

NOTTINGHAM CITY COUNCIL CHILDREN'S SERVICES

GOING HOME?

These guidance notes have been written to aid the completion of this form. When questions are self explanatory, no guidance is given, all notes are in bold italic font.



NOTTINGHAM CITY COUNCIL CHILDREN'S SERVICES

GOING HOME?

Name of Child/Young Person	
Date of Birth	
CareFirst ID	
Allocated Social Worker	

Background Information

It is important to collect and to maintain background information about the child and family regardless of where they may be in the return process or for how long the child has been looked after. It should be consulted whenever the checklists are being used.

The GHT must be completed for EVERY child who is received into Local Authority Care by the 72 hour review. If the Court Order states that the child will not be returning home the rest of the form need not be completed. Be specific on any restrictions imposed.

Has the child previously been looked after by Children's Services? YES/NO

Reason for **previous** separation?

With whom was the child living immediately prior to the separation?

Home	Residential	Other (please state)
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Have any court orders been made? YES/NO

If so, what restrictions do they impose?

How far (in miles) is the child's present placement from the family home?

Is the child known to have been in contact with the following people prior to separation?

Please give a brief description of any engagement with the family. Are there any restrictions i.e. supervised contact or court orders?

Relationship	Contact?	Frequency
Natural Mother	YES /NO	
Natural Father	YES /NO	
Male siblings (full/half/step)	YES /NO	
Female siblings (full/half/step)	YES /NO	
Stepmother	YES /NO	
Stepfather	YES /NO	
Grandparents	YES /NO	
Aunts/uncles	YES /NO	
Other relatives	YES /NO	
Connected Person (Details)	YES/NO	



NOTTINGHAM CITY COUNCIL CHILDREN’S SERVICES

GOING HOME – TOOLKIT (1)

‘PREDICTING THE POTENTIAL FOR AN EARLY RETURN’

When family relationships are good, separated children are more likely to return home. Please consider the following:

- *Is there a sense of belonging between the parent/carer and the child?*
- *Is the child protected?*
- *Are his/her emotional, educational and health requirements being met?*

	Please select																														
Child’s separation is by voluntary arrangement	YES / NO																														
Relationships in the family are reasonably	YES / NO																														
The problems that made separation necessary are considered to have been at least partially resolved.	YES / NO																														
A plan has been identified to support a return home <i>Describe the frequency and location of planned contact. If a contact plan has not been established, describe any contact that has been made since the child has been in LAC i.e. text, phone, email</i>	YES / NO																														
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="3">Frequency and location</th> </tr> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Location</th> <th style="width: 30%;">Achieved (Yes / No)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Frequency and location			Date	Location	Achieved (Yes / No)																									
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Date	Location	Achieved (Yes / No)																													
The family considers itself a ‘family’	YES / NO																														
The child retains a role within the family	YES / NO																														
The child retains territory in the return home – a room or a bed – or has purposely left behind other personal possessions and keepsakes	YES / NO																														
The social work plan is ‘inclusive’ in that the family have maintained a caring role and have been involved in decision making <i>The term inclusive social work draws attention to the value of including the family in decisions about the child. To include keeping parents/carers informed of progress, issues and successes when needed.</i>	YES / NO																														



NOTTINGHAM CITY COUNCIL CHILDREN'S SERVICES

GOING HOME – TOOLKIT (2)

PREDICTING THE SUCCESS OF RETURN

When a child first goes home, there is an inclination on the part of the social worker to withdraw; indeed, if things are going well, it may be a good idea to do so. Nevertheless, even the most successful reunion will have its stresses and strains. Family members should be forewarned and feel able to help should problems arise. The greater the input the child's family have with the social work plan the greater the chances of return being successful and all parties are committed to its implementation.

Name of Child/Young Person	
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Allocated Social Worker	

For children under age 11	Please select
The child's family is prepared for the anxiety generated by return and the disputes that are likely to occur	YES / NO
Family relationships are of a fairly high quality? <i>Consider whether the child wants to go home. Does the family meet the child's needs, emotional and physical health.</i>	YES / NO
Is the child known to be involved in criminal activity? (Contact) <i>Consider any involvement with the local police and verbally from a third party</i>	YES / NO
There is evidence of robust care planning by the professional group? <i>Is there a good plan of social work</i>	YES / NO
Is the child engaging in their educational plan?	YES / NO
Professionals are confident that the voluntary arrangements with the family are sufficient?	YES / NO

