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|  Background pattern  Description automatically generated with medium confidence **Reunification Transition Plan**   |   |
| The Reunification Transition Plan is an important document which is completed about 3-4 weeks before the child / young person is due to return home. It is designed to complement the multi-agency Reunification Support Plan and sets out the arrangements for increasing levels of family time, including overnight / weekend stays, how the actual return home will be facilitated, and managing positive endings with foster carers. Each activity or event needs to clearly set out who is involved, facilitating or supporting. The plan should evidence a transition away from supervised family time towards supported family time and unsupervised family time, increasing in frequency as the return home date approaches. |
| **Child’s name / sibling group and Mosaic ID** |  |
| **Reunification worker name** |    | **Contact supervisor name (if applicable)** |  |
| **Social worker name** |  | **Social worker team** |  |
| **Foster carer name** |  | **Supervising social worker name** |  |
| **Date of this plan** |  | **Anticipated reunification date** |  |
| **Briefly explain the reunification plan (who the child / young person / sibling group is returning to and their legal status)** |
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| **WEEK 1 (insert date)** |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Event / activity** |  |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |  |
| **Time from / to** |  |  |  |  |  |  |  |
| **Describe who is involved and what they will do (supervising, supporting, transporting)** |  |  |  |  |  |  |  |
| **Any other information: important dates, home visits (state whether announced or unannounced) and any other commitments for any involved person** |  |

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| **WEEK 2 (insert date)** |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Event / activity** |  |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |  |
| **Time from / to** |  |  |  |  |  |  |  |
| **Describe who is involved and what they will do (supervising, supporting, transporting)** |  |  |  |  |  |  |  |
| **Any other information: important dates, home visits (state whether announced or unannounced) and any other commitments for any involved person** |  |

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| **WEEK 3 (insert date)** |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Event / activity** |  |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |  |
| **Time from / to** |  |  |  |  |  |  |  |
| **Describe who is involved and what they will do (supervising, supporting, transporting)** |  |  |  |  |  |  |  |
| **Any other information: important dates, home visits (state whether announced or unannounced) and any other commitments for any involved person** |  |

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| **WEEK 4 (insert date)** |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Event / activity** |  |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |  |
| **Time from / to** |  |  |  |  |  |  |  |
| **Describe who is involved and what they will do (supervising, supporting, transporting)** |  |  |  |  |  |  |  |
| **Any other information: important dates, home visits (state whether announced or unannounced) and any other commitments for any involved person** |  |

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| **Key Contacts** |
| **Agency / Role** | **Name** | **Phone number** | **Email address** | **When they can be contacted** |
| **Social worker** |  |  |  |  |
| **Reunification worker** |  |  |  |  |
| **Supervising social worker** |  |  |  |  |
| **Contact supervisor** |  |  |  |  |
| **Foster carer** |  |  |  |  |
| **Family member** |  |  |  |  |
| **Family member** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **OUT OF HOURS SERVICE (evenings, weekends and bank holidays)**  | **TELEPHONE: 01202 738256** |