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| Placement Review FormPlease refer to the Placement Review Hints and Tips for advice on how to complete this form |
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| Part 1: Multi-Disciplinary Meeting (MDM) RecordTo be completed by the YOT Case Manager (ALL SECTIONS) |

For guidance and help completing this form, please refer to the Hints and Tips document

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| 1. **YOUNG PERSON’S Basic Information**
 |
| 1. **Profile**
 |
| **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** |       |
|  |
| 1. **Placement Overview**
 |
| **YOT (including Sub-Division)** |       |
| **Current Establishment** |       |
| **Date Placed into Current Establishment**  |       |
|  |
| 1. **Legal Overview**
 |
| **Primary Offence** |       |
| **Current Legal Status (include length of sentence where applicable)**  | **DTO** |  | **DTO Recall** |  |
| **s.91** |  | **Recall from a non-DTO sentence** |  |
| **s.90** |  | **2.226B** |  |
| **s.228** |  | **Remand (include next court date)** |  |
| **Planned Release Date** |  |
| **Early Release / HDC Date** |  |
|  |
| 1. **Future Court Appearances**
 |
| **Date** | **Name of Court** |
|       |       |
|       |       |
|       |       |

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| 1. **MDM Contributors**
 |
| 1. **Chair of the MDM (YOT Case Manager or Operational Manager)**
 |
| **Name**  |       |
| **Contact number** |       |
| **Date MDM held** |       |
|  |
| 1. **Others Stakeholders who have contributed to the MDM**
 |
| **Name** | **Organisation** | **Role** | **Submission (delete as appropriate)** |
|       |       |       | **Verbal** |
|       |       |       | **Verbal** |
|       |       |       | **Verbal** |
|       |       |       | **Verbal** |
|       |       |       | **Verbal** |

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| 1. **Reason for Placement Review**
 |
| **1. Reason(s) for Placement Review (mark with an ‘X’)** |
|  | **Risk to Self** | **Risk to Others** | **Planned** |
| **Primary Reason for MDM (select ONE only)** | [ ]  | [ ]  | [ ]  |
| **Any Secondary Reason(s) which also apply** | [ ]  | [ ]  | [ ]  |
| 2. Evidence to support reasons for Placement Review  |
| 1. **Risk to self**
 |       |
| 1. **Risk to others**
 |       |
| 1. **Planned**
 |       |
| 1. **Where applicable, please provide any contextual evidence behind the placement review process**
 |
|       |

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| 1. **STRATEGY USED TO MAINTAIN CURRENT PLACEMENT**
 |
| 1. **Please outline the overall strategy used to manage and support the young person in the current placement.**
 |
|       |
| 1. **Was the young person consulted when the above mentioned plans and strategies were put in place? If not please explain why.**
 |
| **YES**  | **[ ]**  | **NO (expand in box below)** | **[ ]**  |
|  |
| 1. **Why has the strategy not fully addressed****the underlying causes behind the placement review reasons as given in section C?**
 |
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| **E. CONSIDERING ALTERNATIVE PLACEMENT OPTIONS** |
| 1. **Please list all current education or programmes that the young person has accessed or is currently accessing.**
 |
|        |
| 1. **How will a transfer to an alternative establishment impact on the young person receiving education and programme work?**

**If there is a negative impact, what plans or actions have been put in place to mitigate these?** |
|       |
| 1. **How will a transfer to an alternative establishment impact on family contact or significant relationships?**

**If there is negative impact, what plans or actions have been put in place to mitigate these?** |
|       |
| 1. **How will a transfer to an alternative establishment impact on any other area of the young person’s life not already articulated?**

 **If there is negative impact, what plans or actions have been put in place to mitigate these?**  |
|       |
| 1. **What considerations have been made in relation to any resettlement needs? (In particular if a child or young person has been moved out of area).**
 |
|       |
| 1. **What is the impact on the safety and well-being of the young person should they remain in the current placement or if the transfer is approved? How will these be managed and mitigated?**
 |
|       |
| **Please only complete box 7a and 7b where a young person requires a transition to the young adult estate** |
| 1. ***a) Where applicable, what transition arrangements have been made if the young person is due to move to the adult estate shortly after their 18th birthday?***
 |
|       |
|  ***b) Is the current establishment the most appropriate establishment to prepare the young person for their transition to the over 18 estate? If so, please provide evidence why*** |
|       |
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| 1. **STAKEHOLDER VIEWS**