For children over age 11	Please select
The child's family is prepared for the anxiety generated by return and the disputes that are likely to occur?	YES / NO
Family relationships are of a fairly high quality? <i>Consider whether the child wants to go home. Does the family meet the child's needs, emotional and physical health.</i>	YES / NO
The young person is positively establishing a role outside the family complementary to those inside the home (ie school/college/community)	YES / NO



The child is known to Youth Offending Service?	YES / NO
There is evidence of robust care planning by the professional group?	YES / NO
Is the child engaging in their educational plan?	YES / NO
The child is involved in criminal activity? <i>Consider any involvement with the local police and verbally from a third party</i>	YES / NO

SIGNED:
DATE:
NAME:
CONTACT:

Copy to be forwarded to case holding social worker for information and presented at 1st Statutory Review to inform Care Plan.

CONCLUSION

Potential for return and actions required

Be aware that all the information given here helps with the completion of the conclusion. These actions will aid in informing the plan to return the child home.

Resilience Factors (i.e. positive actions that can be built on) <i>Record any positives from actions or comments</i>	Actions Actions to build resilience <i>Make all actions inclusive in the return home and state all the other agencies used within the plan</i>

Risk Factors (i.e. concerns preventing return home) <i>Record any concerns relating to the return home</i>	Actions To reduce risk <i>Make all actions inclusive in the return home and state all the other agencies used within the plan</i>



SIGNED:	DATE:
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(Copy to be forwarded to case holding social worker for information and presented at 1st Statutory Review to inform Care Plan)

NAME:
POSITION:
ADDRESS AND TELEPHONE NUMBER:

*** Please pass completed toolkit to the designated manager for review**

Name of Child/Young Person	
Date of Birth	
CareFirst ID	
Allocated Social Worker	

Management Review

Designated Manager Approval	YES / NO
<u>Additional Information</u>	

SIGNED:	DATE:
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Please return the completed toolkit to the Targeted Support Team (email) and a copy to the allocated social worker



NOTTINGHAM CITY COUNCIL CHILDREN'S SERVICES

GOING HOME REVIEW

Name of Child/Young Person	
Date of Birth	
CareFirst ID	
Allocated Social Worker	
IRO	
Ethnicity	
Placement Address	
Review Date. This should be reviewed in line with 20 day LAC Review	<i>Staff in the residential home must ensure the review section of the GHT is completed and shared at the 20 day LAC review.</i>

	Please select																														
Relationships in the family are reasonably good	YES / NO																														
The problems that made separation necessary are considered to have been at least partially resolved.	YES / NO																														
The current plan of contact has been adhered to	YES / NO																														
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The social work plan is 'inclusive' in that the family have maintained a caring role and have been involved in decision making	YES / NO																														



NOTTINGHAM CITY COUNCIL CHILDREN'S SERVICES

GOING HOME – TOOLKIT (2)

REVIEW

PREDICTING THE SUCCESS OF RETURN

For children under age 11	Please select
The child's family is prepared for the anxiety generated by return and the disputes that are likely to occur	YES / NO
Family relationships are of a fairly high quality?	YES / NO
Is the child known to be involved in criminal activity? (Contact)	YES / NO
There is evidence of robust care planning by the professional group?	YES / NO
Is the child engaging in their educational plan?	YES / NO
Professionals are confident that the voluntary arrangements with the family are sufficient?	YES / NO

For children over age 11	Please select
The child's family is prepared for the anxiety generated by return and the disputes that are likely to occur?	YES / NO
Family relationships are of a fairly high quality?	YES / NO
The young person is positively establishing a role outside the family complementary to those inside the home (ie school/college/community)	YES / NO
The child is known to Youth Offending Service?	YES / NO
There is evidence of robust care planning by the professional group?	YES / NO
Is the child engaging in their educational plan?	YES / NO
The child is involved in criminal activity?	YES / NO



CONCLUSION

Potential for return and actions required

Previous actions from resilience. Have they been met? What further actions need to be addresses?

Previous Actions from Resilience Factors Actions to build resilience

Previous actions from risk factors. Have they been met? What further actions need to be addresses?

Previous Actions from Risk Factors To reduce risk

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NAME:
POSITION:
ADDRESS AND TELEPHONE NUMBER:

*** Please pass completed toolkit to the designated manager for review**



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Designated Manager Approval	YES / NO
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