**Young people Remanded to Local Authority Care.**

Young Person **known** to social care remanded.

YOS officer / court team informs the social worker / social work manager on the day of the remand.

Change of Circumstances form is completed by **social care**.

The allocated LAC Social Worker will arrange an initial statutory contact with the child within 5 working days. In instances where this contact cannot be delivered via a visit, Derby City YOS and HMP YOI Werrington have established an agreed protocol to ensure this timescale is met which comprises of the allocated Social Worker emailing the Security Team directly ([security.werrington@justice.gov.uk](mailto:security.werrington@justice.gov.uk)) to request a video link slot.

Social Care worker completes the Care Plan and Review of Arrangements for the Young Person where they were already a looked after child prior to their remand. The Detention Placement Plan is completed by the Social Care worker and YOS worker together and the **Social worker** forwards to the reviewing team (CQA Review Clerks CQAReview.Clerks@derby.gov.uk) at least 3 working days before the review.

If they were known to social care but not a looked after child prior to their remand, the Detention

Placement Plan (Annex A template word document) replaces the placement plan, review of arrangements and care plan, and only the compulsory parts of the review of arrangements and care plan are completed by the social worker to clear the pathway for the review report.

# Annex A



# **Remand Detention Placement Plan**

Date remand commenced:

First remand episode: yes/no

|  |  |
| --- | --- |
| **Name of young person** |  |
| **DOB** |  |
| **Placement details** |  |
| **Has the young person previously been LAC?**  Give details where known – dates, CA1989 section etc. |  |
| **Last known address in the community** |  |
| **Parent / carer details**  (carer’s relationship to child –if applicable) |  |
| **Home/parents’/carers’ address**  (if different from the above) |  |
| **Secure Estate case manager** |  |
| **Designated authority** |  |
| **Children’s Services Social Worker** |  |
| **Arrangements for the social worker to visit the child, frequency of visits and arrangements made for advice, support and assistance to be available to the child** | |
| **between visits.** | |
| **Independent Reviewing Officer** |  |
| **Virtual Head teacher**  (for the designated authority) |  |
| **Personal advisor**  (if the child is an “eligible child”) |  |
| **Details of ‘independent visitor’**  (if appointed) |  |
| **Proposed address on release:** |  |

**If previously remanded, list dates of previous remand episodes**

(include category of remand if pre-3/12/12)

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**How will the day to day arrangements for the child’s care whilst they are in custody offer an appropriate response to the child’s individual needs to safeguard the child and to promote their welfare?**

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| --- | --- | --- | --- | --- |
|  | **Observations** | **Actions** | **By who** | **By when** |
| **Health**  Summary of the child’s health needs (including physical, emotional and mental health; and dental care) and how the YDA will respond to these?    Is there a risk of suicide/ self-harm? What measures have been put in place to address this?    Outstanding medical appointments?    Medication/treatment?    Has a comprehensive health assessment (CHAT) been completed?     * If not - how have the child’s health needs been assessed on admission to YDA?      * Name of lead   clinician |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education and training**    Name and address of school/college child was  attending prior to detention    Summary of the child’s education/training needs.  Does the child have a “statement” of SEN? Details of the local authority that maintains the statement.    Arrangements for meeting the child’s education/training needs whilst detained.    Has contact been made with the child’s school/ college? |  |  |  |  |
| **Emotional and behavioural development**    Summary of the child’s emotional and developmental needs – how will the YDA respond to these?    Does the child have a learning difficulty or disability (how will the YDA take any learning |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| difficultly /disability into account? |  |  |  |  |
| **Family and social relationships.**    Name of person(s) with parental responsibility for the child    Arrangements for contact between child and any parent /any person who is not a parent but who has parental responsibility/ and between C and any other connected person including relatives etc.    Any reasons why contact with any such person would not be reasonably practicable or not consistent with child’s welfare,      Arrangements for notifying any changes in |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| the arrangements for contact |  |  |  |  |
| **Self- care skills**  Does the child need money, clothing, books or other practical support?    Description of the support to be provided to the child whilst detained |  |  |  |  |
| **Identity**  Are the child’s ethnic, cultural, linguistic and religious needs being met? |  |  |  |  |
| **Social presentation**  Does the child understand their circumstances?      Summarise their wishes and feelings?      Has a resettlement plan been produced?    On discharge from YDA |  |  |  |  |
| (whether or not the child is receives a custodial sentence) will child require accommodation by the designated authority or another local authority on release;    **or**    will child require any other (community) services provided by the designated authority or another local authority to support them (or their family) on release? |  |  |  |  |

**Copies of this plan have been agreed by and provided to:**

**Review meetings:**

Date and time of next meeting should be set (and agreed) at end of meeting.

Attendees should sign at the end of the meeting to agree actions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Remand**  **planning meeting** | **1st**  **review** | **2nd review** | **3rd review** | **4th review** | **5th review** |
| **Date** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Time** |  |  |  |  |  |  |
| **Young person** |  |  |  |  |  |  |
| **Parent/carer** |  |  |  |  |  |  |
| **Establishment manager** |  |  |  |  |  |  |
| **Social worker** |  |  |  |  |  |  |
| **IRO** |  |  |  |  |  |  |

**Youth Detention Accommodation Resettlement Plan – to be completed at no later than 4 weeks prior to release (or as soon as possible after being notified of release)**

Due to the unpredictable nature/duration of remand episodes, good practice should mean that the resettlement plan is considered at each review meeting, to ensure that if the young person is released without notice, they are not left in the position of being homeless and uncertain where to turn to for help/assistance).

|  |  |
| --- | --- |
| **Accommodation**    Where will the young person live when the remand ends?  How will they travel there? |  |
| **Support agencies**  Who will do what and when? |  |
| **Leaving Care Status**  Is the young person eligible for Leaving Care Services? YES/NO (Set out the information for reaching your conclusion)    If YES – has a referral been made to for leaving care support from the appropriate service in the designated authority? |  |
| **Outstanding court appearances / Orders**  Does the young person need to sign bail or attend at court?  Is the young person the subject of a YOS Order? |  |

**What to do when I leave remand**

**Name:**

**Useful numbers:**