



Sibling Placement and Contact in Out-of-Home Care



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Recommended Citation

McDowall, J. J. (2015). *Sibling placement and contact in out-of-home care*. Sydney: CREATE Foundation.

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Published by the Policy and Advocacy Unit,
CREATE Foundation.

A pdf version of the document can be downloaded from:
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1.0 INTRODUCTION

1.1 The Importance of Family

Throughout history, and in all human cultures, the family has been acknowledged as one of the essential social institutions. Indeed, as Alesina and Giuliano (2013) argue, “there is hardly an aspect of a society’s life that is not affected by the family” (p.1). Families can provide resources, social support, quality interactions and relationships, and an emotional climate and stability essential for effective socialization of children (Grusec, 2011). Callan (2014, p. 2) emphasized that family cohesion “can facilitate key processes contributing to wider social cohesion, such as the development of a moral disposition or ‘character’; the provision of mutual support and care; and the generation of a sense of personal and group identity.”

Overwhelmingly, it is recognised that the family’s great strength is in providing enduring support to its members that can lead to their increased wellbeing (Thoits, 2011), in spite of strong family ties being associated with more parochial attitudes and behaviour (e.g., less interest in political activities and a greater belief in regulations and a welfare system that enhance family values; Alesina & Giuliano, 2013). In her recent review, Lisa Newland (2014) concluded, “family well-being (FWB) is one of the strongest and most consistent predictors of child well-being and resilience” (p. 1).

While most recent research has focused on the family and individuals’ wellbeing in Western society (Peterson & Bush, 2013), cross-cultural investigations also have highlighted the universality of the connection between family support and wellbeing. For example, Brannan, Biswas-Diener, Mohr, Mortazavi, and Stein (2013), when comparing measures such as affective response and satisfaction with life in Middle Eastern cultures including Iran and Jordan and in the United States, found that family relations was a more consistent predictor of wellbeing than friendships in all countries studied.

The family in its idealized form constitutes what Biglan, Flay, Embry, and Sandler (2012) classified as a “nurturing environment”. These are contexts in which agents function by “minimizing aversiveness, reinforcing prosocial behavior, monitoring and setting limits, and promoting psychological flexibility?” (p. 267). Cox (2006) expressed his views of what qualities marked strong, effective families using more applied (but similar) descriptors. He believed their members usually demonstrate: (a) commitment, (b) appreciation, (c) good communication patterns, (d) desire to spend time together, (e) a strong value system, (f) an ability to deal with crises and stress in a positive manner, (g) resilience, and (h) self-efficacy. Unfortunately, such characteristics are not found in all families.

1.1.1 Families as Systems

An important point to note when considering families is that the positive qualities outlined above are not limited in their expression to any particular type of familial arrangement. As is being widely recognised, the “nuclear ideal” can no longer be seen as the only acceptable model for family life (Cutas & Chan, 2012). “Normal” as a concept is now more difficult than ever to apply to family form and function. As Cherlin (2010) opined, although

many people believe they have a clear idea of what constitutes a family, “for a significant minority it is becoming increasingly difficult to tell where the boundaries of a family unit lie” (p. 415).

Walsh (2012) provided a comprehensive overview of the diversity of relationships between adults and children that now can be considered as family. She identified current issues that need to be addressed when considering contemporary families: (a) varied family forms, (b) varied gender roles and relationships, (c) growing cultural diversity, (d) increasing socioeconomic disparity, and (e) varying and expanded family life course. Parke (2013) summarised well, at the beginning of his book highlighting the challenges of current family diversity, the range of family types likely to be encountered in contemporary society. This overview is shown in Table 1.1.

Table 1.1
Summary of Relation Types Currently Classified as Family

“Ideal” family form	Alternative family forms
Two parents	One parent, no parents, or multiple parents
Married	Cohabiting, planning to marry, staying single, or divorced
Heterosexual	Homosexual, bisexual, nonsexual, transsexual
Two biological parents	One or more social parent(s) through artificial insemination, surrogacy, adoption, foster care, or kinship care
Co-resident	Part-time resident, shared custody, visitation access
One (male) breadwinner	Dual earner couple, job cycling, “reverse” role family
Child care only by parents	Childcare by parents and/or relatives, siblings, staff in child care centres, neighbours, community child care co-operatives

(Source: Parke, 2013.)

While such blurring of boundaries can lead to difficulties comparing the outcomes for members of these different groupings, Parke clearly saw great opportunities for additional support and nurturing that the various models can provide. Broadening the concept of family also has relevance in Australia from a cultural perspective in that some of the more “diverse” forms from a European viewpoint may be better suited to incorporating the complexities that exist in Aboriginal family networks (Morphy, 2006).

There now is a compelling body of literature indicating that, in whatever form they may take, families must be considered as nurturing systems (Unger & Powell, 1991). Member relationships within the unit, and external connections with the broader community create environments that support and strengthen the family’s ability to serve as an effective caregiving system. The need for support applies equally to intact or “mainstream” families, nontraditional families (e.g., foster and adoptive families), and families facing special difficulties, and can change depending on the stage of the family life cycle. Cox and Paley (1997), in their extensive review of families as systems, described the family as “an organized whole, with interdependent components and hierarchical structure,” the influence of which extends across generations and into the external community (Unger, 2011).

Parental experience, as well as the literature, supports the observation that the systems experienced by different family members are rarely the same. Plomin (2011) provided some attempts at answering the difficult question “Why are children in the same family so different?” The common influences shared by children growing up in the same family (e.g., their parents’ nature, family activities, their parents’ attitudes and how they interact, their socioeconomic status, their neighbourhood) are processed and experienced differently by each child. This has led some workers to look at family socialization from a domain-specific perspective (Grusec & Davidov, 2010), with the different domains “characterized by a particular form of social interaction between the object and agent of socialization and by specific socialization mechanisms and outcomes” (p. 687).

Using system theory to guide a longitudinal, observational study of family functioning by studying interactions between different combinations of family members with an emphasis on outcomes for the children, Sturge-Apple, Davies, and Cummings (2010) identified three functional types: (a) cohesive, (b) enmeshed, and (c) disengaged families (see Table 1.2 for defining characteristics of each group). These workers found that the enmeshed and disengaged experiences had significant impact on the internalizing and externalizing of behaviours by children in the classroom context. Many of the children and young people in out-of-home care have had these experiences.

Table 1.2
Comparisons of the Three Family Typologies on Seven Defining Variables

FAMILY CHARACTERISTICS	TYPOLOGIES		
	Cohesive	Enmeshed	Disengaged
Interparental hostility	Low	High	Low
Interparental withdrawal	Low	Low	High
Parental emotional availability	High	High	Low
Parental intrusiveness	Low	High	High
Child relatedness	High	Low	Low
Triadic competition	Low	High	Low
Triadic cooperation	High	Low	Low
Triadic cohesiveness	High	Low	Low

(Table derived from results presented by Sturge-Apple, Davies, & Cummings, 2010.)

1.1.2 Theoretical Perspectives

As well as System Theory (Andreae, 2011), many other perspectives have been adopted when studying sibling relationships. Whiteman, McHale, and Soli (2011) presented a comprehensive overview of the main theoretical positions that have been explored in the literature. One of the fundamental theories underpinning work with families and children is Attachment Theory. The pioneering work of Bowlby (1969, 1988) and Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) in developing this theory has been applied, critiqued, and extended extensively in the four decades since its formalization. (see Bretherton, 2010, and Freeman, Newland, & Coyl, 2010, for insights into the differences and complementarity of mother–father attachment; Cassidy & Shaver, 2008, for a recent overview of Attachment Theory; Grossmann, Grossmann, Kindler, & Zimmermann, 2008, and Sroufe, 2005, for discussion of attachment beyond infancy; Slater, 2007, for discussion of the implications of attachment in an educational context; and Prosada, 2013, and Stevenson-Hinde, Chicot, Shouldice, & Hinde, 2013, for a detailed exploration of the generality of the sensitivity construct and the sensitivity–security connection as applied to attachment.)

1.1.2.1 Integrating Attachment and Systems Theory

Researchers with experience in family studies have advocated the integration of System Theory and Attachment Theory to give a more complete picture of family dynamics. Kozłowska and Hanney (2002) have advocated adopting a network paradigm in which “dyadic, triadic, and family relationships represent distinct system structures (levels of complexity), with unique laws and properties. Each forms a whole, while simultaneously constituting a part” (p. 293). Taking this perspective means that researchers and therapists are able to consider the unique properties of the smallest interacting unit (e.g., the parent–child dyad), together with the unique properties of the family as a whole, as well as the relationship between them.

Other workers have emphasised the correspondence between the patterns of attachment that have been identified and the different types of family systems. Various authors (e.g., Byng-Hall, 2008; O’Gorman, 2012; Rothbaum, Rosen, Ujiie, & Uchida, 2002) have connected the recognized attachment classifications (Ainsworth et al., 1978; Main & Solomon, 1986) with the family systems categories outlined in Table 1.2. Secure attachment is usually found in families displaying cohesive (adaptive) qualities, ambivalent attachment in enmeshed families, and avoidant and disorganized attachment is likely to be encountered in disengaged family systems.

Attachment theory tends to be concerned with family dynamics involving protection, care, and felt security; family systems theory deals with dynamics involving structures, roles, communication patterns, boundaries, and power relations. From a therapeutic viewpoint, as Crittenden and Dallos (2009) argued, “attachment theory addresses the developmental and diagnostic ‘front end’ of dysfunction more thoroughly whereas family systems theory addresses the complexity of development gone awry and treatment processes” (p. 390). Together, these theories provide researchers with the capacity to explain many aspects of family relationships, both between parents and children and between siblings in a family environment.

1.1.3 Siblings in the Family Unit

Family dynamics depend to a large extent on the number of people in the household and their relationships with each other. A common arrangement is for children to live with their siblings and adults. However, an unexpected complexity that arises when dealing with siblings is that a child's definition of the concept can differ from the traditional view of what constitutes a brother or sister (i.e., same biological parents). Washington (2007) showed that imprecise definitions of what constitutes a sibling permeate the literature. As discussed in the Child Welfare Information Gateway (2013) January Bulletin, there can be many types of relationships that may be perceived as involving "siblings" (p. 2):

- Full or half-siblings, including any children who were relinquished or removed at birth;
- Step-siblings;
- Adopted children in the same household, not biologically related;
- Children born into the family and their foster/adopted siblings;
- Other close relatives or nonrelatives living in the same kinship home;
- Foster children in the same family;
- Orphanage mates or group-home mates with a close, enduring relationship;
- Children of the partner or former partner of the child's parent;
- Individuals conceived from the same sperm or egg donor.

The recognition of close, non-biological relationships as a source of support for the child champions family-centered practice and can be important in respecting cultural values. This broader view of siblings was supported in recommendations made by the SA Guardian for Children and Young People (2011) following her recent review, and is reflected in standards being considered internationally. "In these cases, the child may be one of the best sources of information regarding who is considered a sibling" (Child Welfare Information Gateway, 2013, p. 2).

Official statistics used to determine sibling prevalence generally are derived from "family households" composed of "two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step, or fostering (Weston, Qu, & Baxter, 2013, p. 3). In the UK, the Office for National Statistics (2011) reported that 27% of all dependent children (those aged under 16, or aged 16 to 18 if in full-time education) lived in families where they were the only child, indicating that 73% of dependent children must live with one or more siblings. Kreider and Ellis (2011) claimed a slightly higher percentage in the US where 78% of children were living with one or more siblings; McHale, Updegraff, and Whiteman (2012) extended this to 82.2% when considering youth aged 18 years and under. By comparison, the numbers as they can be derived in Australia appear considerably lower at around 54% of children living with siblings, based on the 2011 ABS Census data, although more precise data directly reporting on sibling numbers would be of value.¹

¹ ABS Census data reveal that there were 5,684,062 families in Australia at that time. Unpublished data (Weston, Qu, & Baxter, 2013) indicated that 62.2% of families had two or more children (see Figure 2 of Weston et al.); it follows that 37.8% had only one child, or 2,148,575 children did not have siblings. If it is estimated that, from the population totals by age, 4,706,344 children 17 years and under resided in Australia at the census, then 2,557,769 children (or 54.3%) were living with siblings.

Over the last 30 years, researchers have become extremely interested in sibling relationships. As well as acknowledging that these can be long-term connections (possibly the longest relationships those with siblings will have in life; Dunn, 2000), workers find such relations worthy of study because, given their intimacy and intensity, the level of familiarity, and the fact that the parents are shared, sibling relationships have potential to be important influences on children’s wellbeing (Dunn, 2007).

Apart from studies treating sibling characteristics as independent variables, e.g., birth order effects (Bleske-Rechek & Kelley, 2013); number of siblings (Prime, Pauker, Plamondon, Perlman, & Jenkins, 2014), much attention has been directed to exploring the nature of the relationship and possible dimensions that may underlie it including factors affecting the quality of the relationship, how siblings influence each other and the effects on development and adjustment, cultural differences, and how the relationship changes over time.

1.1.3.1 Nature of sibling relationships

Since the early work of Furman and Buhrmester (1985) who identified four dimensions, the consensus of workers is that sibling relationships can be described adequately on the basis of three independent factors: affection/warmth, rivalry/jealousy/ competitiveness, and hostility/aggression (Sanders, 2011). These dimensions have been used in classic studies to explore the connections with other family members. For example, Stocker and McHale (1992) asked mothers, fathers, and first and second-born children to rate their family relationships along these dimensions. One interesting finding concerned differences in relationships with mothers and fathers. While maternal warmth was negatively related to sibling rivalry and hostility, children who spent more time in father-child activities and perceived greater warmth in this relationship displayed the most positive and least negative sibling relationships.

The independence of these factors has been used by others, e.g., McGuire et al. (1996) to categorize sibling relationships using a two dimensional matrix (Warmth and Hostility). Children in High Hostility/Low Warmth relationships (“Hostile”) “rated their sibling and parent-child relationships more negatively, and their parents rated their marriages more negatively” than did those in relationships where Hostility was high but Warmth was as well (“Affect Intense”) (p. 229). Brody (1998) concluded his review by suggesting that there can be positive outcomes from an appropriate balance of support and conflict in sibling relationships by providing the opportunity for children “to develop social-cognitive and behavioral competencies that are linked to managing conflict and anger on the one hand and providing support and nurturance on the other” (p. 17).

