**Appendix A:**

**Report for Secure Accommodation Decision Meeting**

**Child’s Details:**

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| --- | --- | --- | --- | --- | --- |
| **Full Name** | **Gender** | **Ethnicity** | **Date of Birth** | **Current Placement Address** | **Legal Status** |
|  |  |  |  |  |  |

**Family Details:**

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| --- | --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Address** | **Relationship to Subject** | **Contact with Subject** |
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| **Reason for Request for Secure Accommodation:*** *The grounds/concerns/criteria/aims of the proposed secure placement*
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| **Chronology of Incidents*** *Concerns/risks to others and young person*
* *Include current as well as historical concerns and risks*
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| **Care History*** *Placement moves and reasons for changes*
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| **Services provided to support the Child*** *What interventions have been tried to support the child/young person and their family*
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| **Views of Agencies:*** *Views of any professionals involved in supporting the child/young person*
* *This should include the CAFCASS Guardian and/or Advocate/Independent Visitor if applicable*
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| **Views of Child & Family Members:** |
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| **Alternatives to Secure Accommodation*** *What else has been attempted*
* *E.g. specialist unit and why this is not deemed appropriate*
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| **Support while in Secure:*** *What support and intervention would be needed if secure accommodation were to be agreed*
* *Education/health/therapeutic input*
* *Contact arrangements*
* *Length of time requested*
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| **Exit Strategy:*** *Planning for child’s return*
* *Should specialist resource be considered*
* *Can child return to previous placement*
* *Monthly reviews should be held to set up this plan and consider if child should remain secured.*
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| **Completed By: Social Worker** | **Authorised By: Team Manager** |
| **Name:** |  | **Name:** |  |
| **Team:** |  | **Team:** |  |
| **Date:** |  | **Date:** |  |