**Template for Reviews for Young People in Custody**

It is recommended that the following template is used when chairing and recording initial custody reviews and any subsequent reviews, reference should be made to [Information Sheet 44](http://www.cycj.org.uk/resource/reviews-for-young-people-aged-under-18-in-custody/) produced by the Centre for Youth & Criminal Justice (CYCJ) for further information. The usual template will continue to be used for cases where the Integrated Case Management (ICM) process is triggered.

It is the Lead Professional’s responsibility to arrange reviews and take a minute of these. The format and method used to record will be decided by each local authority but should always be in a format which can be shared with the young person and relevant others, particularly the Personal Officer and Named Person. This template is for reviews only, it does not replace the Young Person's Assessment and Child’s Plans should be updated after each review and shared with the young person and relevant others.

Young Offenders Institutions have given a commitment to Personal Officers attending all Initial Custody Reviews and Pre-release Meetings. For other reviews, a decision regarding Personal Officers attendance will be made on a case by case basis and regular communication should be maintained with them via telephone and/or e-mail.

Where there is an assessment and Child’s Plan this should be shared in advance of the meeting via the SPS secure email [CJSWR@sps.pnn.gov.uk](mailto:CJSWR@sps.pnn.gov.uk).

Date of Meeting:

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| --- | --- | --- | --- | --- |
| Purpose of Meeting | Initial Custody | Review | Pre-Release meeting | Other |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Admission |  | | Earliest date of liberation | |  | HDC Liberation Date |  | | First time in Custody | |
| Legal Status at point of custody | |  | | Child’s Plan shared? | | If not – reason | | CJSWR shared? | | If not – reason |

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| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | |
| Reference Numbers | Prisoner Number |  | | Social Work Reference | |  |
| National Insurance |  | | Other | |  |
| Name |  | | | | | |
| Date of Birth |  | | Age | |  | |
| Gender |  | | Ethnic Origin | |  | |
| Preferred Language |  | | Religion | |  | |
| Disability |  | | | | | |
| Community Address | …………………………………………………………………………  ………………………………………………………………………… | | | | | |
| Parent/Carer/Trusted Person Details |  | | | | | |
| Dependent Children |  | | | | | |
| School/College/Training Provider |  | | | | | |
| General Practitioner |  | | | | | |
| Named Person | Name: ………………………………………………………..  Address: ……………………………………………………….  Telephone: ……………………………………………………….  E-mail address: ……………………………………………………. | | | | | |
| Lead Professional | Name: ………………………………………………………..  Address: ……………………………………………………….  Telephone: ……………………………………………………….  E-mail address: ……………………………………………………. | | | | | |
| Personal Officer | Name: ………………………………………………………..  Address: ……………………………………………………….  Telephone: ……………………………………………………….  E-mail address: ……………………………………………………. | | | | | |

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| **Practical Arrangements (select all discussed)** | | |
| E-mail a Prisoner | Suitability for HDC | Suitability for Supervised Bail | |
| Positive Futures Plan (HMYOI Polmont)/Action plan | Family Liaison Officer | Other | |
| **Details:** | | |

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| **Health & Wellbeing (consider physical and mental health, is contact with a health provider required, medication, alcohol and substance use, housing issues, areas of vulnerability etc)** | | | | | | |
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| **Family/Personal Relationships & Contact (awareness of how to contact family, including children and friends, any risks posed from others in custody or visitors)** | | | | | | |
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| **Structure, Routine & Opportunities in custody (consider challenges and barriers**  **which contributed to custody and how these can start to be addressed, recreational opportunities, programmes, links with outside agencies etc)** | | | | | | |
|  | | | | | | |
| **Legal (representation, level of contact, court dates, outstanding matters etc)** | | | | | | |
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| **Exit Planning, Positive Supports & Protective Factors (outcomes to be achieved, motivation, pro social supports including family, education/training/employment opportunities etc)** | | | | | | |
|  | | | | | | |
| **Contingency Planning** | | | | | | |
|  | | | | | | |
| **Date/Time of Next Review** | |  | | | | |
| **Attendee & Distribution List** | | | | | | | |
| **Name** | **Relationship to Young Person** | | **Attended Yes/No** | **To receive minute Yes/No** | **Contact Details** | **Agreed frequency of contact** | |
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