**Application and Assessment for Transitioning Love Community Child into Family Home**

**Philosophy:**

Light for Living International Ministries (LIFLIM) and Frontier Projects believe that wherever possible a child in care, such as at Love Community Home, should be re-united with their family. We believe that it is critical that a child should not become institutionalised, providing that a loving and caring home environment is possible.

**Preamble:**

This document details the process to be followed in transitioning a child from Love Community Home back bro a family environment and recognises that the new Home must be safe, loving and able to provide for the child physically, emotionally, mentally and educationally, with the support of LIFLIM and Frontier Projects.

**Protections:**

Once a child’s parents or family have been found, certain decisions must be made to assess whether that Home is suitable and/or appropriate for the child to enter. It may be the case that the parents or adults in the home are unemployed, unqualified or suffer from mental or physical problems.

In all cases LIFLIM or Frontier Projects staff **must** undertake a risk assessment before the child is transitioned into the home, to ensure that the child will not be at risk of physical, emotional or psychological harm or neglect.

**The Process:**

1. LCH staff identify family members of a child
2. Both the child and the parent/carer must want to re-unite
3. A pre- transition assessment is undertaken consisting of:
4. Home visit by the LFH Social Worker
5. Assessment of the physical environment
6. Assessment of the social, emotional environment
7. Identification/ Discussion of any specific needs
8. A Risk Assessment is undertaken
9. Based on the outcome of the risk assessment a decision is made **YES** or **NO**

**FAMILY and CHILD DETAILS and RISK ASSESSMENT**

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| **Name of Child:** |  | | | | | | | | |
| **Date of Birth:** |  | | | | **Age:** | |  | | |
| **Name(s) of Parent / Carer living at home:** | **Father:** | | | | | | **Mother:** | | |
| **Address:** | | | | | | | | | |
| **Home Environment** | | | | | | | | | |
| **Name of other adults in the home and relationship to child:** | **Name:** | | | | | | **Relationship:** | | |
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| **Name and ages of other children in the home (and relationship eg. Brother/ sister/ step-sister/ neighbour’s child** | **Name:** | | | | | | **Age:** | | |
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| **Physical Home Environment:** | **No. of Bedrooms:** | | **No. of Beds:** | **Kitchen:** | | | **Living Room/s:** | **Bathroom/s:** | **Outdoor area:** |
| **Description of family income of any sort:** |  | | | | | | | | |
| **Access to safe drinking water:** | | | Circle: **Yes No** | | | | **Details:** | | |
| **Parent / Carer / s Assessment  of any hazards or potential risks for the child in family home or environment:** | | |  | | | | | | |
| **How can any risks be corrected?** | | |  | | | | | | |
| **FPH / LIFLIM**  **Decision:** (circle) | | **Excellent  Satisfactory  Unsatisfactory** | | | | **Adjustments needed for transition:** | | | |

**Signature of Parent: Signature of LIFLIM Staff:**

**GUIDELINES FOR PARENTS / CARERS**

In accepting your child into your home you must agree to the conditions outlined below:

Parents must be involved in helping to create a continuing care plan for their child or children. A responsible parent will provide a stable and supportive home environment for their children.

They will ensure:

1. They will provide meals every day
2. That the child has a bed to sleep on
3. That the child attends school (if of school age)
4. That they will provide love and care at all times
5. That the child receives medical attention if necessary

Parents may face challenges at times. Please be aware that there are people available to help you. If you need advice or assistance you may talk to Phalone, Johanna, pastor Guy, Merline Vincent or Pastor Reginald.

In accepting your child back into your home you will also agree to:

1. Attend LIFLIM on the …. Day of each month to pick up your food bucket
2. Bring the bucket with you each month

**Signature of Parent: Signature of LIFLIM Staff:**