1.1.3.2 Factors affecting the quality of sibling relationships

Brody's (1998) study was one of the first major analyses of factors that had been found to contribute to sibling relationship quality. He identified individual child temperament, marital processes and parental mental health, parental differential treatment and conflict management strategies as all impacting significantly on interactions between siblings. Conger, Stocker, and McGuire (2009) extended this list by including such factors as parental divorce and remarriage, and sibling's developmental disability as well as specifically addressing foster-care placement. They also discussed ways in which positive qualities of the sibling relationship might in turn moderate the effects of stressful life experiences and assist child and family adjustment.

Kramer and Conger (2009), when introducing the papers in a special siblings issue of *New Directions for Child and Adolescent Development*, showed that children are able, through social learning, to acquire behaviors, skills, and attitudes from their siblings, and can use that relationship to develop social understanding and socio-emotional competencies, both prosocial and aversive. Comparison with a brother or sister can assist with identity formation and de-identification to emphasize an individual's uniqueness. Sibling relationships can provide support and validation, particularly for the younger members, but the unshared experiences and perceived differential treatment also can generate individual differences. Whiteman, Becerra, and Killoren, (2009), in that same volume, explored the impact of de-identification and social learning in more detail.

The role of sibling relationships within the family system is complex. Researchers argue (e.g., Tucker & Updegraff, 2009) that the interactive effects of sibling and parent influences must be considered for a full understanding of this dynamic. However, some evidence suggests that early supportive relations with friends also can positively impact on sibling connections into adolescence (Kramer & Kowal, 2005). Nuances worthy of further study were identified by Pike, Coldwell, and Dunn (2005) where they were able to show that, in their study of older (around 8 years of age) and younger siblings (4–6 years), relationship quality was linked to the older siblings' adjustment but not to that of the younger. Also, based on parental reports of the sibling relationship, it was the variation in positive (and not negative) sibling behavior that was associated with individual child adjustment. However, Tucker, McHale, and Crouter (2008) added another variable to the mix by finding that individuals' adjustment scores, particularly in mixed-sex dyads, were moderated by the amount of constructive and unstructured time siblings spent together.

While considerable attention, both in academic and popular circles, has focused on the outcomes of negative sibling interactions (Caspi, 2012; Hoffman, Kiecolt, & Edwards, 2005; Safer, 2012), including possible significant long-term effects of sibling bullying (Bowes, Wolke, Joinson, Lereya, & Lewis, 2014; Tanrikulu & Campbell, 2015), other workers have concentrated on more positive outcomes. For example, Perlman, Garfinkel, and Turrell (2007) described how parental mediation in sibling conflict not only reduced the fighting but also provided role modelling for the children. Kramer (2010, 2011) argued that the focus on conflict as a predominant attribute of sibling relationships is misplaced. She provided a useful discussion of a range of competencies required for promoting prosocial sibling relationships including: (a) positive engagement; (b) cohesion; (c) shared experiences to build support; (d) social and emotional understanding; (e) emotion regulation; (f) behavioural control; (g) forming neutral or positive attributions; (h) conflict

management; and (i) addressing parental differential treatment practices. Researchers and practitioners need to incorporate these skills into a more comprehensive framework for understanding sibling relationships that will “acknowledge the ambivalent nature of normative sibling relationships and contain ingredients that help children at different developmental levels create successful relationships” (p. 85).

Most research with siblings has concentrated on younger age groups from western societies. However, it is important to recognize that sibling bonding applies at all ages, and treatment received in a sibling cohort when young can have implications later in life. As Richmond, Stocker, and Rienks (2005) claimed, there clearly is a developmental interplay between the sibling context and children’s long-term adjustment. Furthermore, evidence is mounting (Edward, 2011; McGuire & Shanahan, 2010) that there can be different expectations placed on siblings in different cultures and diverse contexts that can lead to difficulties when the groups with different experiences are forced to interact. Edward makes it clear that societies differ in the value they place on the “familial self” as opposed to individuation, competition compared with cooperation, and the extent to which siblings are involved in caregiving. Such community-wide variations can lead to significant differences in sibling experience.

1.1.3.3 Training and Intervention

Many workers have realized if the prosocial aspects of the sibling experience can be consolidated and enhanced through family-based interventions, the outcomes for children in adolescence are likely to be more successful (see Caspi, 2011). After reviewing a range of intervention strategies, Stormshak, Bullock, and Falkenstein (2009) concluded that socio-emotional development in children may best be influenced if sibling relationships can be improved “through family-centered approaches that build prosocial sibling interactions, curtail child behavior problems, and strengthen parenting” (p. 61). Smith and Ross (2007) and Perlman et al. (2007) found that siblings were able to display more constructive conflict resolution in their own interactions if their parents had been trained in the use of appropriate mediation techniques.

Recently, Mark Feinberg and colleagues (Feinberg, Sakuma, Hostetler, & McHale, 2013; Feinberg, Solmeyer et al., 2013) realized that the sibling relationship could be an acceptable gateway into a family to provide programs designed to reduce the likelihood of future behavioural difficulties in the young members. Their program *Siblings are Special* (SAS) was designed to target “both sibling relationship and parenting mediating processes in middle childhood to prevent behavior problems in adolescence” (Feinberg, Sakuma et al., p. 97). Their subsequent evaluation (Feinberg, Solmeyer et al., 2013) demonstrated that the “program enhanced positive sibling relationships, appropriate strategies for parenting siblings, and child self-control, social competence, and academic performance” (p. 166) as well as helping to reduce child internalizing problems and maternal depression. Clearly, early positive sibling experiences can have significant long-term benefits.

1.2 The Out-of-Home Care Experience

One special family type that is the primary focus of this review concerns households in the out-of-home care system, that are included in the fourth category of Parke's (2012) classification (see Table 1.1) that relates to foster and relative/kinship (home-based) care. Fostered children develop a sense of belonging to their substitute families. Biehal (2012) identified four types of perceived belonging: "*as if*" (carers were actual parents), "*just like*" (carers were like another set of parents), "*qualified*" (child had ambivalent feelings but saw family as permanent) and "*provisional*" (mixed messages from adults lead to uncertainty). These categories were determined by the influence of a number of factors, including day-to-day family practices in foster families, the actions and commitment of foster and birth parents, and children's mental representations of their past and current experiences in these families. Biehal argued that an important task for social workers is "helping children make sense of their location between two families and supporting their sense of belonging to their foster families as well as to their birth families" (p. 15).

In Australia during 2012, according to official statistics (AIHW, 2013), 93% of the 39621 children and young people in out-of-home care were placed in family households. These data indicate that there were 11,664 available foster-care households, compared with 12,278 kinship-care locations. Overall, 51% of foster-care households had two or more children or young people placed there compared with 38% of those households in relative/kinship care. These are the households where the relationships between the children are of interest and where the "sibling" connection becomes important.

The difficulties encountered with definitions of "siblings" discussed previously, are exacerbated in this context because, by the nature of the system, another relationship level can be introduced through the biological children of the foster or kinship carers. Depending on the duration of placement, these individuals easily can become considered as part of a displaced child's sibling network. The unique issues carers' children face in this situation have not been widely researched (e.g., Höjer, 2007; Younes & Harp, 2007) but there is some understanding of the impact the decision to foster can have on their lives. Thompson and McPherson (2011), in a thematic analysis of the available literature, identified five outcomes likely to be experienced by carers' children as a consequence of their entering into this "sibling" relationship. Mostly there were positive gains experienced from fostering including personal development (becoming better communicators, building greater confidence, having new friends to share with and to help). However, there were experiences of loss, in terms of family closeness, parental time and attention, and privacy. Some reported instances of conflict leading to tension and possibly violence; others were more concerned with the transitions or changes they had experienced (more responsibility, involvement in caregiving, more knowledge of difficult life experiences, pressure to be a good role model). Carers' children developed coping strategies to manage the foster sibling relationship (e.g., handling difficult behaviour; the sadness if a foster child was moved). The carers' children tended to display more autonomy, and greater independence, separation, and individuation.

1.2.1 Background of Children in Out-of-Home Care

Chambers, Saunders, New, Williams, and Stachurska (2010) described in detail the range of problems likely to be displayed by children and young people who are taken into out-of-home care. This population has been found to have significantly higher rates of mental, developmental, behavioural, emotional and physical health problems than non-fostered children from similar socioeconomic and demographic backgrounds. For example, in the USA, studies have reported that nearly half of foster children surveyed presented with clinically significant emotional or behavioural problems, and similarly high rates of disturbance (61%) have been found from studies in South Australia (Sawyer, Carbone, Searle, & Robinson, 2007). Chambers et al. claimed that nearly all will present with at least one physical health problem, the majority in their review (50–60%) with more than one, as well as high rates of developmental delay.

Experiences of disrupted care, parental abuse, and neglect have been associated with this array of negative symptoms. Tarren-Sweeney (2008) observed that the range of mental health problems among children in care is exceptional and approaches that of a clinical population. Children in out-of-home care can manifest “complex psychopathology, characterized by attachment difficulties, relationship insecurity, sexual behaviour, trauma-related anxiety, conduct problems, defiance, inattention/hyperactivity, and less common problems such as self-injury and food maintenance” (p. 345). Chambers et al. (2010) also reported that children in out-of-home care were “more likely to have been exposed to detrimental environmental factors such as adverse prenatal conditions, family poverty, parental mental illness and parental alcohol/drug abuse” (p. 512).

Such background experiences might be expected to lead to differences in attachment with carers, particularly when considering related (kinship) compared with foster carers. Interestingly, Cole (2006) when comparing attachment between infants and both kin and unrelated foster caregivers, found similar percentages of secure attachment relationships in both kin and unrelated caregiver–infant pairings (67–68%) as had been found previously in birth and adoptive caregiver–infant dyads. Other studies have supported the finding of no difference in emotional availability between maltreated children and foster mothers based on the foster mother’s status as kin or non-kin, even after controlling for child’s age, foster mother’s age, foster mother’s education, and placement duration (Lawler, 2008). Clearly, attachment with caregivers does not differ depending on where the care is provided.

1.2.1.1 Entry Into Out-of-Home Care

The process of being removed from one’s family of origin can in itself lead to feelings of rejection, anger, and loss. Folman (1998) presented an insightful analysis of children’s narratives detailing their experience with a variety of traumatizing events associated with placement process. Feelings outlined included fear and bewilderment, loss and abandonment, being unsupported, misunderstood, and helpless. However, even when within the system, children then can experience changes in carers, and the uncertainty surrounding these transitions between placements has been associated with difficulties such as disrupted identity development, disturbed attachment relationships, and poor educational outcomes (Chambers et al., 2010).

The immediate situation in which children entering the care system find themselves would, by definition, qualify as a crisis (Caplan, 1964; Slaikeu, 1990). As described by Regehr (2011), crises are perceived as (a) sudden; (b) involving individuals who are inadequately prepared to handle the event and whose normal coping methods fail; (c) time-limited, lasting 1 day to 4 to 6 weeks; (d) having the potential to produce dangerous, self-destructive or socially unacceptable behavior; and (e) produce feelings of psychological vulnerability, which can potentially be an opportunity for growth. This sequence mirrors well the narratives describing children's experiences on entering care, and can be seen as consistent with emotions and behaviours associated with Bowlby's (1973/1998) concept of separation.

These feelings can be exacerbated if in the process of removal from the birth family home, children are separated from their siblings as well. Heckler (2011) cited early work by Timberlake and Hamlin (1982) in which it was claimed that breaking up of the sibling group could compound the separation and loss issues that accompany placement in foster care, precipitating a belief in children that they have "lost a part of themselves" and no longer can access their usual support systems. These reactions are consistent with the "missingness" reported by people in the general population who have lost siblings (Clark, Warburton, & Tilse, 2009). If it is understood that youth in the out-of-home care system are likely to have experienced trauma, and as Moylan et al. (2010) have indicated, trauma has been associated with internalizing behaviours, then the potential protective nature of a positive sibling relationship in mitigating the likelihood of mental health problems becomes important (Wojciak, McWey, & Helfich, 2013).

1.2.2 Sibling Relationships in OOHC

Within the literature on sibling placements, there is an accumulating body of evidence supporting the view that children's living with siblings is a desirable state. For example, in 2005, the influential publication *Children and Youth Services Review* dedicated a special edition to issues surrounding the placement of siblings in out-of-home care (Shlonsky, Elkins, Bellamy, & Ashare, 2005). Some of the papers in this valuable collection dealt with largely methodological concerns (identifying sibling groups: Lery, Shaw, & Magruder, 2005; longitudinal analyses: Wulczyn & Zimmerman, 2005; policy frameworks: Shlonsky, Bellamy, Elkins, & Ashare, 2005). Others were concerned more with practice issues.

Herrick and Piccus (2005) addressed their contribution in this volume to investigating the ameliorating effect that sibling connections can have on feelings of anxiety, trauma, grief, guilt and loss of identity children may experience on entering care. In addition, they were able to show that nurturing sibling bonds not only reduced the impact of some of the negative occurrences while in care, but also provided a valuable support well into adulthood (see Silverstein & Smith, 2009, for further discussion of prolonging the sibling relationship). Research by McCormick (2010) has shown that those individuals who experienced stronger sibling relationships while in care had greater levels of social support, self-esteem, income, and continuing adult sibling relationships than did those who did not have such childhood relationships. Furthermore, those alumni with greater access to siblings, and who reported stronger childhood relationships with siblings, had higher scores on an overall composite outcome measure (based on employment, education, strength of adult sibling relationship, housing, income, self-esteem, and social support).

