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

Young Person **unknown** to social care remanded (to secure accommodation or local authority care).

Change of Circumstances form is completed by YOS / court team **on the day of remand** and forwarded to social care VCM as part of an email to notify Children’s Social Care of the remand (see Annex A for email template). The email must be sent to the following recipients:

Sallie.Dukes@derby.gov.uk

CQAReview.Clerks@derby.gov.uk

VCM1and5@derby..gov.uk VCM2@derby.gov.uk

VCM3and4@derby.gov.uk

YOSDuty@derby.gov.uk

VCM clerk to highlight to Social Care Duty Manager for immediate allocation.

VCM clerk emails YOS duty manager yosdutymanagers@derby.gov.uk to inform them of who the case has been allocated to.

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) to request a video link slot. At this visit the Detention Placement Plan (Annex B template word document) will be

completed and discussed, this replaces the placement plan, review of arrangements and care plan. **Social Worker** to forward plan to CQA Review Clerks CQAReview.Clerks@derby.gov.uk and yosdutymanagers@derby.gov.uk.

**Social Worker** is responsible for completing only the compulsory parts of LCS paperwork to clear the review report pathway. Social Worker works alongside the YOS worker to update the Detention Placement Plan if necessary and forwards to the CQA Review Clerks (at least 3 working days before the review)

LAC review held within 28 days of becoming looked after.

Social worker continues to undertake statutory LAC responsibilities while the young person remains remanded.

At the point at which the young person ceases to be remanded YOS case manager to email social worker to inform them, copying in CQAReview.Clerks@derby.gov.uk and yosdutymanagers@derby.gov.uk

When completing exit / resettlement plan consider 16/17 homeless procedures, LAC > CIN, leaving care eligibility.

Annex A

Email to be sent by YOS / Court Team when a young person unknown to social care is remanded.

***The Youth Offending Service have been notified that <Child Name><Child DOB> has been remanded into youth detention accommodation (and therefore looked after), with effect from <XX/XX/XX>.***

***Their Initial Remand Planning Meeting is required within 10 working days of becoming LAC (YOS Responsibility) so is due by <XX/XX/XX>***

***Their LAC statutory meeting /Remand Review Meeting (CSC Responsibility) is required within 20 working days, so is due by <XX/XX/XX>.***

***This Case therefore requires immediate allocation.***

***<Child Name><Child DOB> is currently at <Custody Address>.***

***The allocated YOS worker is <YOS Worker Name>, Tel <YOS worker tel>, Email <YOS Worker Email Address>***

***Please ensure that the allocated CSC worker makes contact with the YOS worker as soon as possible to discuss*** *further and to arrange sharing of YOS AssetPlus Assessments (if available) to support the Single Assessment or other CSC assessment and planning.*

The contacts for the 3 locality areas for VCM are:

Locality 1&5 Laura Cullen VCM1and5@derby.gcsx.gov.uk

Locality 2 Chantelle Goddard VCM2@derby.gcsx.gov.uk

Locality 3&4 Irma Cerutti VCM3and4@derby.gcsx.gov.uk

Annex B



# 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)

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**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?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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:**