INTERIM S20 REUNIFICATION/RETURN HOME ASSESSMENT FORM

Child/ren’s Details:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 PRY/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:

|  |
| --- |
|  |

**Assessment Details**

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

|  |
| --- |
|  |

Consents: (If parent has withdrawn consent, is the child/ren happy to return home, where a child has decided they want to return home, is the parent happy with the reunification?)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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:**

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

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

**Social Worker Recommendation and Stepdown Plan**

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

Child’s views on plan

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

Parent/s/ Carer’s views on plan

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

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

|  |
| --- |
|  |

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: |