**SC2 – Reviewing a Secure Placement**

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

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| Chief Social Work Officer ………………………………………...………………….……....  Named Delegate (applicable only for periods of absence) …………………………………………………………….......….  Young Person’s Name ………………………………………………………....…...…….  DOB ………………………………………………...………..…………  Current Address …………………………………………………………....……….  See comments on ‘Seeking a Secure Placement’ ……………………………………………....…………………….  Date of review …………………………………………………………………….  Format of review: -  Core meeting ……………Yes/ No………………………………………….  Children’s Hearing ……………Yes/ No……………………………………………  or LAC Review ……………Yes/ No ……………………………………. |

**Documents provided by Social Worker**

|  |  |  |
| --- | --- | --- |
|  | (please tick) | If not available please explain reasons |
|  |  |  |
| Child’s Plan |  |  |
| RA as previously submitted with SC1 or  RA update |  |  |
| Social Worker’s update\*  Anything not reflected in child’s plan or RA |  |  |
| Decision of Hearing that made the order/ warrant |  |  |
| Minute of Core meeting |  |  |
| Minute of most recent LAC Review |  |  |
| Other relevant documents (e.g. psychological or psychiatric reports) |  |  |

See comments on ‘Seeking a secure placement’

\* Notes

The Social Worker’s update should complement other information provided. It should include:-

1. The reasons for the authorisation or continuation of a placement based on Childrens Hearing (Scotland) Act 2011 (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013.

<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

1. An explanation of how authorising or continuing a secure placement will meet the young person’s needs and what is required from the secure establishment.
2. The continuing availability of the secure bed (the view of the Head of Establishment) or availability of the proposed alternative care setting.
3. The views of: -
4. the young person
5. family
6. the Placement Services Group (as expressed by The Corporate Parenting and Commissioning Manager) on the placement plan and any alternatives.
7. Likely duration of the secure placement and exit possibilities.

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| Social Worker ……………………………………..…………………………….  Head of Secure Unit ……………………………………………………...…………… |

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| Following an examination of evidence as listed above about the Young Persons circumstances and consultation with the relevant professionals and (um…. MS is it sufficient that the consultation with family is through SW being reported to CSWO? Family), I consider that it is necessary/ not necessary (please delete) that ………………………………………….. (name of the young person) is placed/ kept (please delete) in secure accommodation at ………………………………………….. (name of secure unit).  ………………………………………….. (Head of secure unit) agrees/does not agree the necessity to place/ keep the child in this secure accommodation. |

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

**OR**

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| Please state your reasons why it is not necessary that the child is placed or kept 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 decision/ recommendation (please delete) 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**