1.2.2.1 Impact of Placement with Siblings

Stability and permanency in placements are more likely to be achieved when siblings are located in the same placement. Being placed together in care strongly predicts successful reunification (Webster, Shlonsky, Shaw, & Brookhart, 2005). Brothers and sisters placed completely or partially together reunify at a faster rate than those placed apart (Albert & King, 2008). This difference increases over time, in particular after the first year in care. If siblings were placed together, they were less likely to remain in care (during the first 8 months) than were those placed apart. While Leathers (2005) did not find a relationship between sibling placements and reunification, she did observe that children who lived with the same number of siblings consistently throughout foster care were more likely to achieve permanency (be adopted or moved to guardianship orders) than those placed alone. In addition, it has been found that children placed in intact sibling groups also experienced more stability and fewer disruptions in care than those who were separated (Drapeau, Simard, Beaudry, & Charbonneau, 2000). In this Canadian study, children in foster care who were separated from siblings on average had a greater number of previous placements and they were perceived to have less harmonious relationships with their brothers and sisters than children in intact sibling groups. It appears that factors such as foster care placement and parental divorce have a greater impact on the children's relationships when the sibling group is split than when it is kept intact.

In their exploration of the mental health and socialization of siblings in care, Tarren-Sweeney and Hazell (2005) observed that, although boys showed no significant differences in measures based on their care status, girls placed with one or more of their brothers and/or sisters presented with better mental health and socialization than girls who were separated from their siblings. Hegar (2005), based on a detailed, critical literature review, noted mixed findings on the impact of separation of siblings possibly due to methodological shortcomings in many of the studies. However, she felt confident in reporting that joint sibling placements are as stable as, or more stable than, placements of single children or separated siblings, and that children do as well or better when placed with siblings.

Hegar and Rosenthal (2009) conducted research into the effect of placement type (kinship vs. regular foster-care) on outcomes for separated or co-resident children. They analysed carer observations and compared these with those of teachers. It appeared that kinship carers tended to be less critical than non-kinship foster parents in that they identified internalizing or externalizing problems in children significantly less often. Teachers, on the other hand, assessed children in kinship placements as more likely to exhibit externalizing problems. From the young persons' perspective, being placed with a sibling was seen as contributing to lower levels of internalizing problems (e.g., depression, self-blame), while girls placed in kinship care reported lower levels of externalizing behaviors (e.g., anger, aggression) than did girls placed in foster placements. Of greater relevance here is the fact that children and young people placed with one or more siblings were more likely than others to feel emotionally supported, and to feel closer to their caregivers.

1.2.2.2 Indigenous Young People and Sibling Placement

Given the acknowledged over-representation of Aboriginal and Torres Strait Islander children and young people in out-of-home care (see AIHW, 2013), the particular relevance of sibling relationships must be considered not only for continuity of family connections but also for linkage to community and culture. The need for connection between Indigenous siblings, particularly when placed with different carers, has been recognized for some time, given the cultural significance of family (Higgins, Bromfield, & Richardson, 2005). In a follow-up report outlining recorded views of Indigenous young people in care as well as the views of carers of Indigenous young people, these researchers observed “It would appear that the cultural commitment to community and caring—often identified as a characteristic of Indigenous culture in Australia—was evident in the sense of responsibility to family already being experienced by some of the young people in care” (Higgins, Bromfield, Higgins, & Richardson, 2006, p. 44). This “sense of responsibility” for siblings has been noted in other studies (e.g., Long & Sephton, 2011).

Moore, Bennett, and McArthur (2007) conducted two youth forums with 52 children and young people of Aboriginal or Torres Islander descent and during the process asked them to talk about family and siblings. From the responses received it was clear participants felt that “family provided them with support, with belonging and often identified family as being the most important thing in their lives” (p.25). Several thought that more early family support could have prevented their being taken into care. The respondents reported similar views to other children and young people regarding sibling contact: “they wanted to be placed with their siblings or, at least, to be able to stay in constant contact during their placement” (p. 27). Older siblings felt a need to support and protect younger children; the younger ones felt safer with that support. However, a number of young people reported being disconnected from family and discouraged contact with siblings.

Moss (2009), from her art therapeutic analysis of work by 20 Indigenous children and young people (13 of whom were in out-of-home care), advocated for recognition of the “pivotal role of family and culture in the child’s development and the growing literature on keeping siblings together as well as that on the importance of systems of kinship care” (p. 541). She also made the critical point, from a caseworker’s perspective, that “locating and supporting such placements is extremely difficult and requires a great deal more effort, time, and support than a single child placement, and policies emphasizing speedy resolution only intensify the difficulties involved” (p. 543). It appears that Indigenous children and young people are likely to experience all the common issues in sibling placement, but to an enhanced degree because of the importance of such relationships in all facets of their lives.

1.2.2.3 Type of Sibling Grouping

Placement with siblings can lead to a range of positive outcomes for children in the out-of-home care system, certainly in home-based placements. There also is evidence that children’s wellbeing may be greater in intact sibling placements even in residential care (Davidson-Arad & Klein, 2011). However, it is clear from the literature that not all “sibling placements” are equivalent. Practice implications can impact significantly on potential

benefits. Linares, Li, Shrout, Brody, and Pettit (2007) studied groups that had different placement histories. Within their sample of maltreated children, they identified some who had been continuously together in placements, those who had been continuously apart, and those who had experienced disrupted placement (siblings initially placed together and then were separated). Siblings in continuous placements (together or apart) did not show behaviour change. However, siblings in disrupted placement with high initial behavior problems were rated as having fewer problems at follow-up, while siblings in disrupted placement with low initial behavior problems were rated as having more problems at follow-up. This possibly could be an example of regression to the mean (Nesselroade, Stigler, & Baltes, 1980) where high and low extreme scores convert to more moderate values on subsequent testing. Awareness of this trend could have implications for practice in terms of carer and caseworker training.

In an attempt to introduce more precision into descriptions of the concept “sibling placement”, Hegar and Rosenthal (2011) differentiated three types of sibling arrangement: those who lived with all their siblings in the placement (“together”); those who resided with at least one sibling in their home but another sibling lived elsewhere (“splintered”); and those children who had no siblings in the home (“split”). Children were asked about “real” brothers and sisters but the final definition of sibling was left to the child and was as broad as possible. Overall, no differences were found on any indicator of behavioural problems based on placement status. However, when comparing kinship with foster-care placements, it was observed that more successful outcomes were obtained from the splintered and together groups in kinship care than in non-kinship care, and in kinship care, both the splintered and together groups presented significantly fewer behaviour problems than did the split group. In addition, teachers reported that superior academic performance was recorded in the together compared with that in both of the other groups; also fewer instances of problematic internalizing and externalizing behavior were observed in the splintered and together groups compared with the split group. Finally, the splintered group showed more closeness to the primary caregiver and a greater liking for the people in the foster family than did those who had been “split”. It would appear that the presence of at least one co-resident sibling could have positive outcomes in placements.

1.2.2.4 Keeping Siblings Together in Placements

The apparent weight of evidence supporting the positive effects of joint sibling placement led to the passing of *The Fostering Connections to Success and Increasing Adoptions Act of 2008* in the USA. This legislation provided “support for relative placement, adoption of special needs children, supporting older children aging out of care, expanding federal training funds to nonpublic child welfare employees, authorizing tribes to access federal dollars directly, promoting educational stability, and monitoring health care for foster children” (Gustavsson & MacEachron, 2010, p. 39). Section 206 of this Act enshrines the basic principles governing sibling placement that many child protection authorities around the world espouse. Specifically, it requires that child protection agencies make “reasonable efforts”:

1. to place siblings removed from their home in the same foster care, kinship guardianship or adoptive placement, unless the State documents that such a joint placement would be contrary to the safety or well-being of any of the siblings; and
2. in the case of siblings removed from their home who are not so jointly placed, to provide for frequent visitation or other ongoing interaction between the siblings, unless that State documents that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings.

In Australia, similar stipulations exist in various jurisdictions. For example, as part of the *Significance of Sibling Contact* report, the SA Guardian for Children and Young People (2011) noted, “there is a paucity of data on sibling co-placement at a national level. The Australian Institute of Health and Welfare does not collect information about siblings from states and territories in their reporting in the *Child Protection Australia* series (Wise 2011)” (p. 12). However, the Standards of Alternative Care applicable in that state do address sibling placement:

Standard 1.1 directs that ‘where siblings are being assessed and placed, the collective needs of siblings are considered, as well as the individual needs of each child and young person. Where it is possible, and appropriate siblings are placed together.

Standard 1.2 requires the caseworker to provide the carer with information about family contact. (Guardian for Children and Young People, 2011, p. 5)

1.2.2.5 Barriers to Co-Placement

Given these expectations, an important question needing to be addressed is: Under what conditions is it necessary to separate siblings? Shlonsky, Webster, and Needell (2003) noted that separation was likely at some stage when children came into care at different times, if sibling groups were large, if the sex of siblings was not matched, with older children and where the age range of siblings was great, and when placement was in residential (group) care. Leathers (2005) articulated two key factors that influenced workers’ decisions to separate siblings in out-of-home care: limited placements willing to accept sibling groups, and behavioural problems of the children. She also agreed that multiple entries into care over time would increase the chance of sibling separation.

The Child Welfare Information Gateway (2013) published a useful summary of the barriers likely to preclude the placing of siblings together, derived from several key research studies. These included the size of sibling group (larger groups are more often split); the age gap (wide age span leads to splitting); differences in the needs of siblings; type of placement (siblings placed with kin are more likely to be together and those in group care are less likely); behavior problems (a sibling with a behavior problem is more likely to be removed); organizational policies and procedures; and adequacy of placement resources and supports (p. 8).

Sephton and Morgan (2012) identified a number of issues that were of particular importance in sibling placement with Aboriginal and Torres Strait islander children and young people. From their analysis of 15 cases in the Victorian Aboriginal Child Care Agency’s (VACCA’s) Permanent Care Program, they pointed to the likelihood of a

high degree of separation among siblings who shared only one birth parent. They cited the case of one sibling group that was separated across six different residences, across three different states. Older siblings could be living independently or with a parent not related to the child or young person. In such situations, carers would need to establish and maintain relationships with numerous diverse families (socially and geographically) in order to facilitate sibling contact. “Given these complexities and little evidence of active work by services to establish and support this contact it is not surprising that contact with these siblings was often very poor” (p. 4).

1.2.2.6 A Dialectic Perspective on Sibling Placement

In the earlier discussion of sibling relationships, it was noted that these have both positive and negative connotations. Similar ambivalence has been recorded in the interactions of siblings placed in out-of-home care. Osborn, Panozzo, Richardson, and Bromfield (2007), when reviewing Nuske’s work with the children of carers, explained that they felt like they were “living within a contradictory experience” in the foster environment. Six sub-themes were identified that summarized these children’s views: “sharing and losing, being responsible and escaping, caring and resenting, being independent and belonging, having stability and living with change, and shouting and keeping quiet” (p. 10). Evidence suggests that similar contradictions exist for the children in care as well.

Leichtentritt (2013) has provided one of the few explorations of the contradictions experienced by siblings in their out-of-home care placements. She viewed the oppositions within the framework of the dialectic theory of human behaviour (Riegel, 1976, p. 689) that “emphasizes contradictions and their synchronizations in short- and long-term development, both in the individual and society”. When dealing with intact sibling placement in a residential facility, she observed contradictions that could be conceptualized into four major themes: (a) comforting/discomforting; (b) togetherness/separateness; (c) openness/restraint; and (d) expect more/allow less. Examples of how these opposites could be operationalized are given in Table 1.3. One complexity that the study of opposites reveals is that these contradictions can be experienced in the same sibling relationship at different times; occasionally they may occur simultaneously leading to extreme ambivalence.

The SA Guardian (2011, p. 50) addressed this aspect of the sibling relationship in recognizing that the nature of the contact between siblings can lead to differential impact, whether it relates to siblings living together or apart. There will be either positive outcomes (e.g., “young people reportedly feeling happy, confident and satisfied through the contact arrangement, and/or exhibiting a pattern of positive self-reflection and motivation for future contact”), or negative impacts (e.g., “young people reportedly feeling hurt, scared, angry, confused, sad and frustrated through the contact arrangements, and/or exhibiting a pattern of aggression or avoidance in response to sibling contact”). Analyses of data collected in this study revealed that contact between siblings had a mostly positive impact, with negative less common and similar to what would be expected within most sibling relationships.

1.3 Practice Implications

1.3.1 Programs to Enhance Sibling Relationships

Studies are appearing in the literature concerned with the development, implementation, and evaluation of programs designed to enhance sibling relationships. One example is *Siblings are Special*, a program that addresses both sibling relationships and the role that parents play as mediators to prevent behavior problems in adolescence (Feinberg, Sakuma, et al. 2013). This program is a school-based intervention that comprises 12 weekly sessions that attempt to improve sibling relational skills and attitudes to their sibling relationships, with separate parent training to consolidate skill acquisition. The program is claimed to have a positive impact on participants who found it relevant and were highly engaged.

Table 1.3
Operationalization of the Two Poles of the Revealed Themes

Contradiction	Pole	Operationalization of Contradiction
Comforting/Discomforting	C	Sibling perceived as comforting family member who knows one well and helps one overcome emotional difficulties.
	D	Relationship with sibling is discomforting, often marked by aggression; sibling represents the family both to informant and to others in residential care.
Togetherness/Separateness	T	Perception of sibling as protective, giving one a sense of power and supremacy within the residential context, and providing company and friendship.
	S	Rivalry between informant and sibling, and constant comparison between them, resulting in active attempts at separation.
Openness/Restraint	O	Willingness to openly communicate with sibling; perception of sibling as trustworthy, based on reciprocity in a long-term close relationship.
	R	High risk of disclosure due to tendency of others to ask sibling about informant's personal life; sibling sometimes perceived and experienced as untrustworthy.
Expect more/Allow less	EM	House parents exploit one's knowledge of and closeness to sibling; expectations of involvement with and support of sibling.
	AL	Staff allows less contact and involvement with siblings than desired; failure to acknowledge importance of unique dyadic relationship.

(Source: Leichtenritt, 2013.)

