SIBLING ASSESSMENT PROMPTS

1. Outcome of direct work with child/ren to gain information on:

- **Who they regard as brothers/sisters, closeness or distance in relationships**

References - Signs of Safety direct work tools, Research in Practice frontline tool - find out who is important to the child Appendix 1

RIP frontline tool - Find out who is important to the child

2. Who can tell us how these siblings relate to one another?

- Other siblings
- Parents
- Previous partners
- Foster carers/previous carers
- Social workers
- Teachers/nursery staff
- Who else?

3. Attachment styles

Each child's attachment pattern to be clearly identified

References - Attachment in children and young people, key signs of attachment patterns and behaviours at different stages, Frontline Chart, RIP 2016

Attachment in children and young people, Frontline Briefing, RIP 2016

2. Background Information

A sibling assessment must inform the type of placement and carers required to meet the **individual needs** of each child. Thoughtful, reflective practice must be evidenced. The individual child's needs will take into consideration

in utero developmental issues, pre-natal care and post-natal care. These early experiences will inform the type of placement and carers required. Issues in relation to birth trauma including oxygen deprivation, smoking through pregnancy, parental mental health and learning difficulties will need to be balanced against potential positive sibling relationships as these developmental factors contribute to later placement disruptions thereby creating increased separation and attachment anxiety and poorer outcomes for children and young people[1].

The likelihood of future disruptions should be considered and inform matching and sibling placements. Carers where children with complex needs are placed together as siblings should be assessed and supported appropriately to provide adequate care to siblings to prevent disruption.

The impact on children who remain in the care system due to sibling placements being unavailable should be considered. It should be borne in mind that outcomes for care leavers are poorer than their peers at the same age, and a significantly higher number are likely to be unemployed or not in education or training. Younger siblings who remain in care will also be affected as older siblings leave.

PH - Parental Health medical reports must be available to inform decision making and provides an opportunity to assess likely future behaviour, cognitive development and mental ill health.

Forms M/B- Obstetric Report on Mother, Neonatal Report on Child

SDQ - Strengths and Difficulties Questionnaire ratings

CPR - Child's Permanence Report or recent assessments of the child

3. Thinking about the children, their needs, and their relationship with one another:

What are we worried about?

• Harm including being specific about the delay in finding a family
• Past harm including neglect, physical or sexual abuse, multiple placements in background, drug or alcohol use, mental health, domestic violence
• Complicating Factors, including marked differences in needs
• Risks including sexual acting out between siblings, exploitation based on gender, scapegoating, danger of re-traumatising, rivalry

> - Impact on the carers where there are medical and disabilities. Ability and capacity to manage sibling groups of 2 or more.

Research in Practice March 2014 Making the Right Choices Leaders' Briefing Dartington. [www.rip.org.uk]

What's working well?

> - Include existing relationship with carers and each other; behaviours, including evidence of sharing; evidence of reciprocity, how they model on each other

What needs to happen?

> - What is the level of parenting intensity required for each child?

> - How might this be affected by the sibling dynamic?

> - Based on the assessment of attachment, what parenting style is required for each child?

> - If the relationships are positive between the children are adopters available to care for them as a group, and if not, how can they best be placed to maintain relationships (see Contact, Making Good Decision, RIP toolkit)?

> Carer matching
> - If the sibling group cannot, be placed together, carers who have been matched together both in fostering and adoption should be considered. This will support relationships in school and socially.

> - If we decide it is in the children's interests to separate what form should post adoption contact take? Will it need support or can it be managed by the adopters

> - What support will the carers need?

> - How will introductions be managed? Which child will be introduced first (if siblings are to be placed together) and how long will the adopter have to adapt to parenting the first child placed, how will starting at school be managed etc.

> - If children are currently in separate placements how will re-uniting them be managed? If together now how will separate placements be

managed?

4. On a scale of 0 to 10 where 10 is that the children have secure attachments, can share activities, reciprocate, and model on each other, and 0 is where the attachments are insecure or disordered, and/or the relationship between them is abusive and likely to cause one of them serious harm, where do you rate this relationship?

Rating

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