**SIBLING ASSESSMENT REPORT**

**IN RELATION TO:**

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| Name of children |  |
| Photograph of child/ren | |
| Date photograph taken |  |

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| **Name of each child in the sibling group,** (a) **their age and date of birth,** gender (b) and ethnicity. (c) *Delete or add rows as needed*  NAME AGE DOB. GENDER ETHNICITY |
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| **Current placement for each child and, where applicable, which of their siblings they are living with** |
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| Name of social worker completing this report, setting out their qualifications and relevant experience and length of involvement with the children and their family (**d)** |
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| Work undertaken to complete this report, **(e)** including dates of interviews and observations, key reports read and supporting evidence obtained from other people |
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| Key background information and impact on children’s sibling relationship (**f)**  Give a brief summary of what led to the children coming into care; what the supportive factors were as well as the adversities experienced. Have the children always lived together? If not, give dates of any periods of separation from their siblings and how their relationship was maintained during these times. What is known about how these experiences outlined above have impacted on each child and on their sibling relationships? (g) |
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| The views of birth parents and significant relatives about each child and their sibling relationship **(h)**  Highlight the different roles the children may have had in the family and any differential treatment and affection they were subjected to and how that impacted on the children’s relationship. |
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| Key observations of the children and their sibling relationship from all relevant professionals **(i)**  Include the context and length of their involvement, any information about how each child was treated within the family, and how the children got on with each other – both positive and negative interactions. |
| Foster carers/current carers for each child:  Contact supervisors:  Health visitor and/or other health professionals:  Education staff – nursery or school settings:  Views or observations from other key professionals: |
| Where an SDQ has been completed, set out any significant findings about the child’s individual needs and behaviours **(j)**  What impact, if any, has there been to date for the sibling relationship and what possible future implications might there be? |
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| Overview of each child and their individual needs  Describe and consider each child’s needs (identity, developmental, emotional, behavioural, social, health, and education) and highlight any differences in behaviour/presentation observed in different settings or by different people. (k) Consider the implications of these needs for those caring for the child in the future. |
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| Overview of sibling relationships **(l)**  Describe how the children get on together now, any roles they have within the group, the strengths and vulnerabilities of the relationships, and how all of this impacts on each child. Include each child’s views about their brothers and sisters, (n) whether expressed directly or as indicated by their behaviour towards one another. |
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| What support or interventions have been tried to address any difficulties identified within the sibling relationship? **(m)**  What impact has this work had? Is there any outstanding work that has been identified? |
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| Consideration of realistic placement options **(o)**  Identify the different options available and the benefits and losses associated with each option for each child. |
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| Analysis and recommendations re: placement **(p)**  Provide your analysis of all information gathered, including any relevant research considered, how this has led to your recommendation/s for future placement of the children, and your reasons for this plan. Is there any significant disagreement about the plan from parents, carers or other professionals and, if so, how has this been taken into account? |
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| Consideration of and recommendations for contact **(q) (r)**  Set out possible options for contact, including the purpose, benefits and risks of each option and what support would be needed. What contact is being recommended and how will this be supported and reviewed? |
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| Recommendations for future support (s)  What work is being proposed to support the children’s sibling relationships now and in the future? What support may be needed for the children’s long-term carers or adoptive parents, and how will this be provided? |
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| Signature of social worker |
| Signature of team manager/Head of Service\* as required |
| Any comments from team manager/Head of Service\* as required |
|  |
| Date report completed |