**DIRECTOR’S RETROSPECIVE AGREEMENT TO CHILD ON S20 RETURNING HOME**

Child/ren’s Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MOSAIC ID | NAME | DOB | GENDER | ETHNICITY | ADDRESS RETURNED TO | DATE RETURNED HOME |
|  |  |  |  |  |  |  |

Parent or other significant person child has returned to live with:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MOSAIC ID | NAME | DOB | RELATIONSHIP TO CHILD | ETHNICITY | HAS PRY/N | SEEN AS PART OF RETURN HOME ASSESSMENT Y/N |
|  |  |  |  |  |  |  |

\*Reason child/ren came into care:

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|  |

\*Social work involvement with child and family, what changed since child came into care, and reason behind parent withdrawing S20 and/or child choosing to leave care and return home:

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| Strengths and positive factors to or since child returned home:Any continuing risk factors associated to child returning home:Stepdown plan/arrangements in place/current professional or community based agency involvement: |

|  |
| --- |
| Social worker:  |

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

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|  |

Agreements/Authorisation:

|  |
| --- |
| Team manager name:Comment and reason:DateHead of Service name: Agreement to return home plan: Yes/NoReason:DateDirector’s Name: End of care status authorised: Yes/NoReason:Date: |

\* Assessment completed at the time the child returned home can be attached instead.