**Buckinghamshire County Council**

**Return Home Parental Agreement Between**

**[*Insert name of parent(s) & name of worker(s)/local authority team*]**

**Name of child:**

**DOB:**

**Date of risk classification decision:**

**Identified level of risk to child/ren if returned home:**

(please select one of the below)

**Low Medium High**

**Today’s date:**

**Date of next review:**

This is an agreement between [**NAME OF PARENT(S)]** and [**NAME OF AUTHORITY]** to help [**NAME OF PARENT(S)**] to understand what the concerns are, what is expected of them, and what they need to change in order for their child, [**NAME OF CHILD**], to be returned home. This agreement allows [**NAME OF PARENT(S)**] to see how they are progressing, including through the use of a ‘traffic light’ chart. [**NAME OF PARENT(S)**] will be provided with support and services which will build on their strengths in order to protect their child/ren. This agreement will be reviewed at regular intervals.

1. **[INSERT PARENT(S) NAME]’S STRENGTHS (Specify the protective factors which improve the chances of reunification)**

In some cases, social workers will use parental agreements during the assessment, before the risk will have been classified.

1. **CONCERNS THAT MAY PREVENT [CHILD] RETURNING TO HOME (Risk factors that place [child] at risk of harm)**
2. **GOALS THAT PARENT/S NEED TO ACHIEVE BY NEXT REVIEW DATE**

**Overarching goals**

**1.**

**2.**

**3.**

**Steps needed to achieve each goal**

**Goal 1:**

**a.**

**b.**

**c.**

**d. (etc)**

1. **EXPECTED OUTCOMES OF GOALS**

[You can use staged goals and/or expected outcome of goals]

1. **WHAT SUPPORT AND SERVICES WILL BE PROVIDED TO HELP PARENT(S) TO ACHIEVE GOALS** (link with reunification plan)

1.

2.

3.

1. **IF GOALS ARE NOT REACHED BY THE NEXT REVIEW THE FOLLOWING WILL HAPPEN:**
2. **REVIEW OF PROGRESS MADE TOWARDS THESE AGREED GOALS Date of Review:**
3. **GOALS THAT PARENT/S NEED TO ACHIEVE BY NEXT REVIEW DATE Overarching Goals**

**Steps needed to achieve goals**

**Expected level of outcome**

**I/we\* [INSERT NAME] understand what is expected of me/us\* to change and to show that my/our\* child [NAME OF CHILD] can be returned to my/our\* care. I/we\* understand what will happen if I/we\* do not reach the goals and do not show that I/we\* can change and this change can continue. *[\*worker to delete words as required*]**

**Signed…………………………. (parent ) Signed……………………………(parent) Signed…………………………….. (worker/practitioner)**

**Signed……………………………...Director of Children Services**