## REQUEST FOR INTERSTATE ASSESSMENT OF PARENT/S FOR THE PURPOSE OF REUNIFICATION

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| **Child or young person’s details** | | |
| Name | Date of birth | Ethnicity / iwi or tribal affiliation |

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| **Parent/s/caregiver/s details** | | |
| Mother’s name | Date of birth | Address, phone, email |
| Father’s name | Date of birth | Address, phone, email |
| Name of parent(s) to be assessed: | | |

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| **Other members of the household of the parent to be assessed** e.g. other children step-parent, other | | |
| Name(s) | Date(s) of birth | Address, phone, email |

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| **Type of order and expiry date:** *(Do not use acronyms e.g. S101, S110)* |
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| **Requesting office details** | |
| Oranga Tamariki site | Requesting caseworker |
| Contact details | |

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| **Anticipated timeframe for completion of assessment:** |
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| 1. **REASON FOR SEEKING INTERSTATE ASSESSMENT** |
| 1. How will reunification/placement interstate with the parent/s best meet the child’s needs? |
| 1. How did the proposal to consider reunification with the parent’s eventuate? |
| 1. What type of contact has the parent/s had with the child/ren? What is the frequency and when did they last have contact? |
| 1. What have you discussed with the parent/s about the assessment, the possible placement and reunification? |
| 1. What are the timeframes and plan for reunification? |
| 1. What have you discussed with the child/young person about the assessment and the possible placement? What are their views and wishes in relation to reunification? |
| 1. Have you discussed the legal implications of placement should it proceed? (e.g. guardianship/custody issues) |

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| 1. **ORANGA TAMARIKI HISTORY** |
| 1. Child protection concerns (brief summary of reports of concern, assessments and Oranga Tamariki action) |
| 1. Summary of Oranga Tamariki’s involvement with the child or young person and their family/whānau |
| 1. Placement history and child or young person’s progress within the placement |
| 1. Progress of reunification plan: What progress have the parent/s made in addressing the protective issues, engaging with the child or young person’s plan and having contact with the child or young person? |
| 1. What support services have been utilised by the parent/s to assist in the reunification? Name of service, worker and contact details |

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| 1. **RELEVANT EDICATION, MEDICAL, BEHAVIOURAL AND SOCIAL ISSES FOR EACH CHILD (Must include any ongoing medication, therapy or medical appointments)** |
| 1. Medical / health |
| 1. Physical development |
| 1. Education |
| 1. Social/emotional development |
| 1. Behaviour and relevant behavioural management strategies |
| 1. Psychological/social issues |

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| 1. **LIST ANY MEDICATION RELEVANT FOR EACH CHILD OR YOUNG PERSON, AND ANY ONGOING THERAPY/MEDICAL APPOINTMENTS** |
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**ASSESSMENT AREAS TO BE COVERED IN THE ASSESSMENT REPORT:**

## This is an example of possible areas to be covered in the assessment. Please edit and personalise this list to ensure it incorporates all of the areas relevant to this assessment

* Motivation and long-term commitment to reunification plan and to care for the child or young person.
* Parent’s understanding of the reunification plan - do they have realistic insight into the timeframes and tasks that they will be required to undertake as part of the child or young person’s plan and the process of reunification?
* Accommodation/living arrangements.
* Details of weekly income and expenditure, and your assessment of the parent/s capacity to provide for the child or young person.
* Health of parent/s, and any physical or psychological limitations on their capacity to care for the child or young person.
* Long-term expectations regarding the reunification plan and future of the placement.
* History of involvement with the child or young person, and an assessment of the strength of the relationship the parent/s have with the child or young person.
* Their understanding of the harm the child or young person has been subjected to, their role in this harm and their capacity to cope with behaviour which might stem from such harm.
* Parent/s capacity to address the protective issues that resulted in the current statutory intervention.
* Knowledge of child development, and ability to identify and understand the child or young person’s needs.
* Current relationship, if appropriate, and likely effect of placement on this relationship.
* Plans for schooling, social activities, after school care, etc, given the child or young person’s needs for consistency.
* Parenting skills and experience, including discipline methods.
* What services have they utilised to address the protective issues, their motivation to continue to access these services throughout the reunification and beyond (if required).
* The parent/s current lifestyle and employment, and how this will impact on the child or young person.
* Supports they have identified and instituted, both personal supports and within the community, and their capacity to access such facilities (as necessary).
* Willingness to encourage and facilitate contact with extended family/whānau members if reunification is successful.
* Willingness to facilitate counselling and therapy for the child or young person if this is identified as a need.
* Willingness to work with support agencies and Oranga Tamariki.
* Details of other children and/or young people in their care – names, ages, personalities etc, and assessment of likely effect on these children and/or young people should the reunification proceed.
* Assessment of the parent/capacity to act protectively with the child or young person at all times.
* Has the parent/s identified contingency arrangements if they are unable to cope with the child or young person’s care.

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| **Please list any additional areas you would like covered in the assessment:** |
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**Please ensure assessor provides overall assessment and recommendation(s) regarding the suitability of the parent(s) to resume care of their child/ren as per the reunification case plan.**

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| **Requesting office signatures** | |
| Oranga Tamariki site | |
| Requesting Social Worker (name and signature)  Date: | Practice Leader (name and signature)  Date: |