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| Background pattern  Description automatically generated with medium confidence  **Reunification Flowchart** |  |

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| Reunification Identification Tool confirms the potential for the child to be reunified – Social Work completes a Reunification Assessment |

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| Reunification Assessment recommends the child should be reunified home – endorsed by Team Manager – Social Worker refers for Reunification support: reunificationteam@bcpcouncil.gov.uk, using the Reunification Referral Form, ensuring that all relevant information and documents are up to date and clearly recorded on the child’s Mosaic record |

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| Social worker shares decision to commence reunification support with the child’s IRO, Virtual School, Children’s Commissioning and the Contact Service.  If there are specific housing needs relating to the plan, early involvement of Housing services is essential. |

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| A *Looked After* Review is required to endorse the change to the child’s Care Plan to one of Reunification. This should be convened as soon as the decision is made that the child and family should receive reunification support |

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| Reunification support allocated, multi-agency Reunification Support Plan developed, with regular multi-agency reviews, and Family Network Meetings |

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| Reunification support in place for 3-4 months, with 3-weekly multi-agency review points |

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| Reunification Plan developed 3-4 weeks before the child returns home (arrangements for increased family time, including overnight stays / weekend visits, how the actual move will be facilitated, planned positive endings with the child’s current carers).  The child’s foster carer should be involved in developing the reunification plan, including how they can best support increasing levels of contact. |

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| Child subject of a Care Order, Social Worker completes a Placement with Parents Assessment and seek ADM approval, prior to the child returning home.  Child subject of a Care Order and returning to family members without PR: Joint Viability Assessment required prior to the child returning home and refer for Kinship Care / Special Guardianship Assessment.    Child *looked after* voluntarily under Section 20: Social Worker completes a Reunification Risk Assessment (instead of a Placement with Parents Assessment). |

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| Child returns home, supported by a renewed plan for ongoing multi-agency support, and including support from the family’s wider support network.  The plan should start to build upon access to resources that exist universally and within the family’s local community.    If the child was accommodated under s20, the child ceases to be *looked after* at this point and the child becomes a ‘child in need’.  If the child is subject of a Care Order, the child remains a *looked after* child who is ‘Placed with Parents’ (or kinship care arrangements, under Regulation 24).    In all instances, placement costs cease at the point the child returns home. |

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| Reunification Support Plan continues for a minimum of 6 months (maximum 9 months), providing support to the child / young person and their family, with ongoing regular multi-agency progress review. |

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| Child subject of a Care Order: Social Worker presents the child’s case to a Legal Gateway Meeting for legal advice and a decision regarding making an application to discharge the Care Order, and preparation of evidence.  Evidence will primarily consist of the assessment, planning and review work already undertaken within the Reunification Pathway. |

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| Application to discharge the Care Order (and in some instances, this may include the making of a Special Guardianship Order).  When proceedings conclude and the Order is discharged, the child is no longer ‘*looked after*’ but is deemed a ‘child in need’. |

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| The child remains a ‘child in need’ for a minimum of 3 months following the reunification / discharge of the Care Order (not including SGO).  Following a multi-agency review and decision to end statutory involvement, the child is no longer a ‘child in need’ and the involvement of the allocated social worker will end.    Specialist support concludes with a planned and managed transition to targeted / universal services, and a newly identified Lead Professional, drawing upon the resources available within the family’s community, and the strengths of their family support network. |