

Return Home Assessment

Report in Respect of:

Date of birth:

Mosaic ID No:

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Children, parents, other family members and professionals named in this report:

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| --- | --- |
| **Name** | **Relationship to the child** |
|  | Parent |
|  | Parent |
|  | Other family member |
|  | Other family member |
|  | Social Worker |
|  | Independent Reviewing Officer |
|   | Social Work Team Manager |
|  | Social Work Service Delivery Manager |
|  | Other professional or practitioner |
|  | Other professional or practitioner |
|  | Identified Trusted Adult for the child (p36 of guidance) |
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**1. Introduction**

* 1. **Introduction and purpose of report**

Leeds Children’s Social Work Service has undertaken this assessment using the Reunification Practice Guidance. This report has been written by the \_\_\_\_\_\_\_\_\_\_\_\_\_ team and the conclusion and recommendations agreed together.

The assessment uses an evidence-based framework for analysing and classifying the risk of re-abuse or continuing maltreatment to inform decision-making with regard to reunification. The framework seeks to ensure that children and young people’s best interests are central to all decision-making.

Children should only be returned home when the classification is considered to be ‘Low Risk’ or ‘Medium Risk’. Where the classification is ‘High Risk’, concurrent planning for possible permanent separation may be desirable, especially with young children. Where the classification is ‘Severe Risk’, reunification should not be considered.

This assessment does not serve the interest of the local authority or the parent but rather the child, [name …], and his or her best interests and his or her right to have a safe, nurturing environment in which to develop.

* 1. **Circumstances leading to the assessment for reunification**
1. Brief background to why the child became looked after
2. Brief summary of why reunification is being considered now
	1. **Who will carry out the work for the assessment?**

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| Assessment Actions | This was undertaken by |
| **Independent review of information available** (Children’s Services file/records) * Genogram and chronology developed.
* No direct contact with the child or any member of the child’s family
 | **Name:****Role:**  e.g. the chronologist / child’s social worker  |
| **Obtaining the child’s wishes and feelings; assessment of the child with regard to reunification** | **Name:****Role**: |
| **Gathering of existing data on risk and protective factors and assessing parental capacity to change.** | **Name:****Role**: the children’s social worker |

* 1. **Assessment process**
1. This assessment is informed by the information gathered in the chronology and genogram.
2. *Assessment of parental capacity to change*

The Reunification Practice Guidance requires the assessment of the parent(s) capacity to change and their ability to sustain that change over time as this is a critical part of decision-making and planning for reunification.

The assessment of (name of child) parent’s, (names of parent) parental capacity for change is based upon the following:

|  |  |  |
| --- | --- | --- |
| **Assessment activity** | **Who was involved** | **Date(s)** |
| One introductory meeting on held at the parents’ home address |  |  |
| Assessment sessions undertaken. Each of these sessions lasted between 1-2 hours. These sessions were undertaken in the family home. |  |  |
| Discussion with Independent Reviewing Officer |  |  |
| Discussion with other professionals or practitioners |  |  |
| Case meetings  |  |  |
| Information gathered through the file read  |  |  |

1. *Assessment of the child*

The Practice Guidance also requires an assessment of the child, their attachments and their wishes and feelings in respect of reunification as this is a critical part of decision making and planning for reunification.

The assessment of (name) is based upon the following:

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| --- | --- | --- |
| **Assessment activity** | **Who was involved** | **Date(s)** |
| Assessment sessions / Statutory Visits. Each of these sessions lasted between 1–2 hours. |  |  |
| Observations of contact |  |  |

* 1. **Additional information**

**2. Findings**

**2.1 Section One: Summary of data**

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| 1. **Summary of significant events. Including reference to parental alcohol or drug misuse, domestic violence, and mental ill health. View on who was responsible for abuse or neglect**
 |
| Completed by: | Chronologist |
| Before and / or reason for entry to care: | Since entry to care: |

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| --- |
| 1. **Summary of previous interventions**
 |
| Completed by: | Chronologist |
|  |

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| 1. **Family composition before entry to care and currently, commenting on any information obtained on child’s attachments**

*Please see genogram attached in appendix 2 for family composition.* |
| Completed by: | Chronologist |
| Before entry to care: | Currently: |

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| 1. **Risk factors identified for each individual child on entry to care and when considering reunification. Highlight any that should be given extra weight**
 |
| Completed by: | Children’s Social Worker and Chronologist |
| On entry to care: | When considering reunification: |

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| 1. **Protective factors identified for each individual child on entry to care and when considering reunification. Highlight any that should be given extra weight**
 |
| Completed by: | Children’s Social Worker and Chronologist |
| On entry to care: | When considering reunification: |

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| 1. **Overview of Parents’ current circumstances**
 |
| Completed by: | Children’s Social Worker |
| Relationship:Housing:Employment / benefits etc.:Health:Services being accessed:Contact with the child(ren): |

