INTERIM S20 REUNIFICATION/RETURN HOME ASSESSMENT FORM

(To be used for children who have been in care for less than three months. Single assessment form to be completed for children in care for more than three months.)

Child/ren’s Details:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| MOSAIC ID | NAME | DOB | GENDER | DISABILITY/  COMMUNICATION NEEDS | ETHNICITY | ADDRESS | SEEN AS PART OF ASSESSMENT |
|  |  |  |  |  |  |  |  |

Family members and other significant people:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MOSAIC ID | NAME | DOB | RELATIONSHIP TO CHILD | LIVING IN HOUSEHOLD | ETHNICITY | HAS PR  Y/N | SEEN AS PART OF ASSESSMENT |
|  |  |  |  |  |  |  |  |

Professional relationships/involvement:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE | AGENCY | CONTACT NUMBER | EMAIL | PERSON WORKING WITH | CONTRIBUTED TO ASSESSMENT Y/N |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please give reasons if any of the above have not contributed or consented to the assessment:

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**Assessment Details**

Reason child/ren came into care and reason for undertaking this assessment:

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Consents: (If parent has withdrawn consent, is the child/ren happy to return home, where a child has decided they want to return home, is the parent happy with the reunification?)

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Child’s story including history, family and other significant relationships, life experiences, wishes and feelings:

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Social work involvement with child and family, what has changed since child came into care, and analysis of current situation identifying the child’s needs and risks attached to return home:

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Parent/s or carer/s story and views, significant supportive or potentially disruptive relationships, capacity to respond appropriate to child/ren’s needs as well as ability to recognise and respond to potential risks:

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Environmental factors that may impact on the child’s return home:

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**Social Worker’s Analysis of current situation including push and pull factors that would impact on the child/ren remaining at home and not coming back into care:**

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| --- |
| Strengths and positive factors to child returning home:  Risk factors associated to child returning home: |

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| --- |
| Classification of risk for reunification of each child: **Severe/High/Medium/Low** if completed. |

**Social Worker Recommendation and Stepdown Plan**

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| Recommendation and Plan:  Social worker’s name: Date: |

Child’s views on plan

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| --- |
| I agree/disagree with the plan.  Comment (optional)  Name Date |

Parent/s/ Carer’s views on plan

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| --- |
| I agree/disagree with the plan.  Comment (optional)  Name Date |

IRO’s views on the plan/decision to return home:

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|  |

Agreements/Authorisation:

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| --- |
| Team manager name:  Comment and reason:  Date  Head of Service name: Agreement to return home plan: Yes/No  Reason:  Date  Director’s Name: End of care status authorised: Yes/No  Reason:  Date: |