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| **Request for Placement Review Form (PRF)** |
| **Part 1**  To avoid delay please ensure both Part 1 and 2 are fully completed before submission  If both sections are not completed in full your referral will not be accepted  Once completed, please send to [**YCSTransfers@justice.gov.uk**](mailto:YCSTransfers@justice.gov.uk) |

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| **Young Person Details** | | | | | | | |
| First Name |  | Gender | | | |  | |
| Surname |  | Ethnicity | | | |  | |
| Date of Birth |  | LAC (via s.20 or s.31 of the Children’s Act 1989 or the SSWB Act) | | | |  | |
| Age |  |
| **Current Placement - Overview** | | | | | | | |
| YOT (including Sub-Division) | |  | | | | | |
| Current Establishment | |  | | | | | |
| Date Placed into Current Establishment | |  | | | | | |
| Summary of Custodial History | |  | | | | | |
| Registered as a YCS Critical Case | |  | | | | | |
| **Offence and Sentence Overview** | | | | | | | |
| Primary Offence | |  | | | | | |
| Current Legal Status (include length of sentence where applicable) | | DTO | ☐ | DTO Recall | | | ☐ |
| s.250 | ☐ | Recall from a non-DTO sentence | | | ☐ |
| s.259 | ☐ | s.254 | | | ☐ |
| s.258 | ☐ | Remand | | | ☐ |
| Other  (please state) |  | | | | |
| Total Sentence Length (select N/A if not applicable) | |  | | | | N/A | |
| Early Release / HDC Date (select N/A if not applicable) | | Click or tap to enter a date. | | | | N/A | |
| Early Release/HDC Application Progress (if applicable) | |  | | | | N/A | |
| Planned Release Date | | Click or tap to enter a date. | | | | N/A | |
| **Future Court Appearances** | | | | | | | |
| Date | | Name of Court | | | Reason for appearance | | |
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| **Placement Review Requested By:** | | | |
| Requested by the Young Person | ☐ | Requested by the Secure Estate | ☐ |
| Requested by the YJS | ☐ | Requested by YCS Placements or Casework | ☐ |
| Other | ☐ | If other, please provide detail here: | |
| **Reason for Placement Review Request:** | | | |
| Risk to Self | ☐ | Risk to Others | ☐ |
| Non-risk-related reasons (‘planning’/ progression/ closer to home) | ☐ | Other | ☐ |
| If other, please provide detail here: | |  | |

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| **Multi-Disciplinary Meeting (MDM) Record & Key Professionals Contact Details**  **If this section is not completed in full your referral will not be accepted.**  Note: An MDM should be held prior to submitting this form.  Part 2 should be completed within the MDM to avoid unnecessary delays in obtaining further information once submitted.  Please provide these details in full and accurately to ensure there are no delays in the review of the request**.** | | | | | | |
| **Chair Of MDM:** | | | | | | |
| **Contact Number:** | | | | | | |
| **Date MDM held:** Click or tap to enter a date. | | | | | | |
| **Note: It is mandatory for the following professionals to attend the MDM** | | | | | | |
| **Attendance:** | **Professional:** | **Full Name:** | **Contact Number:** | | **Email Address:** | |
| ☐ | YJS Worker or Manager |  |  | |  | |
| ☐ | Social Worker (*if applicable*) |  |  | |  | |
| ☐ | Establishment Resettlement Practitioner or equivalent |  |  | |  | |
| ☐ | Establishment Operational/Residential Manager |  |  | |  | |
| ☐ | Health Care *(If applicable)* |  |  | |  | |
| ☐ | Psychologist *(If applicable)* |  |  | |  | |
| ☐ | YCS Placements or Casework Team |  |  | |  | |
| ☐ | Education |  |  | |  | |
| ☐ | Conflict Resolution |  |  | |  | |
| **Other Attendees** | | | | | | |
| ☐ | Deputy Governor *(if HMPPS)* or equivalent |  |  | |  | |
| ☐ | YCS Operational Team |  |  | |  | |
| ☐ | Solicitor/ legal advisor |  |  | |  | |
| ☐ | Parent/Legal Guardian |  |  | |  | |
| ☐ | Child/ Young Person |  | | | | |
| ☐ | Other – (please add as required) |  | |  | |  |

