



Connection and Belonging Circle 2nd Meeting

How and what does Connection looks like moving forward? (Relational Permanency – lifelong connection)

Date: _____

Date for next meeting: _____

Famii (or children's names?): _____

Elder: _____

Ground Rules including traditional protocols: _____

Meal/snacks provided: _____

Pics of child(ren): _____

Legal status: _____

Metis Commission and Band invited: _____

Case manager/Guardianship worker and other internal team members involved and their role in this circle: _____

Connection and Belonging Assessment completed and ready to share – _____

Voice of the child (3 cabins, carts, flowers, safety cabin etc.) if younger child: _____

Geneogram: _____

Who has the child said they are most connected to in their other conversations?

Who else should we have sitting around this table? Who will get them here?

1. Share the Connection and Belonging Assessment, bringing attention to the highlighted areas – give people a few minutes to review the document as well as the 3 cabins etc if available.
2. What would they say is NAMEs greatest unmet need? Document for each participant
3. Ask some questions prepared from Group Supervision or otherwise in the following 3 columns

What makes us most worried about this child's connection?	Where do we see the strongest connection/belonging for this child?	What do we think needs to happen to increase the child's connection and belonging?

Where are we at on the following scale when we think about NAME's level of connection and belonging as a Metis Child/Youth:

10 = We are confident the plan we have created together will give NAME a greater sense of connection and belonging to his/her people. We can see the many ways that we are addressing the greatest unmet need for this kiddo.

0 = We are still not sure how to create more connection/belonging for NAME, we don't know how to be involved or who else we can get involved to make sure this child grows up knowing who he/she is and where he/she is from.

Where are you at today?

Name: _____

Number: _____

Rationale: _____

Name: _____

Number: _____

Rationale: _____

Name: _____

Number: _____

Rationale: _____

Name: _____

Number: _____

Rationale: _____

Name: _____

Number: _____

Rationale: _____

Name: _____

Number: _____

Rationale: _____
