INTERIM S20 REUNIFICATION/RETURN HOME ASSESSMENT FORM

Child/ren’s Details:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| MOSAIC ID | NAME | DOB | GENDER | DISABILITY/  COMMUNICATION NEEDS | ETHNICITY | ADDRESS | SEEN AS PART OF ASSESSMENT |
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Family members and other significant people:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
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|  |  |  |  |  |  |  |

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Consents: (If parent has withdrawn consent, is the child/ren happy to return home, where a child has decided they want to return home, is the parent happy with the reunification?)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