

**Family Connections Assessment and Plan for (insert family name)**

|  |  |
| --- | --- |
| Lead Social Worker |  |
| Other Social Workers (list for each child/young person) |  | Child/Young Person  |  |
| Team Leaders for each child/young person  |  | Child/Young Person |  |
| Service Manager for each child/young person  |  | Child/Young Person |  |

Prior to completion of this assessment and plan read the Glasgow HSCP guidance on completing the Family Connections Assessment and Plan.

‘Staying Together and Connected: Getting it Right for Sisters and Brothers

National Practice Guidance’ is a Scottish Government resource that provides practice advice, based on research and evidence, about what all children need to grow and flourish through positive connection with their brothers and sisters and sibling-like relationships.

Please refer to this guidance for support in completing your Family Connections Assessment.

<https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/>

**Reason for assessment. (PLEASE SELECT BELOW)**

*Eventually all no longer in their parent’s care who have brothers and sisters or sibling like relationships will have an assessment and plan. Meantime, please indicate reason for starting this assessment now.*

|  |  |  |
| --- | --- | --- |
| 1. | Child /YP living away from home for the first time. |  |
| 2. | Child/YP returning home to parent/s |  |
| 3. | Child/YP moving to live with wider family. |  |
| 4. | Child/YP has adoption or fostering permanence plan.  |  |
| 5. | Child/YP moving placement. |  |

1. **STAGE ONE: To be completed by the first My Meeting**

**Children and their connections included in this assessment (including those that the child/YP is not yet aware of). This section should be updated if/as new information becomes available.**

National Guidance- See Page 44 section 10.4 ‘Purpose of Assessment’ and Page 15 section 5 ‘Who are sisters and brothers’.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child / Young Person | Date of Birth | CF Number | Where they live | Legal Status (including any conditions) | Nature of relationship (do they or have they lived together) |
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* 1. **Referral to Family Group Decision making (FGDM)**

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| --- | --- | --- |
| Date referred | FGDM Team referred to | Re-referral Y/N |
|  |  |  |

A referral to FGDM should be made as soon as children are no longer living at home. Check this has been done and if not referrals should be made using the emails below. If FGDM have previously been involved, make contact to ensure all relevant information is considered and updated if appropriate. Information provided by FGDM can be invaluable in completing the ecogram overleaf.

They can also advise on making referrals to Life Long Links as required.

Further information is available on FGDM website: <https://glasgow.gov.uk/fgdm>

South\_FGDM\_Referrals@glasgow.gov.uk

NW\_FGDMReferrals@glasgow.gov.uk

NE\_FGDMReferrals@glasgow.gov.uk

**1.3 Ecomap**

Chart child /YP’s relationships as known to social work services.

Date:



* 1. **About me and the people that are important to me.**

**Complete this with the young person to assess and understand who they think are their important connections. You can access resources from the Direct Work Bag to help with communicating with children and young people.**

 My Picture

 

My name is…. I was born on… I am …years old.

My mum is called… and my dad is called…

I have …brothers and sisters.

I live with….

The brothers and sisters that I have are

|  |  |
| --- | --- |
| Name  | Birthday |
|  |  |
|  |  |
|  |  |
|  |  |

These are my brothers and sisters because I have lived with them in my foster or kinship family or in my children’s house or somewhere else.

|  |  |
| --- | --- |
| Name  | Where they live |
|  |  |
|  |  |
|  |  |

These are some other people that are important to me.

|  |  |
| --- | --- |
| Name  | How we are connected. |
|  |  |
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|  |  |

What I would like to happen

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| --- |
|  |

Name of person helping me complete this:

My signature

Date

**Stage Two**

**2.1 Current and Previous assessments where connections/ family time has been assessed and recommendations made.** For example, pre-birth, kinship, FACS, GiFT, Parenting Assessments, CAMHS, FGDM, HALT, Family Support Service (what recommendations / decisions were made?)

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| --- | --- | --- |
| Type of Assessment  | Date  | Outcome (brief detail) |
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**Family Connections Plans previously completed. Copy into text box below:**

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| --- |
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**2.2 Connections with brothers, sisters and sibling like connections:**

Complete this section for each child and their sibling connections. (you will need to insert multiple separate copies if there’s more than three connections)

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| --- |
| Profile of (insert Child’s name) and their connections (name/s)(National Guidance see page 46-48 section 10.6, 10.7) (Legal requirement to assess). Include any geographical considerations. *‘Our hope is that children and young people …will have a more consistent experience across Scotland, supported by relationship based and trauma informed practice which listens and embeds the importance of Staying Connected..* <https://afkascotland.org/2023/07/03/stayting-connected-toolkit/> |
|  |
| 1. Child’s views and feelings about the connection with (name 1) (National Guidance see page 47 section 10.8 and Appendix 11 of this document for some suggested tools)
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|  |
| Child’s views and feelings about the connection with (name 2) |
|  |
| Child’s views and feelings about the connection with (name 3) |
|  |
| 1. What works well? (strengths)
 |
|  |
| 1. What are we worried about? (For example: risks/relationships needing therapeutic support, contrasting needs, complex family dynamics)
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|  |

