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| --- | --- | --- |
| Background pattern  Description automatically generated with medium confidence  **Reunification Identification Tool** | |  |
| This tool is designed to support discussion and decision making to identify whether a child could be reunified home from Care. Reunification could be to a birth parent, other adult with parental responsibility, or another relative.  This is the first stage of the process, leading to a Reunification Assessment, so detailed analysis is not needed as this stage. The Reunification Assessment is designed to build upon the initial information provided here. You can read more about the process in the Reunification Pathway. | | |
| **Child’s name / sibling group and Mosaic ID (provide details for all siblings being considered for reunification)** |  | |
| **Child’s age** |  | |
| **Child’s legal status** |  | |
| **Length of time in Care** |  | |
| **Views of significant parties** | | |
| **Who would the child be returning home to, and do they have parental responsibility?** | | |
|  | | |
| **What are the child’s views and wishes about reunification?** | | |
|  | | |
| **What are the birth parents’ views and wishes about the child being reunified home?** | | |
|  | | |
| **What are the views and wishes of any siblings who are in the household / in Care / live elsewhere?** | | |
|  | | |
| **What are the views of significant others in the family household / child’s network about the child being reunified home?** | | |
|  | | |
| **Risk and Strengths** | | |
| **What were the primary reasons for the child entering Care? Are those risk factors still present, and to what degree? Could these risks be managed with the right support and what could this support look like?** | | |
|  | | |
| **What strengths are evident, what positive change has been seen and how has this been achieved?** | | |
|  | | |
| **What is the likely impact on any siblings in the household if the child returned home?** | | |
|  | | |
| **Support** | | |
| **Who within the family’s support network is likely to be able to support a reunification plan and how?** | | |
|  | | |
| **What are the views of the child’s current carers about the child being reunified? Are they likely to support a reunification plan?** | | |
|  | | |
| **Stability** | | |
| **Describe the frequency and quality of family time and indirect contact the child has, and with who?** | | |
|  | | |
| **Is there any observable impact on the child’s emotional wellbeing (positive or negative) following family time or indirect contact?** | | |
|  | | |
| **Is the child’s current placement sufficiently stable to support reunification?** | | |
|  | | |
| **Any other information** | | |
| **Is there any other information that should be considered to determine whether a Reunification Assessment should be completed?** | | |
|  | | |
| **Conclusion** | | |
| **Taking all of the above into account, is there sufficient potential for reunification? (If yes, a Reunification Assessment should now be completed).** | | |
|  | | |
| **SW Name and Team** |  | |
| **Date** |  | |