**Please provide a succinct summary of views collated at the MDM** |
| 1. **YOT Case manager**
 |
|       |
| 1. **Establishment**
 |
|       |
| 1. **Young Person**
 |
|       |
| 1. **Young Person’s Parent/ Carer/ Legal Guardian**
 |
|       |
| 1. **Any Other Stakeholders Views**
 |
|       |

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| **G. FINAL ASSESSMENT AND RECOMMENDATION OF MDM** |
| 1. **Final recommendation of MDM:**
 |
| **Young person to remain within current establishment (if selected, there is no need to continue with the rest of the form)** | [ ]  |
| **Young person to transfer out of current establishment**  | [ ]  |
|  |
| 1. **Recommended establishment for young person to transfer to:**

**If a recommendation has been made to the Keppel Unit at Wetherby YOI or Mother and Baby Unit, please also ensure you have completed the relevant referral form and sent this to the YJB Placement Service alongside this form.** * + *Keppel Unit Referral Form:* [**https://www.gov.uk/government/publications/how-to-place-children-and-young-people-with-complex-needs**](https://www.gov.uk/government/publications/how-to-place-children-and-young-people-with-complex-needs)**;**
	+ *Mother and Baby Unit: Please contact the YJB on 0845 363 6363 for a copy of this form.*
 |
|       |
| 1. **If applicable, have the concerns raised by the stakeholders been addressed and taken into account before the final recommendation is recorded?**
 |
|       |
| 1. **Overall, does the MDM believe the move to the proposed establishment is in the best interests of the young person? Why is this?**
 |
|       |
| **5. Overall, does the MDM believe the recommended move is a proportionate response to achieve the original objective of the proposed transfer?**  |
|  |
| **YOT Case Manager Name** |  | **Signature** |  |
| **Position** |  | **Date** |  |

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| Part 2: YJB Placement Review Decision Making AssessmentTo be completed by the YJB Placement Service  |

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| **H. YJB PLACEMENT REVIEW TEAM ASSESSMENT**  |
| 1. **Summary of Situation**
 |
|   |
| 1. **Summary of Background**
 |
|   |
| 1. **a) Will a move to the identified progressive establishment negatively impact the young person in regards to their:**
 |
| * + - 1. **education or programme work being under taken 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 young person justifiable in order to achieve the main objective of the proposed move?** |
|   |
| 1. **Final YJB Placement Review Officer Recommendation**
 |
| **a. PR Form returned to YOT due to insufficient evidence**  | [ ]  |
| **b. Young person remains in current placement**  | [ ]  |
| **c. Young person moves to identified progressive establishment**  | [ ]  |
| **d. Young person moves from current placement, but to an alternative establishment to the MDM recommendation**  | [ ]  |
| ***If ‘d’ is selected please provide the name of the alternative establishment***  |       |
| 1. **Final Comments from YJB Placement Review Officer**
 |
|   |
| **Placement Review Officer Name** |       | **Signature** |       |
| **Grade** |       | **Date** |       |

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| **6. YJB Senior Manager Comments and Final Decision** |
|       |
| **Senior Manager Name** |       | **Signature** |       |
| **Grade** |       | **Date** |       |

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| **I. ESTABLISHMENT ASSESSMENT OF SUITABILITY** **To be completed by the establishment placement SPOC as identified by NOMS YPE or a member of the senior management team within an SCH or STC.** |
| **1. Assessment of risk posed by young person to current population**  |
|       |
| **2. Current stability of establishment**  |
|       |
| **3. Final comments and decision**  |
|       |
| **Name and Position** |       | **Signature** |       |
| **Grade** |       | **Date** |       |

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| Part 3: Proposed Establishment AssessmentTo be completed by the progressive establishment |

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| **J. ASSESSMENT FROM NOMS YOUNG PEOPLE’S ESTATE****To be completed by NOMS YPE where applicable**  |
| **1. NOMS Young People’s Estate DDC Authorisation** |
| **I authorise the following action to be taken in respect of:**      |
| **DDC** |       | **Signature** |  |
| **Grade** |       | **Date** |       |