**Sibling Assessment**

Please note: the sibling assessment should be completed on LCS. This template is a duplicate of the LCS form and includes the Word document appendices (see page 4) which should be completed with key stakeholders as part of the assessment.

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| 1. **Author of the report and date completed** |
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| 1. **Names of the children** | **Date of birth** | **Age** |
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| 1. **Reason for assessment -** *current situation, why is this assessment being completed now? If there is a need to consider sibling separation, what is the reason for this?* |
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| 1. **Family composition –** *who are the key family members? Please refer to the genogram in LCS Documents tab.* |
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| |  |  |  | | --- | --- | --- | | 1. **Sources of information***(visits, documents reviewed etc)* | | | | Source: | Seen at: | Date: | |  |  |  | |  |  |  | |  |  |  | |

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| **Appendix** | **Completed Y/N** | **By who** |
| 1. Sibling relationship checklist |  |  |
| 1. Parent Form |  |  |
| 1. Foster Carer Form |  |  |
| 1. Observation of contact |  |  |
| 1. Observation by education staff |  |  |
| 1. Observation by health staff |  |  |

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| 1. **Key background information –** *Please address key events from the chronology, provide an overview of family history and functioning and adverse and supportive childhood experiences. Include a focus on sibling relationships – this can help when reviewing key background information. Please refer to information in the Sibling Relationship Checklist.* |
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| 1. **Parenting** – *please outline the child(s) experience of parenting - include shared and non-shared experiences throughout their lives. Please refer to any parenting assessments undertaken.* |
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| 1. **The views of parents, significant relatives and carers about each child, and their sibling relationships** |
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| 1. **An overview of the individual needs of each child –** *please refer to framework for assessment triangle. Please refer to information in the Sibling Relationship Checklist* |
| Health    Education    Emotional and Behavioural Development    Identity    Family and Social Relationships    Social presentation    Self-care skills |

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| 1. **Wishes and feelings of each child about their sibling/s** |
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| 1. **Analysis *–*** *overview of the strengths and vulnerabilities within the sibling group relationship. It will be important to not only identify behavioural issues but also to describe how these have/have not been addressed. Roles and reasons why children may interact in particular ways (e.g. parenting/caring roles), including identification of their impact and any support or intervention needed, and the outcome of any help already provided. PLEASE REFER to information in the Sibling Relationship Checklist* |
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| 1. **Consideration of realistic placement options -** *carefully weigh and balance the pros and cons of all and any potential placement options. i.e this should include together apart and combinations of siblings’ dependent on family set up. Pros and cons should be specific.* |
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| 1. **Consideration of future contact –** *What level of contact is needed to sustain the relationships and identity needs of each child? How will contact impact on placement stability and day to day family life? Explore strengths and difficulties of all options.* |
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| 1. **Recommendations –** *Considering the analysis what is the final recommendation about which siblings should be together or apart and why we have suggested the contact that we have.* |
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