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| 1. **Evidence of parental capacity to change and views on capacity to change in time to meet child’s needs**
 |
| Completed by: | Children’s Social Worker |
| *Attendance, attitude and motivation in relation to taking part in the assessment:**Whether the problems that initially resulted in the child coming into care are acknowledged and are being addressed:**Whether the parents/carers acknowledge and are ready and able to address any remaining or new risk factors:**Whether they are likely to be able to make the necessary changes within the child’s timescale taking account of the child’s age and developmental needs:* |

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| 1. **Child’s views and motivation in relation to reunification (and views on any previous failed reunifications)**
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| 1. **Factors associated with each individual child/young person’s attributes and experiences, with particular consideration of risk and protective factors**
 |
| Completed by: | Children’s Social Worker |
| *Age at which the child/young person became Looked After:**Length of time the child/young person has been Looked After and number of placements:**Previous attempts at return to birth parent/s – why did these not meet the needs of the child/young person:**Child’s strengths (considering health, education, emotional and behavioral development, identity, family and social relationships, social presentation and self-care skills):**Child’s vulnerabilities (considering health, education, emotional and behavioral development, identity, family and social relationships, social presentation and self-care skills):**The child/young person’s level of attachment to the birth parent/s:**Regularity and quality of contact between birth parents and child/young person whilst Looked After:**The child/young person’s relationship with and attachment to the current caregivers:**View/feelings of significant adults, including current caregivers, about the child/young person returning to the care of their birth parent/s:* |

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| 1. **Each individual child/young person’s expressed wishes and feelings**
 |
| Completed by: | Children’s Social Worker |
| *The child/young person’s understanding of why they are Looked After:**The child/young person’s awareness of changes that have taken place in the birth family whilst in care:**The child/young person’s understanding of what life would be like should they return home:**Which relationships are important to the child/young person:**Child’s view of parent’s new partner (if applicable):**What does the child/young person feel needs to change in order for them to return home?**The child/young person’s view of whether they should return home:**(Please attach copies of any tools used to obtain views, e.g. Three Islands, Three Houses)* |

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| 1. **Professional analysis of each individual child/young person’s best interests in relation to reunification, balancing individual attributes, experiences and expressed wishes and feelings**
 |
| Completed by: | Children’s Social Worker |
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| 1. **Parents’ views and motivation in relation to reunification (and views on any previous failed reunifications)**
 |
| Completed by: | Children’s Social Worker |
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| 1. **Consultation with Head of the Virtual School about the child’s education needs if reunification goes ahead**
 |
| Completed by: | Children’s Social Worker |
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**2.2 Section Two:**

 **Analysing data and classification of risk for reunification**

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| --- | --- | --- |
| **Risk Factors** | **Future Significant Harm More Likely**  | **Future Significant Harm Less Likely**  |
| **Abuse** |  |  |
| **Child** |  |  |
| **Parent** |  |  |
| **Parenting / Child Interaction** |  |  |
| **Family**  |  |  |
| **Professional** |  |  |
| **Social Setting**  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Low risk** | **Medium risk** | **High risk** | **Severe risk** |
| No risks | Some risks | Lots of risks | Lots of risks |
| Lots of protection | Lots of protection | Some protection | No protection |
| Parents have made lots of changes | Parents have made lots of changes | Parents have not made any changes | Parents have not made any changes |
| Child & parents want return home to happen | Child & parents want return home to happen | Child or parents may not want return home to happen | Child or parents may not want return home to happen |
| **It will be safe to go home** | **It will be safe to go home with some support** | **It will not be safe to go home** | **It will not be safe to go home** |

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| 1. Summary of the analysis of risk and protective factors for each individual child
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| 1. Summary of changes that would need to be made for reunification to occur and indication of timescales
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| 1. Child’s views on the analysis of data and reunification
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| 1. Parents’ views on the analysis of data and reunification
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| 1. Caregivers’ views on the analysis of data and reunification (if appropriate)
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| 1. Classification of risk for reunification of each child: **Severe/High/Medium/Low**
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**2.3 Section Three: Decision-making, planning and monitoring**

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| **Decision on reunification** (including legal or protective actions required)(delete as applicable below) |
| Reunification **is not** possible |
| Reunification **is** possible |

**Signatures:**

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date**  |
| Social Worker |  |  |
| Team Manager |  |  |
| Service Delivery Manager |  |  |
| Independent Reviewing Officer |  |  |
| Chronologist  |  |  |
| Other |  |  |

**2.4 Next Steps**

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| **If reunification is not possible:** |
| Summary of the next steps. |

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| **If reunification is possible**: |
| Work with the parents and others to develop the Reunification Plan and the Parental Agreement |