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| **Reason/s for Requesting a Placement Review**  Note: Please ensure to consult the establishment/YJS before submitting this form and note their name and position below.  **If this section is not completed in full, your referral will not be accepted.** | | | |
| In brief, please explain the rationale for requesting a placement review: |  | | |
| Please fully detail what strategies have been implemented to manage and support the child/young person so far? |  | | |
| Fully detail why the strategies you have implemented have not been successful? |  | | |
| Has an EST been put in place for the child?  If **Yes**, what are the collective views of the EST in relation to the Placement review?  If an EST is not in place, please outline the reasons why this is not in place. |  | | |
| Why is the current placement no longer suitable for the child? |  | | |
| Recommendation: | Choose an item. | Recommended Establishment: | Choose an item. |
| What makes the recommended establishment more suitable than the current placement? Have other establishments/sectors been considered? |  | | |
| **Name of person consulted at the establishment/YJS:** |  | **Position:** |  |
| **Name of Referrer:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Stakeholder Views and Contributions** |
| **Part 2**  **Part 2 should be completed as part of the MDM to avoid unnecessary delays in obtaining further information once submitted.**  Please refer to the “Questions to consider” to obtain guidance on required information or contact the Placements Team for assistance. |

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| **YCS Operations Security/Intelligence assessment and views**  Note: This is to be completed for moves to/ from public-sector YOI’s and STC **only** | | | |
| Information that may affect a decision on new placement location. |  | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Child/Young Person’s Views (via the Establishment Caseworker (or equivalent) or YJS)** | | | |
| Views on Current Placement: |  | | |
| Views on Recommended Placement: |  | | |
| The voice of the child should be sought wherever possible. If the above views cannot be obtained, please explain why: |  | | |
| **Views Obtained By:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Parent/Carer/Legal Guardian’s Views** | | | |
| Views on Current Placement: |  | | |
| Views on Recommended Placement: |  | | |
| The views of the parent, guardian or carer should be sought in each case. If the above views cannot be obtained, please explain why: |  | | |
| **Views Obtained By:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Youth Justice Service – Case Manager Views** | | | | |
| ***Questions to Consider:***   * *What are the views of the YJS on a possible transfer?* * *View on the placement which has been recommended?* * *Have other establishments/sectors been considered?* * *How would a transfer impact upon the child?* * *How will a transfer to an alternative establishment impact on family contact or significant relationships?* * *How will a transfer to an alternative establishment affect any resettlement needs?* * *Is there any further information you would like the YCS Placements/ Casework team to consider, reviewing this request?* | | | | |
| Summary: |  | | | |  |
| **Recommendation:** | | Choose an item. | **Recommended Establishment:** | Choose an item. |
| **Name:** | |  | **Position:** |  |
| **Signature:** | |  | **Date:** | Click or tap to enter a date. |

