**SC1 – Seeking a Secure Placement**

**(To be completed by Chief Social Work Officer or named delegate with input from Head of secure unit where indicated)**

|  |
| --- |
| Chief Social Work Officer ………………………………………...………………….……....  Named Delegate …………………………………………………………….......….  Young Person’s Name ………………………………………………………....…...…….  DOB ………………………………………………...………..…………  Current Address …………………………………………………………....……….  ……………………………………………....…………………….  Carefirst number?  Date of Children’s Hearing ……………………………………………………………………. |

**Documents provided by Social Worker**

|  |  |  |
| --- | --- | --- |
|  | (please tick) | If not available please explain reasons |
|  |  |  |
| Child’s Plan |  |  |
| Risk Assessment – be specific  This should detail why secure accommodation is required and what alternatives were considered. |  |  |
| Social Worker’s update\*  Assuming this has information not reflected above |  |  |
| Other relevant documents (e.g. psychological or psychiatric reports) |  |  |
|  |  |  |

\*Notes:-

The Social Worker’s update should complement and not duplicate other information provided. It should include information not contained within the Child’s plan. Items which may be included would be:-

1. Concise summary of the reasons for secure care based on: -
2. s83(6) Childrens Hearing (Scotland) Act 2011 or
3. Urgent necessity - S143 Childrens Hearing (Scotland) Act

<http://www.legislation.gov.uk/ssi/2013/212/note/made>

\*NB – double check whether amendments have been made since this link was added to this document

If not addressed within the risk assessment and child’s plan, outcome based discussion relating to how secure care will meet the young person’s needs.

1. Detail the services that are required from that particular secure establishment.
2. Confirming the availability of a secure bed and the view of the Head of Establishment on the proposed placement.
3. The views of the young person, family and view of the Placement Services Group (as expressed by the Placement Services Manager) on the proposed placement and any alternatives.
4. Likely duration of placement and exit possibilities.
5. Attend to secure care processes required within National contract e.g... IPA – ask the specific provider to email a copy alongside the placement confirmation fee

|  |
| --- |
| Social Worker ……………………………………..…………………………….  Name of Proposed Secure Unit …………………………………………..……………………….  Head of Secure Unit …………………………………………………...……………. |

|  |
| --- |
| Following an examination of evidence about the Young Persons circumstances and consultation with the relevant professionals and family, I consider that it is necessary/ not necessary (please delete) that ………………………………………….. (name of the young person) is placed in secure accommodation at ………………………………………….. (name of secure unit).  ………………………………………….. (Head of secure unit) agrees/does not agree with the recommendation to place the child in this secure accommodation |

|  |
| --- |
| Please state your reasons why it is necessary that the child is placed in secure accommodation?  CSWO:-  Head of secure unit:- |

**OR**

|  |
| --- |
| Please state your reasons why it is not necessary that the child is placed in secure accommodation?  CSWO:-  Head of secure unit:- |

**I have read the attached, required, paperwork and discussed this case, where necessary, with the relevant professionals and make this recommendation in my capacity of Chief Social Work Officer or their delegate.**

**Name:………………………………………… Signed:…………………………………….…**

**Designation:………………………………… Date:…………………………………………..**

**Copies to: Children’s Hearing**

**Young Person**

**Parents or Carers**

**Social Worker**

**Corporate Parenting and Commissioning Manager**