Feinberg, Solmeyer et al. (2013) undertook a more detailed evaluation of the *Siblings are Special* program. From their randomized trial they found that the program “enhanced positive sibling relationships, appropriate

strategies for parenting siblings, and child self-control, social competence, and academic performance; program exposure was also associated with reduced maternal depression and child internalizing problems” (p. 166). These authors argued that, because the interactions between siblings have a major impact on an individual’s development and adjustment, the study of sibling relationships should be fundamental in the implementation of youth and family-oriented prevention programs. It would seem that such interventions also would be well suited to application within the out-of-home care context.

McBeath et al. (2014) developed what they described as a typology of sibling-focused interventions specifically for use with foster youth. Work on two programs was presented: (a) *Promoting Sibling Bonds* (for younger foster children 5–11 years) comprising an 8-week preventive intervention targeting maltreated sibling dyads; and (b) *Supporting Siblings in Foster Care*, a randomized, community-based evaluation of a sibling relationship development intervention for at-risk foster youth between the ages of 7–15 years. The authors argue that child welfare systems must devote sufficient resources to universal sibling support programming as one way to help counter the possible barriers to sibling group placement (as discussed previously), and to compensate for the lack of resources authorities may access to support visitation when siblings are placed apart. The paper concludes by presenting an emerging agenda informing policy, practice, and research on siblings in foster care.

1.3.2 Implications for Case Management

The children and young people interviewed by the SA Guardian (2011) indicated that they believed caseworkers should have the greatest influence on the sibling contact process. Caseworkers are expected to make more difficult clinical decisions than ever before and be more proactive in their support, at a time when large numbers of “unallocated cases and reduced case management response” are commonplace (SA Guardian, p. 72). Gauthier, Fortin, and Jéliu (2004), through presentation of case studies, gave examples of the type of difficult question confronting caseworkers, “Should a child who has developed a significant attachment to his or her foster parents and siblings return to the biological parents or stay in the foster family?” Even when the biological parents seem to have developed the necessary parenting skills to care for the child, it is argued that, if secure attachments have developed in the foster family, the child’s “best interests lie in the preservation of their attachment ties and that repeated ruptures of such ties constitute a severe trauma” (p. 379). From a similar perspective, Miron, Sujana, and Middleton (2013) discussed issues for caseworkers to consider when determining if moving an infant or young child from one home to another for the purpose of placing him with his siblings would cause trauma or disruption. There is no universal answer; each case must be analysed individually. Miron et al. provided clear guidelines for this process.

Strategies for maximizing the placement of siblings together have been well documented in the literature and published in an accessible form through the Child Welfare Information Gateway (2013). The actions discussed, largely drawn from work by Silverstein and Smith (2009), include issues related to the recruitment and training of appropriate carers and caseworkers, social work assessment practices, identification and provision of necessary resources to support carers, and review and evaluation procedures (see p. 10 of the Gateway publication).

In summary, the literature reveals that children within sibling groups have different relationships with each other. The majority of these relationships appear positive and in these situations workers should do all that is possible to ensure sibling groups can be placed together (to the extent of recruiting carers with the special capacity for supporting larger groups). Where it is not possible to support a sibling relationship with co-placement, the issues of regular contact should be addressed in case planning. Every effort must be expended to identify siblings based on the network defined by the child, and to facilitate contact with chosen siblings. As the SA Guardian (2011) recommended, this could involve arranging “joint activities for separated siblings, such as outings, shared recreation and sport, camps and after-school or vacation care” (p. 73). Carers also were actively encouraged to facilitate face-to-face contact among siblings. It must be recognized that sibling interactions are likely to lead to both positive and negative outcomes at times. However, the long-term wishes of the children and their “best interest” must carry the greatest weight when deciding on the form of sibling placements.

1.4 Current Study

While most jurisdictions in Australia advocate in policy, as reflected in the SA Guardian for Children and Young People’s (2011) report, that siblings should be placed together whenever possible, and if they need to be separated, for their contact to be facilitated (if they wish), there is little evidence regarding how these principles are being applied in Australia. No official data are published on sibling placements, as Wise (2011) indicated. However, she used results from Anglicare Victoria’s Brothers and Sisters in Care (BASIC) survey to classify 94 children and young people in out-of-home care in terms of their sibling separation. Wise found that 16% were in intact sibling groups (not separated); 41% were “partially separated”, and 43% were separated from all siblings. It would be interesting to determine the distribution of such placements in other jurisdictions besides Victoria.

CREATE’s 2013 Report Card (McDowall, 2013) touched on aspects of sibling placement, but findings indicated that a more widespread investigation was warranted. It is important to gain the perspective of the children and young people who are living in the system and experience sibling placement issues, as was done in CREATE’s report. However, it also is desirable to gain the views of the caseworkers who are responsible for organizing and/or managing the placement of children and young people and their siblings in out-of-home care.

Therefore, this study comprises two parts. The first was designed to obtain detailed views of children and young people in out-of-home care regarding a range of factors likely to influence their experience of sibling placement and contact. The analyses centred on comparing the incidence of Hegar and Rosenthal’s (2011) classification of Together (not separated), Splintered (partially separated), and Split (separated) placements across states and territories throughout Australia. Then the influence on sibling placement of demographic factors such as sex, age, culture, and disability was explored. Also of interest was the distribution of the forms of sibling placement across care types including foster, kinship, and residential care. Understanding the incidence of the three sibling placement types will allow the connection with other variables including placement stability, household size, and reunification to be investigated. Major areas of interest were the possible interaction between sibling

placement and contact with family members, and if the distribution of sibling placement types varied with culture, particularly concerning Aboriginal and Torres Strait children and young people.

The second part of the study focused on the views of caseworkers, using their case records to compare documented sibling placements across jurisdictions, and in terms of the demographic factors of sex, age, culture, and care type. This allowed a comparison with the reporting by the children and young people in care. This study provides an opportunity to hear from caseworkers about their perceptions of success at placing siblings and what difficulties they encountered in the various jurisdictions with this process. In addition, their role in facilitating sibling contact was explored in detail.

2.0 METHOD

2.1 Sibling Study

2.1.1 Participants

The respondents in this study comprised children and young people within the out-of-home care system between the ages of 8 and 17 years who had participated in data collection for CREATE's 2013 Report Card (McDowall, 2013). In addition, a further sample of 70 children and young people in the specified age group was obtained from Western Australia and another 21 from the Northern Territory. These extra participants were sampled from the *clubCREATE* database of children and young people in care, and addressed only the questions relating to family and sibling relationships and contact that will be considered in this report. The distribution of Ages over Jurisdictions is shown in Table 2.1. In total, the views of 1160 children and young people within the Australian care system are recorded in this study.

Table 2.1
Distribution of Participants by Age within the Australian Jurisdictions

JURISDICTION	AGE			Total
	8-9	10-14	15-17	
ACT	7	13	8	28
NSW	43	174	92	309
NT	11	44	33	88
QLD	46	152	58	256
SA	14	47	42	103
TAS	20	77	47	144
VIC	15	91	56	162
WA	9	35	26	70
Total	165	633	362	1160

Females and males both were well represented, and the cultural spread matched that of the care population with respect to the proportion of Indigenous (Aboriginal and Torres Strait Islander) respondents (see Table 2.2). Unfortunately, many respondents (40%) did not know the type of orders that applied to their case; of those who did, 56% were on a form of court/guardianship/custody order. All spoke English, but 26 claimed it as their second language, including 13 Indigenous respondents.

Table 2.2
Distribution of Participants by Cultural Grouping and Sex

SEX	CULTURE			
	Indigenous	AngloAus	Other	Total
Female	188	397	38	623
Male	159	343	35	537
Total	347	740	73	1160

However, the representation of Placement types did not truly reflect the current trend for Kinship relationships becoming the most common form of out-of-home care in Australia (AIHW, 2014). Table 2.3 shows the distribution of Placement types across Jurisdictions in this sample. The higher proportion of children and young people in Foster Care (52.5%) compared with the care population (42.6%) possibly reflects the individuals that CREATE is more able to access through its programs and hence are more likely to engage with such surveys. Also, the incidence of Residential respondents (12.8%) appears higher than AIHW national figures (5.5%), although as indicated in Child Protection Australia 2012–2013, this number may be variable if jurisdictions give priority “to keeping siblings together, which sometimes results in periods of residential care for larger family groups” (AIHW, 2014, p. 48).

Table 2.3
Distribution of Participants by Care Type across Jurisdictions

JURISDICTION	CARE TYPE					Total
	Foster	Kinship	Residential	Permanent	Other	
ACT	9	7	10	0	2	28
NSW	200	85	7	10	7	309
NT	23	4	46	7	8	88
QLD	144	84	17	9	2	256
SA	47	18	20	3	15	103
TAS	88	28	13	0	15	144
VIC	67	58	19	16	2	162
WA	31	16	16	6	1	70
Total	609	300	148	51	52	1160

Overall, 15.4% of the total sample claimed to experience a disability for which they were receiving some level of support (a further 81 individuals reported a level of disability for which they had not sought any therapeutic assistance). The range of disabilities and their incidence are shown in Table 2.4.

2.1.2 Materials

A survey was prepared for children and young people in out-of home care that gathered demographic information about participants (sex, age, culture, placement type, and jurisdictional location) and asked questions regarding respondents' care placement in relation to any siblings (specifically identified in this study as "brothers and sisters from your birth family"). The intent was to be able to classify respondents in terms of Hegar and Rosenthal's (2011) nomenclature of Together (living with all siblings in care), Splintered (living with some siblings in care, but others were in other placements), or Split (not living with siblings who also were in care).

The survey comprised 43 questions, of which about half dealt with demographic information. Participants were asked about family, particularly sibling contact, and cultural connections where appropriate for Indigenous children and young people. A copy of the survey is presented in Appendix A.

Table 2.4
Distribution of Disabilities Reported by Participants

DISABILITY	N	%
Intellectual (including Down syndrome)	19	10.6
Specific learning / Attention Deficit Disorder	63	35.2
Autism (including Asperger's syndrome)	13	7.3
Physical	7	3.9
Neurological (including epilepsy)	5	2.8
Deaf / blind (dual sensory)	2	1.1
Vision (sensory)	6	3.4
Hearing (sensory)	5	2.8
Speech	7	3.9
Psychiatric (Mental illness)	11	6.1
Developmental delay	1	0.6
Multiple Disabilities	32	17.9
Other	8	4.5
Total	179	100.0

Because this survey was drawn from CREATE's extensive 2013 Report Card and new respondents only extended the sample size, the original ethical clearance for the major Report applied. CREATE thanks the Department of Social Services (DSS) for negotiating with the various jurisdictions for additional access to potential respondents. It must be stressed that all participation was voluntary and based on informed consent from both respondents and carers.

2.1.3 Procedure

The relevant data for children and young people who had completed the CREATE 2013 Report Card survey were extracted for the questions of interest in this study. The additional respondents from NT and WA were located with assistance from the respective government departments. The numbers obtained by this process were augmented by respondents sourced from CREATE's *clubCREATE* database. The survey was made available online via the Survey Monkey tool, but most data were collected from one-on-one face-to-face and telephone interviews between young people and CREATE staff. Data were compiled and analysed using IBM SPSS Statistics V22 for Macintosh computers.

2.2 Caseworker Study

2.2.1 Participants

In a second part of this study, department and non-government agency (NGO) caseworkers throughout Australia, who were involved directly in dealing with children and young people in out-of-home care, were invited by email to participate in a survey concerned with sibling placement and sibling contact conducted by CREATE with the support of DSS. Overall, 289 caseworkers initially began the survey; however, finally 116 completed all questions, comprising 41% department workers and 59% NGO staff. The numbers who completed and began the survey in each jurisdiction are presented in Table 2.5. The response rate ranged from 57% in TAS to 23% in QLD. Also included is the percentage of completions received from the NGO sector in each jurisdiction (e.g., 83.3% of the surveys completed in ACT were by NGO staff, the balance was provided by department workers). CREATE appreciates the contribution of those caseworkers who spent some of their valuable time answering the survey questions thereby sharing their insights gained from the children and young people they support in care. This number of workers dealt with the cases of 1022 children and young people in the care system. The mean caseload for workers in each jurisdiction also is recorded in Table 2.5

Table 2.5
Numbers of Caseworkers Who Attempted and Completed the Survey on Sibling Placement

JURISDICTION	CASE WORKERS					
	Completed	Began	Total	% Completed	% NGO Completed	Average Caseload
ACT	6	14	20	30.0	83.3	5.9*
NSW	43	35	78	55.1	81.4	8.6
NT	6	7	13	46.2	16.7	10.5*
QLD	15	49	64	23.4	73.3	6.3
SA	13	25	38	34.2	23.1	6.4
TAS	17	13	30	56.7	11.8	14.4
VIC	10	17	27	37.0	100	6.6
WA	6	13	19	31.6	16.7	10.3*
	116	173	289			

* Because these averages are based on data from six caseworkers they should not be considered indicative of workload throughout the whole jurisdiction.

2.2.2 Materials

The caseworker survey comprised 16 questions that asked for information about the worker's case load and some client details including non-identifiable demographic data, how long the child or young person had been in care, how long they had been an individual's caseworker, how much contact they had with their cases, as well as details regarding the number of siblings a young person had, how many were in care and how many were in respective placements. In addition, they were asked about their knowledge of policy regarding sibling placements, personal attitudes, and how successful and effective they believed they had been in placing siblings. A copy of the caseworker survey (available online via Survey Monkey) is presented in Appendix B.

2.2.3 Procedure

Departments and non-government agencies were notified of the caseworker project through emails from key department officials, CREATE staff, and via advertising on the CREATE website. All workers who had direct responsibility for managing children and young people within the care system were invited to participate in the study. Unfortunately, while a considerable number expressed initial interest in the study, fewer than half (40%) who began responding completed all questions. This reduced response rate may have resulted from some caseworkers finding the questions regarding their client details too time consuming to finalize, possibly due to heavy caseloads (although caseworkers from the jurisdiction with the heaviest average load completed the most surveys). The mean size of caseloads serviced by those who completed the survey revealed considerable variation both within and between the various jurisdictions, with six workers reporting responsibility for only one case, while three provided details of their work with the maximum of 20 children and young people available in the data collection tool (actual caseloads could have been higher). Of the 1022 cases reported, government workers handled 46.5% with the remaining 53.5% being the responsibility of NGO staff. Data collected from caseworkers were summarised and analysed using IBM SPSS Statistics V22 for Macintosh computers.

