevant for the child (e.g. the transition from primary to secondary school)** | **Source of evidence/document reference** | **Significance** |
|  |  |  |  |
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# Current presentation of the child / professional diagnosis and prognosis

## The child'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.

## The child's current diagnosis and prognosis

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

# Analysis of confinement

## The nature of the proposed regime

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

### Identification of the salient features will suffice.

# The proposed care plan / 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.

# The child's level of understanding / *Gillick* competence

## Is the child able to consent?

## Steps taken to ascertain the child's understanding and competence

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

# 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?

# Details of consultations with the child and other relevant persons

## Child'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

# 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 due to turn 17)

### Where the child 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 who will be responsible for the transition.

# Any other matters

# Signature

|  |  |  |
| --- | --- | --- |
| Print full name |  | |
|  |  | |
| Role/position held |  | |
|  |  | |
|  | **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 |  |  |