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| **Caseworker (or equivalent) within Secure Estate Views** | | | |
| ***Questions to Consider:***   * *What are the views of the caseworker on a possible transfer?* * *Views on the placement that has been recommended.* * *Have other establishments/sectors been considered?* * *What education or intervention programmes is the child currently accessing or interested in?* * *What will the impact on the safety and well-being of the child be should they remain in the current placement? How have these been managed to date? How would they be managed going forward?* * *Where applicable what transition arrangements have been made if the child is due to transition to the adult estate.* * *Any further information you would like the YCS Placements team to consider on reviewing this request?*   *Information should include an outline of the child’s progress against his training/remand plan, where applicable, consider, EST, STARN, GOoD reintegration targets, response to ACCT/ SASH management and support, residence (including any periods of R49 spent on residence), engagement in psychology/interventions and health led intervention needs, relationship with family/carer, access to visits, access to education and progress against learning plan, vulnerability issues, safeguarding concerns and child protection issues.* | | | |
| Summary: |  | | |
| **Recommendation:** | Choose an item. | **Recommended Establishment:** | Choose an item. |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Operational Manager/Residential Manager (or equivalent) within Secure Estate Views** | | | |
| ***Questions to Consider:***   * *What strategies have been used to manage and support the child in the current placement?* * *Why have these strategies not been successful?* * *Are there any self-harm, suicidal ideation concerns? What strategy has been put in place to manage these?* * *Is there a risk to others and/or self? Summary of this and how have these been managed at the current establishment?* * *What are the views of the Operational Manager/Residential Manager on a possible transfer to an alternative establishment and the placement that has been recommended?* * *Have other establishments/sectors been considered?* * *Is there any further information you would like the YCS Placements team to consider on reviewing this request?* | | | |
| Summary: |  | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Security/Safeguarding at SCH/STC/YOI Views** | | | |
| Summary: |  | | |
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| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Healthcare (including Mental Health) Views** | | | |
| ***Questions to Consider:***   * *Are there any planned healthcare appointments? Please detail times and locations above.* * *Views on a possible transfer to an alternative establishment and the placement that has been recommended?* * *What are the healthcare needs of this child, what support is in place?* * *Are there any mental ill health concerns? If so - what support has the child been able to access?* * *Has a hospital placement been considered for this child?* * *Impact a move to an alternative establishment would have on the healthcare provision this child currently recieves?* * *Has the young person been assessed by any other health professionals?* * *Are there any additional needs that would impact the decision to maintain placement or transfer?* * *Is there any further information you would like the YCS Placements team to consider on reviewing this request?* | | | |
| Summary: |  | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Psychology Views** | | | |
| ***Questions to Consider:***   * *What are the psychological needs of this child?* * *What support does the child require to meet these identified needs?* * *Could this support be continued/offered in an alternative establishment?* * *Has a formulation plan been completed for this child?* * *Please provide a copy of any relevant assessments.* * *Views on the impact of a possible transfer to an alternative establishment and to the placement that has been recommended?* * *Is there any further information you would like the YCS Placements team to consider on reviewing this request?* | | | |
| Summary: |  | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Safety Team** | | | |
| Summary: |  | | |
| **Name:** |  | **Position/Organisation:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **Education** | | | |
| Summary: |  | | |
| **Name:** |  | **Position/Organisation:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **(Dep) Governor/ (Dep) Director/ Registered Manager Comments and Authorisation** |

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| Summary: | |  | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

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| **YCS Placement Team Assessment**  **(to be completed by YCS Placements)** |
| **Part 3**  Please use the ‘Placement Review Guidance Notes – Questions to Stakeholders’ to obtain guidance on required information. |

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| **A. Impact of alternative placement in another establishment** | | | | | | | | | |
| * + - 1. **Education, interventions, casework or offending behaviour work being undertaken within the secure estate?** | | | | | | | | | |
| **YES** | |  | | | | **NO** | | |  |
| * + - 1. **right to a family life** | | | | | | | | | |
| **YES** | |  | | | | **NO** | | |  |
| * + - 1. **if applicable, effective transition to the adult estate** | | | | | | | | | |
| **YES** | |  | | | | **NO** | | |  |
| **B. If the answers to any of the above points were YES, is the negative impact on the child/young person justifiable in order to achieve the main objective of the proposed move?** | | | | | | | | | |
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| **Final Comments from Senior Placement Officer detailing how the decision has been considered with the best interest of the child at the core of the considerations.** | | | | | | | | | |
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| **Decision:** | Choose an item. | | | **Establishment:** | | | | Choose an item. | |
| **Referred to YCS Critical Case Panel:** | | | Choose an item. | | | | | | |
| **Senior Placement Officer Name:** | | |  | | **Signature:** | |  | | |
| **Grade:** | | |  | | **Date:** | | Click or tap to enter a date. | | |

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| **Placements Senior Manager Comments and Final Decision (if required)** | | | | | | |
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| **Decision:** | Choose an item. | | **Establishment:** | | | Choose an item. |
| **Senior Manager Name** | |  | | **Signature** |  | |
| **Grade** | |  | | **Date** | Click or tap to enter a date. | |

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| **Part 4**  **Appeal Process (if required)**  Note: To appeal a Placement Review decision; full reasons for challenging the decision and requesting the case to be reconsidered must be detailed below.  Please be advised that in the case of an urgent transfer, the appeal may not prevent the transfer from going ahead | | | |
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| **Name:** |  | | |
| **Position** |  | **Signature:** |  |
| **Date:** | Click or tap to enter a date. | | |

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| **Head of Children’s Casework Comments and Final Decision (Band 9 or above)** | | | | | | |
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| **Decision:** | Choose an item. | | **Establishment:** | | | Choose an item. |
| **Senior Manager Name** | |  | | **Signature** |  | |
| **Grade** | |  | | **Date** | Click or tap to enter a date. | |