Having data obtained from two key groups within the care system provided an opportunity to compare the records of caseworkers with the perceptions of the children and young people experiencing life in out-of-home care.

3.0 RESULTS

3.1 Sibling Placements: Children and Young People

3.1.1 Sibling Placements: Demographic Factors

In this section, results are presented concerning the influence of the selected variables (Jurisdiction, Sex, Age, Culture, and Placement) on sibling placements based on the self-reports of the children and young people in this sample. Individual respondents who indicated they had siblings were grouped into the three categories identified by Hegar and Rosenthal (2011) based on their placement in relation to siblings: Together, Splintered, and Split. By definition, members of these groups all had siblings residing in care; however, a fourth category emerged whose siblings were not in care. They were the only children and young people from their birth family cohort who were in a placement. Their responses were analysed to determine if their perceptions were different from those with brothers and sisters experiencing the same system.

3.1.1.1 Jurisdiction

From the total sample, 7.7% (n = 89) of respondents indicated that they did not have any siblings. A further 23% (n = 202) claimed to have siblings, but none in care (these were subsequently termed “Alone” in care). Of the remainder, 29.0% (n = 252) lived with all their brothers and sisters in care (Together); 35.4% (n = 308) resided with some of their siblings, but others were in other placements (Splintered); and 35.6% (n = 309) did not live with any siblings in care (Split).² The distribution of these groupings over Jurisdictions is shown in Figure 1.

It can be seen from these data that there are significant differences among the states and territories in the numbers of the different types of placements.³ In particular, more Split (53%) and fewer Together (18%) placements were found in SA than was expected by chance; a greater proportion of Splintered (45%) and fewer Together (16%) placements appeared in TAS; and more siblings were placed Together (43%) in the NT than expected.

3.1.1.2 Sex, Age, and Culture

No significant differences were found between how females and males, or how siblings from the different Cultural groups (Indigenous, Anglo Australian, and those identifying with other cultural backgrounds) were placed with siblings in out-of-home care. These groupings followed the overall distribution of 29.0% Together, 35.4% Splintered, and 35.6% Split. However, as Figure 2 reveals, the Age groups were treated differently.⁴ There was an attempt to keep the 8–9 year-old respondents placed with at least some of their siblings (50% Splintered), but there were more Split placements reported by those in the Older age group than expected (47%).

² Children and young people were asked simply to indicate whether or not they lived with brothers and/or sisters who were in care (see Appendix A, Q. 32 and 33). The classification into one of the three sibling placement relationships was performed as part of the data analysis based on the answers given.

³ Jurisdiction X Sibling Placement: $\chi^2(14) = 40.7, p < .01$.

⁴ Age X Sibling Placement: $\chi^2(4) = 29.3, p < .01$.

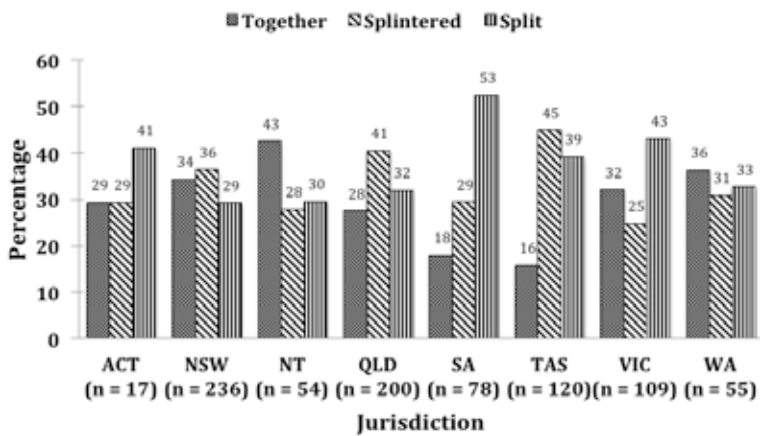


Figure 1

Distribution of Together, Splintered, and Split placement of siblings within Jurisdictions in Australia as reported by children and young people in out-of-home care. *Note.* “Together” includes children and young people who were living in care with all their siblings from a family unit; “Splintered” refers to those residing with at least one sibling, but others were located in other placements; and “Split” indicates those who were not placed with any siblings, even though their siblings were in care. Those categorized as “Alone” have not been included in this analysis.

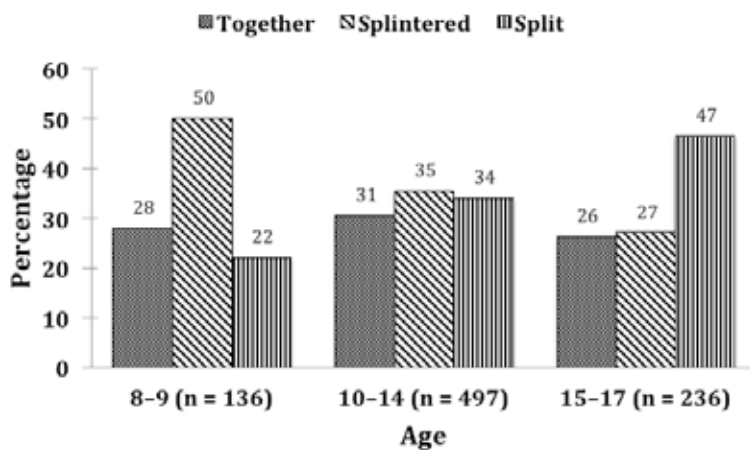


Figure 2

Distribution of Together, Splintered, and Split placement of siblings across Age Groups of respondents.

3.1.1.3 Care Type

The distribution of Together, Splintered, and Split placements also was analysed in terms of Care Type (Foster, Kinship, Residential, Permanent,⁵ and Other) and revealed significant differences.⁶ As Figure 3 indicates, a higher proportion of Together, and a lower proportion of Split placements were found in Kinship care than expected, while a higher number of Split and fewer Splintered placements than expected were observed in Residential care. A large number of those in Other placements also reported living in Split arrangements, but the sample for this group was somewhat smaller and extremely diverse in type of accommodation.

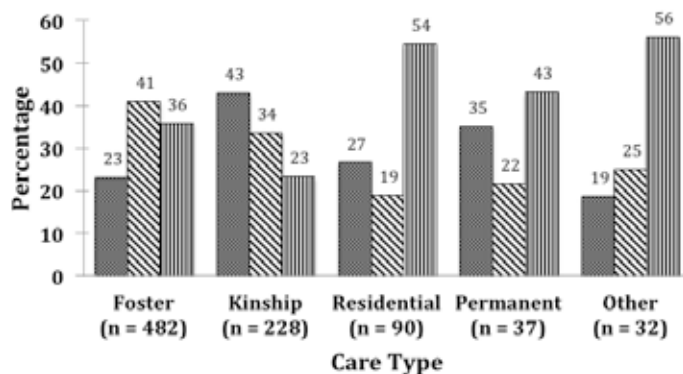


Figure 3

Distribution of Together, Splintered, and Split placement of siblings for respondents living in a range of Care Types.

3.1.1.4 Disability

Given that 127 of the children and young people in this sample who reported experiencing a disability for which they were receiving support also had siblings in care, an analysis was conducted to determine if their placement with siblings followed a similar pattern to that of non-disabled respondents. Significant differences were recorded.⁷ A greater proportion than expected by chance (45%) of respondents with a disability was living in Split placements (see Figure 4).

⁵ "Permanent" is a form of home-based placement common in some jurisdictions e.g., VIC.

⁶ Care Type X Sibling Placement: $\chi^2(8) = 60.8, p < .01$.

⁷ Disability X Sibling Placement: $\chi^2(2) = 6.66, p < .05$.

3.1.2 Sibling Placement and Stability

Stability within the care experience can be expressed in a variety of ways. Here, the mean number of placements a child or young person encountered during his or her time in care was chosen. The smaller this value, the more stable the care experience. In addition, the length of time respondents had spent in their current placement also could be taken as an indicator of stability, with it being desirable for the duration of these to be as long as possible.

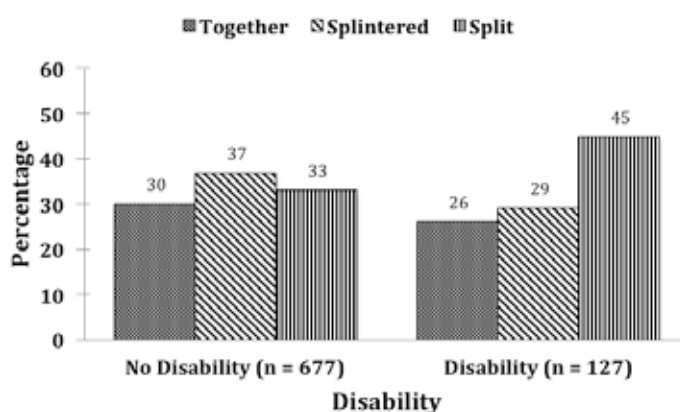


Figure 4

Distribution of Together, Splintered, and Split placement of siblings for respondents with or without a disability.

For the analysis of the mean number of placements over time in care experienced by the various sibling relationships, the group that reported having siblings none of whom was placed in care (termed “Alone”) was included for comparison with those living in Together, Splintered, and Split arrangements.⁸ Significant differences were found,⁹ with the mean score for children and young people placed Together ($M = 0.55$), or in Splintered relationships ($M = 0.57$) being lower than those Split from siblings ($M = 0.68$). The children and young people with no siblings in care (Alone: $M = 0.64$) also had experienced significantly greater disruption than those Together with all siblings in their placement.

⁸ It is not known why these respondents were the only members of their family in care. More of this group than expected (49%) were found in the 15–17 year-old cohort: $\chi^2(2) = 32.1, p < .001$. Therefore, it is possible that, if these respondents were the youngest members of their family, their siblings may already have aged out of care.

⁹ Univariate one-way ANOVA: $F[3, 1067] = 7.91, p < .001$.

Comparisons among sibling groupings of the duration of current placement (scores ranging from 1: Less than one year to 10: 17 years) also revealed significant differences,¹⁰ with children and young people in Together relationships having lived longer in their current placement ($M = 4.76$) than had those in Split placements ($M = 4.15$) or those with no siblings in care ($M = 4.19$). The findings concerning these two measures provide evidence for greater stability of placement when brothers and sisters from a family unit are kept Together while in care.

3.1.3 Sibling Placement, Household Size, and Reunification

One possible barrier to keeping siblings together could be the number of children and young people already in a placement; it would be unrealistic to expect sibling groups to be placed intact if the care household as a consequence would become excessively large. Therefore, it might be the case that the placements in which Split siblings were found would have larger numbers of other children and young people. However, since 36.6% of respondents in Split relationships reported being the only child or young person in the placement, clearly crowding was not a major issue. No significant differences were found regarding sibling placement among the care locations where two or more children and young people resided.

Another outcome of keeping family members together may be that, because the family unit or part of it continues to be recognised, reunification with birth parents may be more likely to be successful. Unfortunately, in this sample, reunification had been attempted one or more times with only 19.6% of respondents ($n = 210$). Within this group, there were no significant differences in the number of times reunification had been attempted based on placement with siblings, with the mean being 2 to 4 times. Because the respondents were still in care, the reunification attempts had not been successful. It would be interesting to question children and young people who had been reunified successfully to determine what type of sibling relationship they experienced while in care.

3.1.4 Sibling Placement and Contact with Family

When children and young people are placed with at least some of their siblings, a connection with part of their family is acknowledged. However, the question can be asked as to whether those placed with some siblings, and hence continually aware of family, are more likely to maintain contact with other family members with whom they do not live? To explore this question, an analysis was conducted comparing the frequency of contact respondents living in Together, Splintered, Split, and Alone placements had with various family members who were accessible (i.e., their existence and location was known to the child or young person).

Figure 5 shows the pattern of contact with Mother, Father, Grandparents, and other Relatives. Contact with Siblings over the placement types was analysed separately because the Together group had no other siblings to contact. Analyses revealed significant differences in how often respondents in different sibling relationships contacted the various family members. Main effects were found for Sibling Placement and Family Member, along with a significant interaction between these two factors.¹¹ Those in Together placements tended to

¹⁰ Univariate one-way ANOVA: $F [3, 1067] = 4.69, p < .01$.

¹¹ A 4 X 4 ANOVA (Sibling Placement X Family Member [excluding Siblings]) with repeated measures on the second factor (using the

have contacted family significantly more frequently than children and young people in Splintered or Split placements.¹² Mothers were contacted more frequently than Grandparents, who in turn were contacted more than other Relatives. Fathers were contacted least of all.¹³ The interaction, plotted in Figure 5, qualifies these findings by indicating that, while the effect of sibling placement was not significant for Mother and Father family members, respondents in Together placements contacted Grandparents and other Relatives far more frequently than those in other sibling relationships.¹⁴ Comparisons of frequency of contact with other Siblings showed no significant differences between Splintered and Split placements, but both groups saw their siblings more often than did those Alone in care.¹⁵

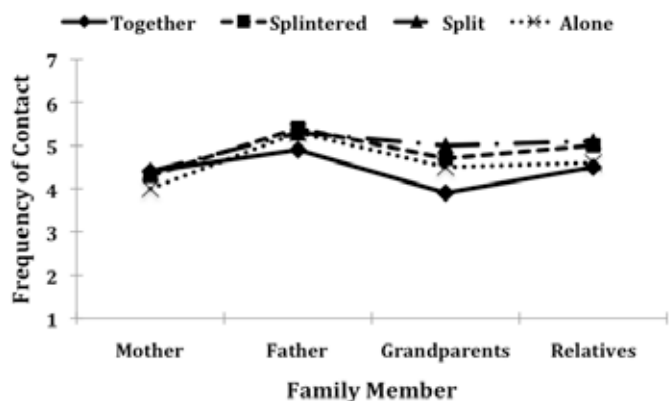


Figure 5

Mean frequency of contact with designated family members by respondents in Together, Splintered, Split, and Alone (only one in care) placements. Frequency scale - 1: Weekly; 2: Fortnightly; 3: Monthly; 4: Every Three Months; 5: Every Six Months; 6: Once a year; 7: Not at all.