* 1. **Other important connections:**

Complete this section for each child and their important connections. This does not include birth family connections or sibling like connections. Include people children have said are important to them and they want ongoing connections with including friends, neighbours, etc.

|  |
| --- |
| (insert Child’s name) and their connections (name/s)Include geographical considerations.  |
| 1. Child’s views and feelings about the connection with (name 1)
 |
|  |
| Child’s views and feelings about the connection with (name 2) |
|  |
| Child’s views and feelings about the connection with (name 3) |
|  |
| 1. What works well? (strengths)
 |
|  |
| 1. What are we worried about? (For example: risks/relationships needing therapeutic support, contrasting needs, complex dynamics)
 |
|  |

**2.4 Social Worker/s summary, analysis and recommendations.** National Guidance: - see page 14-15 4.1 4.2 4.3 and Page 23 7.2. Page 48 10.10, 10.12

*In your analysis, consider each connection and relationship in the context of the quality and meaning of these relationships within the overall care plan for each individual child or young person. Consideration should be given to the Permanence Recommendation for each child, placement together or apart, and the work necessary for maintaining existing relationships and recovering those that might require short- or longer-term support.*

**Progressing plans and decision making**

The initial plan (below) should be shared with the relevant Service Manager in every instance and following their comment and agreement this should be shared with all relevant parties as detailed in section 6 below. This plan should be considered and potentially updated at each My Meeting/Child’s review meeting. When the plan is for adoption or permanent foster care and the child has brothers, sisters and/or sibling-like connections the assessment, recommendations and initial plan will be completed and presented to the relevant Service Manager for agreement and inclusion in the Permanence Review paperwork. It will then be presented to the Head of Service immediately after a Permanence Review decision has agreed an adoption or permanent foster care plan should be referred to the Adoption/Permanence Panel. The Head of Service will consider the plan, list comments and sign their agreement. A final child/young person’s plan (section 9) should then be completed to be shared with the child and any brothers, sisters, sibling like relationships, their carers/adopters and all professionals. This plan should continue to be regularly reviewed according to need.

* 1. **Initial Family Connections Plan. Date Started:**

**In setting out the objectives, please refer to the Charter below**

[Charter-for-brothers-and-sisters-February-2019.pdf](https://www.standupforsiblings.co.uk/wp-content/uploads/2019/02/Charter-for-brothers-and-sisters-February-2019.pdf)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Names of children/ young people.**(involved in each objective) | **Objective**e.g. support relationships, allow children to live together, if this isn’t possible how can connections be supported  | **Actions**What needs to be done | **Time frame**Date that each action will be complete | **Resources**What and who will help | **Review date** |
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|  | Reference to **life story conversations** should be detailed on every plan and actions noted for each child and young person |  |  |  |  |

* 1. **Thoughts and Feelings about the Assessment and Plan.**

Seek views on the plan before sharing with Service Manager/ Head of Service.

Guidance see Page 26 section 7.6, 7.7. ‘Understanding and communicating decisions’ and ‘Advocacy’.

|  |  |
| --- | --- |
| **Date plan shared** | **Thoughts and Feelings** |
|  | **Child** |
|  | **Brothers/Sisters** |
|  | **Sibling like connections** |
|  | **Parent/s** |
|  | **Foster Carers** |
|  | **Adoptive Parents** |
|  | **Supervising Social Worker**  |
|  | **Other** |

* 1. **SIGNATURES**

SOCIAL WORKER DATE

TEAM LEADER DATE

SERVICE MANAGER DATE

Complete to give update on where brothers/sisters, sibling like relationships and important connections live and who they live with.

**Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KEY**

**NOTES**



 **Kinship care placement**

 **Not looked after or permanently placed**

 Residential care placement

 Looked after at home.

 **Adoptive or permanent fostering family**



* 1. **Head of Service Comments and Recommendations**

|  |
| --- |
| **Signature: Date:** |

* 1. **Child/Young Person’s Plan**

(include Head of Service decisions)

**(Child’s Name) My Connections Plan**

**Who I will live with?**

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| --- |
|  |

**Who will I spend time with?**

|  |
| --- |
|  |

**Where and when will we spend time together?**

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| --- |
|  |

**Family and friends that I need more information about and have a plan that supports us to be connected in the right way for everyone.**

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| --- |
|  |

**Who will help me with this and when will I get an update?**

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| --- |
|  |

**My views on my plan**

|  |
| --- |
|  |

**Date to update plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by (insert child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by (insert Social Worker’s**

**Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**