Greenhouse-Geisser correction) was performed. Significant main effects were found for Sibling Placement ($F[3, 651] = 3.9, p < .01$) and Family Member ($F[3, 1844] = 26.0, p < .001$). Also, a significant interaction was observed ($F[9, 1844] = 2.2, p < .05$) as seen in Figure 5.

12 Post-hoc comparisons for Frequency of Contact by Sibling Placement: $M_{\text{Together}} = 4.4$ compared with $M_{\text{Splintered}} = 4.8, p < .01$; $M_{\text{Split}} = 4.9, p < .01$.

13 Post-hoc comparisons for Frequency of Contact by Family Member: $M_{\text{Mother}} = 4.3$ compared with $M_{\text{Grandparents}} = 4.5, p < .05$; $M_{\text{Grandparents}} = 4.5$ compared with $M_{\text{Relatives}} = 4.8, p < .01$; $M_{\text{Relatives}} = 4.8$ compared with $M_{\text{Father}} = 5.2, p < .001$.

14 Univariate ANOVA comparing Frequency of Contact with Grandparents scores over the Sibling groups: $F(3, 874) = 6.7, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{Together}} = 3.8$ compared with $M_{\text{Splintered}} = 4.5, p < .01$; $M_{\text{Split}} = 4.8, p < .001$; and $M_{\text{Alone}} = 4.5, p < .05$.

Univariate ANOVA comparing Frequency of Contact with Relatives scores over the Sibling groups: $F(3, 845) = 5.6, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{Together}} = 4.2$ compared with $M_{\text{Splintered}} = 4.9, p < .05$; $M_{\text{Split}} = 5.0, p < .01$.

15 Univariate ANOVA comparing Frequency of Contact with Siblings over the Sibling groups: $F(2, 771) = 7.9, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{Alone}} = 3.8$ compared with $M_{\text{Splintered}} = 3.0, p < .001$; and $M_{\text{Split}} = 3.3, p < .05$.

Of greatest concern is the situation where children and young people in care lose contact totally with family. To explore this issue, a series of analyses was conducted into the family members (including siblings not living in the same placement) who were not contacted at all by respondents.¹⁶ Significantly more than expected by chance had no contact with fathers (32.5%) and fewer than expected had no contact with mothers (19.4%).¹⁷ Figure 6 indicates the percentage of children and young people in the four sibling placement conditions who had no contact with each of the family members listed. The pattern of family contact was not significantly different across the four groups, each showing that fathers were the family members least often contacted irrespective of sibling relationships.¹⁸

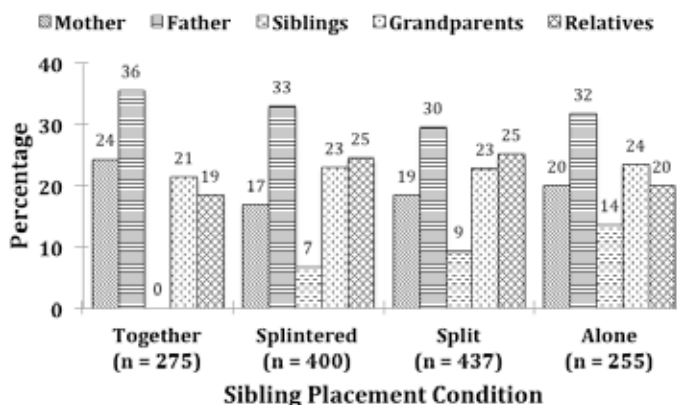


Figure 6

Percentage of respondents in the four Sibling Placement conditions who had no contact at all with the designated Family Members. *Note.* Because in the Together placements all siblings from a family group are located in the one placement, there are no siblings not living with the respondent; therefore this group does not appear for the Together placements.

3.1.5 Support for Family Contact in Sibling Placements

Two agents are critical in providing support for children and young people in out-of-home care to maintain contact with family members. First the caseworker responsible for the placement is in the best position to organize and implement contact visits and to oversee their outcomes. However, carers have a role in facilitating the whole process, and dealing with any ongoing social and emotional issues such contact may generate. It was of interest to determine how respondents in the four sibling placement relationships perceived the support they received from both caseworkers and carers for maintaining birth family contact.

¹⁶ For the statistical analyses conducted in this section, the sibling category was removed because of the special case of Together placements where no other siblings were available for contact because all were living in the same household.

¹⁷ Cochran Q (3) = 83.2, $p < .001$.

¹⁸ Family Contact X Sibling Placement: χ^2 (9) = 11.4, $p > .05$.

Comparisons were undertaken across the Sibling Placement conditions of the respondents' ratings of perceived Support that both Caseworkers and Carers provided for contacting family members (Scale - 1: Not at all supportive; 6: Very Supportive).¹⁹ Main effects were observed for Supporter and Sibling Placement, but the interaction between these variables was not significant. Carers were perceived as assuming the greatest responsibility for helping respondents maintain contact with family members. Caseworkers were significantly less involved in this function. Of the Sibling Relationship groups, those Alone in care received significantly less assistance overall than did the children and young people in Split placements who received the highest level of support (more than the other groups received from caseworkers). Figure 7 shows the pattern of perceived support.²⁰

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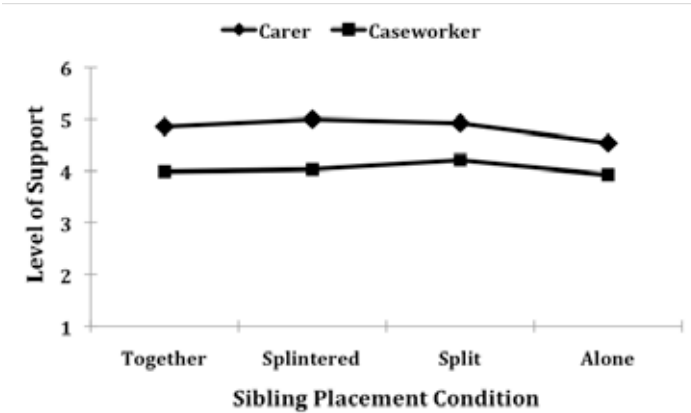


Figure 7
Level of support provided by Carers and Caseworkers for maintaining contact with family members as perceived by respondents in the four Sibling Placement conditions (Scale - 1: Not at all supportive; 6: Very Supportive).

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Children and young people were asked to give examples of the type of support provided by caseworkers and carers. Over one third of the 579 topics mentioned by respondents (36.3%) dealt with support for organizing meetings and access visits, while 30.1% referred to assistance with transport for getting to see family members as being most appreciated. Other supports discussed included being given access to the telephone to contact family (12.1%). As well as these material supports, children and young people felt it was important for caseworkers and carers to listen to the views they expressed and talk with them about important issues (6.4%) while others valued the encouragement given to them to follow their own desires regarding maintaining contact. Interestingly, 5.9% referred in their comments to appreciating being given permission to contact family members.

19 A 4 X 2 ANOVA (Sibling Placement X Supporter) with repeated measures on the second factor (using the Greenhouse-Geisser correction) was performed. Significant main effects were found for Sibling Placement ($F[3, 1061] = 3.1, p < .05$) and Supporter ($F[1, 1061] = 250.4, p < .001$). The interaction failed to reach significance ($F[3, 1061] = 2.5, p > .05$).
 20 Means for Supporters: $M_{\text{Carer}} = 4.8$ compared with $M_{\text{Caseworker}} = 4.0$. Post-hoc comparisons for Sibling Placement: $M_{\text{Alone}} = 4.2$ compared with $M_{\text{Split}} = 4.6, p < .05$; $M_{\text{Together}} = 4.4, p > .05$; $M_{\text{Splintered}} = 4.5, p > .05$.

The following positive quotes²¹ from respondents detail support received:

Taking me to them, letting me see them, letting me talk to them on the phone. (Female, 12 years)

By asking our caseworker if we can have a phone contact or personal contact with our mum and dad. By driving to visit our brother. (Male, 11 years)

Caseworker: she arranges visits in the holidays but that's about it. Carers: they talk to my dad and mum to see if they can come over so we can see them more and my little brothers especially. (Female, 15 years)

They listen to what I say like when I don't want to see mum they don't make me. (Male, 11 years)

She bought me my phone so I could talk to and text my sister, and she has always supported me and my sister. (Female, 16 years)

Phoning my mum, taking me to see her, picking her up so we can have time together. Phoning my sister and her carer so I can see her. (Male, 13 years)

Like they tell me reasons why I should keep in touch with my family, like my family is important sort of thing. (Female, 12 years)

She helps me ask for permission to see my mum in Sydney in way that's not angry. (Male, 16 years)

Our carers take us to sibling visits and buy them birthday presents when it's their birthday. (Female 11 years)

Encouragement as my mother has not contacted me in a long time. (Male, 10 years)

However, not all comments about the level and type of support were positive:

None...well no one knows where my dad is, and my mum is dead. My siblings are with my father. All I know is that his name is Mark. (Female, 14 years)

Not very much support because my caseworkers are always changing and I have hardly any contact with them. (Female, 16)

My caseworker did everything she could to ensure I saw my family, and my foster carer encourages seeing my sister but constantly criticizes my brother, who is the only sibling I have in the state, and I resent her for it. (Female 17 years)

²¹ Illustrative quotes from children and young people or caseworkers included in this report are the opinions of the individuals and are not intended to represent the views of all children and young people in out-of-home care, CREATE or any Government department or agency.

In concluding the section on children and young persons' responses concerning support for family and sibling contact, it should be noted that no significant differences were found in how often respondents from the four placement groups were able to see their friends when away from school; 55.6% reported that they saw friends at least quite often. This contrasted with 10.6% who claimed not to see friends at all or rarely. Those who were placed in Split arrangements or were Alone in care did not appear to compensate for this deficit by trying to have more contact with non-related individuals.

3.1.6 Indigenous Sibling Placement and Connection with Culture

As reported in Section 3.1.1.2, no significant differences were found in the incidence of the four Sibling Placement types based on Cultural association. However, it was of interest to determine if the type of placement with siblings would have any influence on the level of connectedness Aboriginal and Torres Strait Islander children and young people in this sample felt with their culture. For example, living with brothers and sisters could enhance the feelings of family and culture and lead to stronger connections; alternatively, Indigenous respondents separated from family members might feel a greater need to emphasise their connection with their culture and community.

Analyses comparing the self-assessed level of Connectedness with culture by Indigenous respondents in the four Sibling Placement conditions found no significant differences.²² Of the 329 respondents identifying as Indigenous (Aboriginal and Torres Strait Islander), 32.8% claimed to be "Quite" or "Very" connected while 30.7% reported having "Little" or no connection. A similar pattern was recorded regarding respondents' awareness of their cultural support planning. Overall, 11.6% of Indigenous children and young people indicated they were aware of having a Cultural Support plan, a similar pattern was found in each of the Sibling Placement conditions.²³

²² Univariate ANOVA comparing Connectedness over Sibling Placement: $F(3, 325) = 0.3, p > .05$.

²³ Cultural Support Plan X Sibling Placement: $\chi^2(3) = 3.9, p > .05$. Note. The National Standards for Out-of-Home care require all Indigenous children and young people in care to have Cultural Support Plans.

3.2 Sibling Placements: Caseworkers

3.2.1 Sibling Placements: Case Demographics

Caseworkers were asked for details of the children and young people they supported in care including how long each had been in care, how long they had been the caseworker for each, and to estimate how often they would meet with each child or young person in a 12-month period. Average caseloads for workers already have been reported in Table 2.5. The mean time in care for cases in each jurisdiction is shown in Figure 8.²⁴ There appears considerable variation in the length of time children and young people had spent in care in the various states and territories, from an average of 2.5 years in ACT to 6.2 years in SA. These differences, however, appeared related to the ages of the children and young people in the respective samples, with the mean ages in ACT (7.7 years), VIC (10.0 years), and NSW (10.3 years) being significantly lower than those in SA (12.3 years).

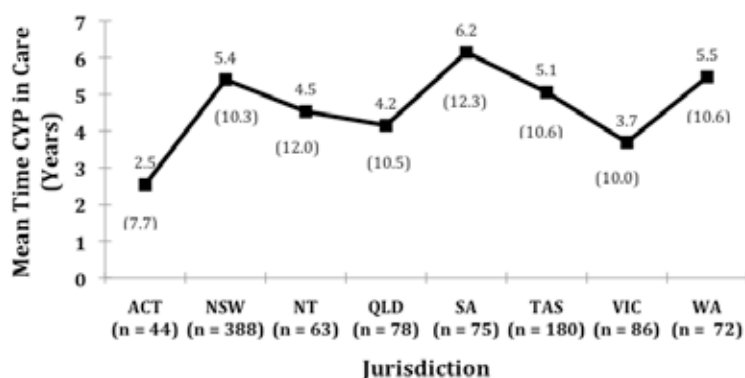


Figure 8

Mean Time in Care (in years) experienced by children and young people included in this study across Australian jurisdictions (Scale - 0.5: Less than one year; 16: 16 years). Numbers in parentheses below the data points indicate the mean ages of cases in the samples. The **n** in parentheses on the axis indicates the number of cases sampled in each jurisdiction.

Also of interest was the length of time the caseworkers had been responsible for the children or young people who comprised their cases. These data are portrayed graphically in Figure 9. This figure also displays the caseworkers' period of involvement with a child or young person as a percentage of that individual's time in care. The greater the percentage, the less worker changeover the child or young person has experienced. Jurisdictions varied in terms of the duration of caseworker relationships in their cases. For example, in TAS, children and young people spent a longer average time in care but the current caseworker had supported them for a large part of that period. By contrast, in SA, because children and young people spent a longer average time in care, even though their current caseworker had supported them for a similar average period, this amounted to less than half the period in care, indicating more changeovers. For jurisdictions where children and young people spent relatively short periods in care (e.g., ACT) the duration of caseworker relationship consequentially tended to be short as well.

²⁴ Caseworkers were unsure of the length of time 36 of their cases had been in care.

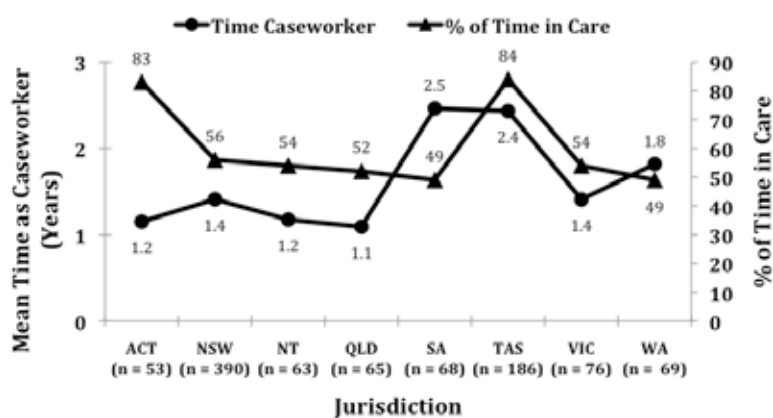


Figure 9

Mean length of Time caseworkers had been supporting the children and young people who comprised their cases (Scale - 0.5: Less than one year; 17: 17 years). On the secondary axis is plotted the percentage of their time in care that children and young people have been supported by their current caseworker. The n in parentheses indicates the number of cases sampled in each jurisdiction.

As a final background measure, caseworkers were asked to estimate how frequently they contacted the children and young people in care for whom they were responsible over a 12-month period using a scale of 1 (Several times a week) to 7 (once a year). The mean estimates for each jurisdiction are shown in Figure 10. Caseworkers in QLD reported interacting with their cases significantly more frequently than did those in all other jurisdictions except NT.²⁵

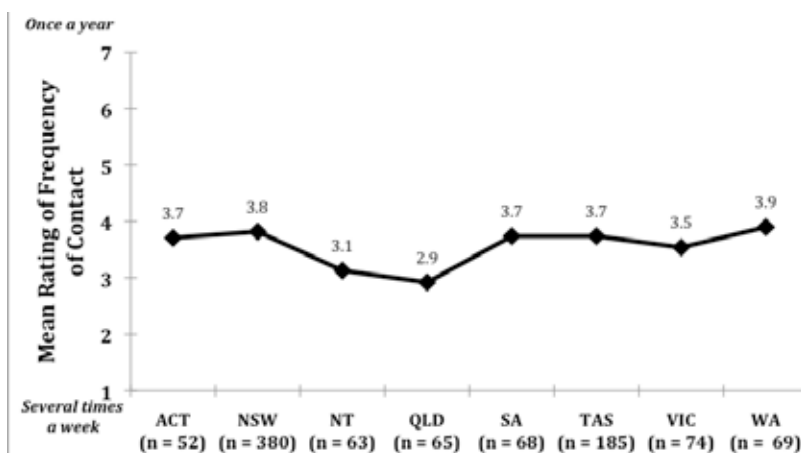


Figure 10

Mean rating by caseworkers of the estimated Frequency of Contact they have with the children and young people they are supporting in care over a 12-month period. Scale - 1: Several times a week; 7: Once a year. The n in parentheses indicates the number of cases sampled in each jurisdiction.

²⁵ Univariate ANOVA comparing Frequency of Contact between caseworkers and children and young people over Jurisdictions: $F(7, 922) = 6.7, p < .001$. Post-hoc comparisons: $M_{QLD} = 2.9$ compared with $M_{NT} = 3.1, p > .05$; $M_{VIC} = 3.5, p < .05$; $M_{ACT} = 3.7, p < .05$; $M_{SA} = 3.7, p < .01$; $M_{TAS} = 3.7, p < .001$; $M_{NSW} = 3.8, p < .01$; $M_{WA} = 3.9, p < .001$.

3.2.2 Sibling Placements: Caseworkers' Records

3.2.2.1 Jurisdiction

Caseworkers were asked to indicate, from their records for each case, the total number of siblings the child or young person had, the number of this total who were in care, and the number of these who were located in the same placement. From these data, it was possible to classify the placements as Together, Splintered, and Split for comparison with the comparable information obtained from the children and young people. The distribution of these placement types across Jurisdictions as determined by caseworkers is shown in Figure 11.

As was found in the children and young persons' data, significant differences were observed in the distribution of Sibling Placement types among the Jurisdictions as reported by caseworkers. As in the previous analysis, a greater proportion of Splits than expected (58%), and fewer Splintered (14%) and Together (28%) placements were identified in SA. In addition, fewer Splintered placements than expected (8%) were observed in VIC, while fewer Splits (19%) were detected in WA.²⁶

A striking, and reassuring result is how similar the sets of data are given they were obtained from the perspective of the two quite different groups (compare Figure 1 with Figure 11). In SA, both children and young people and caseworkers reported a high incidence of Split placements. In only two Jurisdictions were significant differences observed. One, as indicated above, involved the VIC caseworkers' reporting of a lower incidence of Splintered placements than did children and young people.²⁷ However, the largest discrepancy appeared in TAS where caseworkers claimed a greater proportion of Together and fewer Splintered placements compared with the views of children and young people who expressed a diametrically opposed perception (fewer Together and more Splintered placements).²⁸

²⁶ Jurisdiction X Sibling Placement: $\chi^2(14) = 30.3, p < .01$.

²⁷ Comparison of Together, Splintered, and Split distributions reported by children and young people and caseworkers in VIC: $\chi^2(2) = 7.0, p < .05$.

²⁸ Comparison of Together, Splintered, and Split distributions reported by children and young people and caseworkers in TAS: $\chi^2(2) = 26.6, p < .001$.

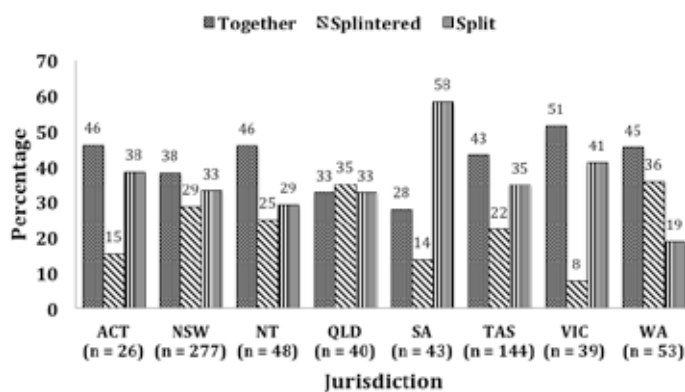


Figure 11

Distribution of Together, Splintered, and Split placement of siblings within Jurisdictions in Australia as recorded by caseworkers. The n in parentheses indicates the number of cases sampled in each jurisdiction.

3.2.2.2 Sex, Age, and Culture

No Sex differences were found in the caseworkers' records of sibling placement arrangements between female and male children and young people. However, Age differences were documented by caseworkers.²⁹ As can be seen in Figure 12, more Together and fewer Split placements were found in the 8–9 year age group than expected, but fewer Together and Splintered, and more Split placements than expected appeared in the 15–17 year age group.

This pattern was different from that reported by the children and young people in care. Regarding the 8–9 year age group, caseworkers recorded more Together and fewer Splintered placements than expected, while the children and young people reported fewer Together and more Splintered placements than expected. Caseworkers also indicated that fewer of the 15–17 year age group were located in Splintered placements than expected, but children and young people in this group reported more Splintered living arrangements.³⁰

²⁹ Age X Sibling Placement condition: $\chi^2(4) = 44.7, p < .001$.

³⁰ Age X Sibling Placement: 8–9 year group: $\chi^2(2) = 16.7, p < .001$; 10–14 year group: $\chi^2(2) = 2.8, p > .05$; 15–17 year group: $\chi^2(2) = 6.1, p < .05$;

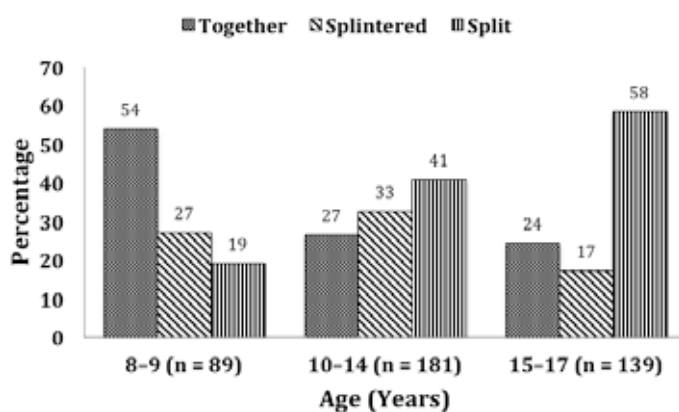


Figure 12

Distribution of Together, Splintered, and Split placement of siblings across Age Groups as recorded by caseworkers. The *n* in parentheses indicates the number of cases sampled.

While the child and young persons' data did not reveal Culture differences in sibling placements, caseworkers' records suggested differential treatment for Indigenous and other cultures compared with Anglo-Australians.³¹ More Indigenous children and young people were placed Together with siblings and fewer Split from them than expected; more from other cultures were Together and fewer Splintered than expected; while with Anglo-Australians, fewer Together and more Splintered placements than expected were experienced. The distribution of sibling placements over cultures according to caseworker records is presented in Figure 13.

3.2.2.3 Care Type

The comparison of sibling placements within Care Type (Foster, Kinship, Residential, and Other) based on caseworkers' data revealed significant differences.³² Fewer than expected of those in Foster Care were placed Together with siblings. However, for the children and young people in Kinship Care, more were placed Together, and fewer Split than expected. This pattern was reversed for those in Residential Care, with fewer Together placements and more Split than expected. The numbers in Other placements were too small to allow meaningful analysis. Figure 14 presents graphically the distribution of sibling placement arrangements over Care Types.

³¹ Culture X Sibling Placement: $\chi^2 (4) = 34.1, p < .001$

³² Care Type X Sibling Placement: $\chi^2 (6) = 36.8, p < .001$.

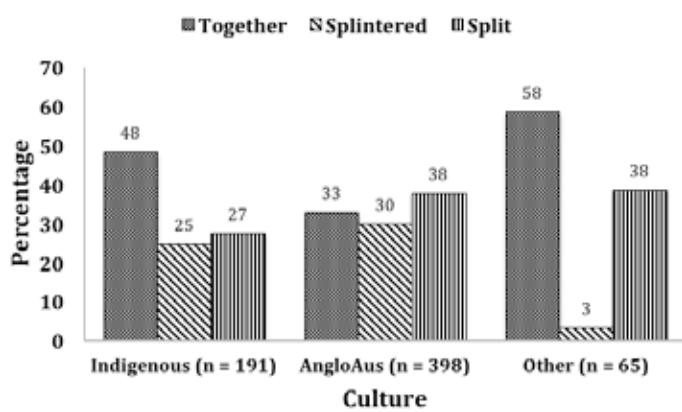


Figure 13

Distribution of Together, Splintered, and Split placement of siblings across Cultural Groups as recorded by caseworkers. The n in parentheses indicates the number of cases sampled.

When the caseworker data were compared with the corresponding information obtained from children and young people, significantly different patterns were noted for both Foster and Kinship Care. In both Foster and Kinship Care, children and young people reported fewer Together and more Splintered placements, whereas caseworkers claimed more Together and fewer Splintered arrangements than expected.³³

Taken over all analyses, it appears that the records provided by caseworkers are giving a more positive picture of sibling placement than that obtained from children and young people (positive in the sense of reflecting a higher proportion of Together placements and fewer Splintered and Split arrangements). If it is assumed that the child and young persons' results reflect reality for a number of respondents, a possible reason for this difference may be due to the kind of caseworker who volunteered for this study. The present sample includes highly motivated workers (those who chose to complete the survey) who may be concerned in particular with maximizing the incidence of Together placements, following departments' policy recommendations; their other colleagues in the system may not have the same opportunities to influence placements or be as concerned with the goal of providing children and young people in care with as much continuity of family connection as possible. This dedication may translate into the higher "Togetherness" they believe is experienced by the children and young people for whom they are responsible.

33 Comparison of Together, Splintered, and Split placements in Foster Care: $\chi^2(2) = 24.3, p < .001$; in Kinship Care: $\chi^2(2) = 6.5, p < .05$.

3.2.3 Caseworker Engagement with Sibling Placement

As well as being questioned about some details of their cases regarding sibling relationships, caseworkers were asked if they were aware of their department or agency’s policies concerning sibling placement. No significant differences were observed among workers based on Jurisdiction or sector employment (government or NGO) in terms of awareness. Overall, 72% of 116 responding caseworkers claimed to be familiar with the relevant policies (69% were able to outline the basic requirements of these policies). Of the 32 who did not know of existing policies in their area, 84% were able to articulate personal principles they followed in placing siblings that matched the intent of the stated policies.

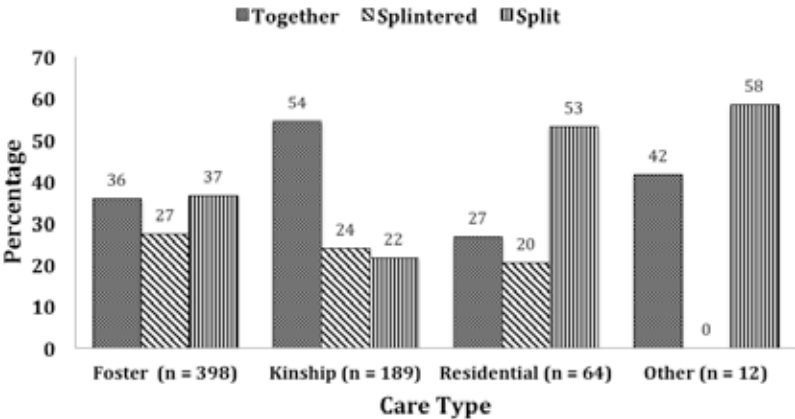


Figure 14
Distribution of Together, Splintered, and Split sibling placements based on caseworker data for children and young people living in four Care Types. The n in parentheses indicates the number of cases sampled.

Caseworkers also were asked to rate on a six-point scale how successful they had been in ensuring that children and young people in their care were placed together with siblings (1: Not at all successful; 6: Very successful). Comparisons were analysed over Jurisdictions and Employer (Government vs. NGO). No significant differences were found for either factor. Overall, 17.2% of workers felt they had been “Quite” or Very “ successful in keeping siblings together, while 30.2% believed they had achieved “Little” or “No” success.

When asked what, if anything, they had been able to do to help place siblings from one family together, caseworkers listed a variety of strategies. A content analysis of all actions mentioned showed that, of the 105 comments volunteered, 24% involved recruiting, accessing, and encouraging suitable carers to allow the siblings to be placed. Equally popular (24% of comments) was the perceived need to advocate to decision makers and relevant stakeholders about keeping siblings together whenever possible. Another important concern of many caseworkers (21% of comments) was the need to provide adequate support to carers who took on the added responsibility of placing a sibling unit.

Other actions that had led to successful placements included using kinship carers for locating large families (9%), or alternatively accessing special residential units designed for larger groups (6%). Some caseworkers also made a point of the importance of considering the needs of the child or young person (5%) while others saw the need for siblings, if they could not be placed together, to at least be close enough to maintain contact (3%). One issue that was the focus of around 10% of responses was the fact that in a variety of situations, caseworkers had no say over the actual placement of the children and young people. In some cases, a third party (not always familiar with the specific needs of the child or young person) arranged the placements before caseworkers were assigned, giving them the task of trying to make the best of a difficult situation.

Some of the comments provided by caseworkers illustrate these issues well:

Put in supports for carers that will allow them to care for more than one child. (ACT)

Ascertain from carers their willingness to take on extra siblings from the outset of assessment (when there is a possibility of birth mother becoming pregnant in future). For existing siblings, match them with carer who can take both or attempt to divide larger sibling family groups into two rather than sending them to individual homes. We recruit some carers specifically to take on sibling groups. At initial intake level, this is explained to applicants. (NSW)

I strongly advocate for siblings to be placed together. When removing children from family it is an extremely traumatising time for young people and if we are able to reduce any additional trauma by placing them with familiar people who are siblings then I will advocate for this strongly. (NT)

Provide additional support to maintain placements so that siblings can remain together. (QLD)

Place them with relatives who are more likely to take larger groups of kids. (SA)

Most siblings on my caseload are placed together. If not, this was before my time as their case manager and it came with psychologist's recommendations that they should not be. (TAS)

Advocate for improved support for foster carers, to enable more potential carers to be recruited who could possible care for sibling group. (VIC)

Work with the potential foster carer to explain the importance of siblings staying together. Often foster carers may only be able to look after one child, but when explaining they are siblings and the importance of siblings staying together, they may be able to take two. (WA)

DHS decides where the children reside. [agency] does not have the decision making power in regards to placing children. We can make recommendations to this regard. (VIC)³⁴

³⁴ Illustrative quotes from children and young people or caseworkers included in this report are the opinions of the individuals and are not intended to represent the views of all children and young people in out-of-home care, CREATE or any Government department or agency.

Caseworkers were equally forthcoming when asked what factors, if any, might have made it difficult to place all siblings from one family together. A total of 128 comments were made identifying six broad themes. The majority of the comments (35%) centred on the importance of carer capacity to handle the family unit both emotionally and physically, in terms of space. Related to this were the comments that specifically referred to the large number of siblings as being a potential problem (18%). Another major theme addressed the children and young people and the difficulties that behavioural problems (e.g., sibling conflict, sexualized behaviour) may raise (22% of comments) as well as 16% being concerned with the special needs siblings may have (e.g., disabilities).

Around 5% of comments dealt with placement breakdowns and specific parental issues, such as the problem of placing siblings who have the same mother but different fathers. Another 5% mentioned bureaucratic or policy requirements that made placements together difficult (e.g., siblings cared for by different agencies, or living in different regions).

The following comments from caseworkers summarise these concerns:

A large sibling group. Limited placement capacity with individual carers (i.e., their house is too small, carer is physically unable to care for more than one child, carer already has a number of children in their household, carer unable to provide intensive caring if more than one in the placement (e.g., in the case of severe disabilities). A carer shortage. Safety for individual children from their siblings. Financial limitations especially if the ages of the siblings and their number requires the carer to resign from their full time position. (NSW)

Conflict between the siblings. Difficult behaviour/traumatic behaviours of one sibling making the placement unsustainable; however not wanting a good stable placement for the other siblings to break down, therefore only being able to move one child from the sibling group. (WA)

DCF policy and requirements for kinship carer approval means that family does not get approved and children need to be separated into foster care placements and residential care placements. (NT)

Case managers do not source the placement and this is done by staff who do not know the children. The lack of foster carers in the community makes it difficult to find placements that are a good match. It would be beneficial if foster carers could be recruited specifically for sibling groups. (NT)

The siblings of this child are in care; however, they are allocated to a different agency. We participate in care team meetings with all foster carers involved, however this is not the same as a sibling placement as the children don't often attend these meetings. (SA)

3.2.4 Caseworkers' Views Regarding Sibling Contact

The alternate recommended strategy to be employed when placement of siblings together is not possible is to ensure that regular contact is maintained, if desired (e.g., see Gustavsson & MacEachron, 2010). To explore the extent to which caseworkers felt it was imperative to maintain sibling contact, respondents in this study were

questioned about (a) how important it was for them to ensure that children and young people in their care were able to contact their siblings (1: Not at all important; 6: Very important); (b) how involved they had been in organising contact between children and young people in care and their siblings (1: Not at all involved; 6: Very involved); and (c) how difficult it had been for them to arrange for those in care to contact their siblings (1: Not at all difficult; 6: Very difficult).

For comparisons conducted over Jurisdictions, no significant differences were found concerning Importance or Difficulty. However, Jurisdictions varied in terms of Involvement. Post-hoc analyses revealed that this resulted from the difference between the high levels of involvement in organizing sibling contact claimed by NSW caseworkers and the lowest level of Involvement reported by QLD caseworkers.³⁵ When comparable comparisons were performed for the two Employer categories, a significant difference was noted only for Difficulty, with departmental caseworkers reportedly experiencing higher levels of difficulty in organizing contact than did those working for NGOs.³⁶

Overall ratings, as shown in Table 3.1, indicated that caseworkers thought that maintaining contact was an important goal to pursue for siblings in care. Almost 70% claimed high levels of involvement in organizing this contact. This can be compared with the 45% of siblings who found their caseworkers highly supportive in helping maintain their family contact.³⁷ It was of some concern that 20% of caseworkers found high levels of Difficulty in organizing sibling contact.

Table 3.1
Percentage of Caseworkers Providing High and Low Ratings of Importance, Involvement, and Difficulty of Organizing Sibling Contact

Concept	Overall Caseworker Ratings (%)	
	High (“Quite” or “Very”)	Low (“Little” or “None”)
Importance	97.4	0.0
Involvement	69.8	6.9
Difficulty	19.8	26.7

³⁵ A one-way MANOVA (Jurisdiction X Success, Importance, Involvement, and Difficulty) was conducted on caseworkers ratings. A significant difference was found for Involvement: $F(7, 108) = 2.4, p < .05$. Post-hoc comparison Involvement: $M_{NSW} = 5.4$ compared with $M_{QLD} = 4.1, p < .05$.

³⁶ A one-way MANOVA (Employer X Success, Importance, Involvement, and Difficulty) was conducted on caseworkers ratings. A significant difference was found for Difficulty: $F(1, 114) = 4.3, p < .05$. Post-hoc comparison Involvement: $M_{Government} = 3.7$ compared with $M_{NGO} = 3.2, p < .05$.

³⁷ From the analysis initially summarised in Figure 7, overall ratings by siblings of the level of support received for keeping in touch with family from both caseworkers and carers revealed the following: (a) Caseworkers: High (“Quite” or “Very supportive”) = 45%; Low (“Little” or “No support”) = 24.1%; (b) Carers: High (“Quite” or “Very supportive”) = 68.3%; Low (“Little” or “No support”) = 12.7%.

When given the opportunity to elaborate on what some of these difficulties might be, caseworkers were able to articulate a number of important factors contributing to less than satisfactory sibling contact outcomes. The most frequently mentioned (17% of the 207 comments provided by caseworkers) concerned the location of siblings: The distance of geographic separation, particularly when interstate; also when siblings were placed with different agencies in different regions. Related to this were the difficulties in organizing transport to take siblings to contact meetings (7% of comments focussed on this issue specifically), and finding an appropriate time that would suit all parties so that meetings could occur (9%).

The attitudes and behaviour that children, carers, and parents exhibited to sibling contact also could facilitate or impede the process. A substantial number of caseworkers' comments (16%) provided examples of where carers concerns made achieving contact difficult. However, some children and young people did not want to contact siblings (11%), and sometimes it was a birth parent who obstructed the process (6%). Caseworkers also highlighted a lack of resources as a factor making achieving contact more difficult than it need be (10% of comments concerned this), as did a range of policy and administrative guidelines employed by various departments and agencies (9%), and the fact that often the location of siblings was unknown (4%). Other less common, but still important issues (totalling 12% of caseworker responses) included reference to heavy caseloads, the negative consequences of emotional disturbance following contact, variations in the age of siblings (particularly young children with older siblings who had left care), and the numbers of children and young people in a sibling grouping (when large, it is difficult to trace all members to make contact).

These statements from caseworkers illustrate some of the critical issues discussed:

CPS caseworker not providing (or having) information regarding their siblings. CPS not organising contact between siblings. Foster carers not prioritising it, or providing transport, or being willing to supervise. (ACT)

A few carers are reluctant to allow the children in their care to develop close relationships with siblings, particularly if those siblings are older, no longer in care and seen as not good role models for their younger siblings. Also, co-ordinating contact between CSC's, caseworkers and carers can be a nightmare trying to take everyone's busy schedules into account. A major factor in organising sibling contact is when siblings have different Court orders with different notations / orders for contact with parents and siblings. (NSW)

Often I have large sibling groups who are placed in multiple placements. This can add additional difficulties when trying to co-ordinate access with siblings. Sometimes carers are not supportive of additional contact (with siblings) as they feel that seeing parents is enough. (NT)

Factors that affect me are my caseload and the lack of time to be contacting carers for all children on my caseload to organise family contact. It might sound trivial, however some of these kids have so much going on for them that organising contact cannot be a priority sometimes, and is delegated to the carer. And sometimes carers do the right thing, and sometimes they don't. (QLD)

Distance particularly if interstate. If some children remain with their birth family, it can be difficult to contact the family. Sometimes the child in long-term care does not want to see their siblings. (SA)

Sometimes the barriers are the carers as it seems they think they have ownership over the children and their choices, and this can unfortunately lead to children losing contact with their siblings. (TAS)

The conflict between the carers (of siblings) or carers and birth family. Lack of DHS involvement creating problems in decision making in regards to sibling contact. (VIC)

Lack of Family Resource Workers to help with transporting kids; distance of placement in relation to the rest of the family... Reluctance from some carers - particularly with children not placed in DCP care. (WA)

Geographical locations, financial expense on contact workers / transport options /, some siblings still remaining in the care of their natural parents, which instantly places restrictions on the child's access to their sibling. (NSW)

More difficult for young people with sibling who are over 18 to get into contact with them and arrange contact. Also difficult when it is an expectation that carers will supervise sibling contact as they do not follow through on this in some cases. (NSW)

Sometimes carers are not in support of facilitating contact with other carers, due to other commitments. Caseworkers have limited ability to facilitate contact. Caseloads are high and this impacts available time. Caseworkers are continually having to be creative about finding opportunities for sibling contact, as there are a lack of resources to provide and supervise contact. (NT)

This QLD system seems to be very reliant on CSO's in this area. Often they are very busy with large caseloads. Another barrier is children can be placed (supported) by different organisations which can create inefficiency's with this. (QLD)

Siblings that are placed in multiple agencies and multiple regions, siblings having different child safety officers, managed through different department offices which don't seem to co-ordinate very much; large number of siblings and large number of ages of siblings - some siblings have had significantly different outcomes due to their age differences which can impact on ability to have regular contact; siblings not knowing each other very well. (QLD)

Logistics; available time when children enter into mainstream school; family conflict; restricted resources and only available weekdays. (TAS)

Time, especially if foster carer is not able to facilitate the contact for a variety of reasons. Distance, sometimes siblings will be 1000s of kilometres apart. (WA)

In concluding the survey, caseworkers were asked if they had any final comments regarding sibling placement. This open question drew from several caseworkers extremely considered responses that tended to summarize many of the issues already raised. A few examples reveal the caseworkers' concern for the best interests of the child:

I believe sibling contact to be even more important than parent contact; the relationship built between siblings is a bond for life. Life story work plays a big part for young people seeing the importance of maintaining contact over the years. To support a lot of my younger clients, I assist them with working around having two families, such as natural and foster. As I believe these kids are lucky enough to have two families, one they were born into and one that people chose to love them and care for them. (NSW)

Sibling contact is not prioritised enough. Siblings are the longest relationship most CYP will have and we have a duty to assist in maintaining and sustaining those relationships. Siblings may be the most crucial support to each other post 18. (NSW)

Contact with siblings is very important, but can be done in a variety of different ways. Placement with siblings is not always the best option and shouldn't be done at the cost of a child having an excellent placement which would be to their benefit. (NSW)

Separating siblings on a daily basis is sometime necessary, but with supervision and support they can learn to develop "normal" sibling relationships. Other siblings thrive when separated. Each situation has to be assessed on its merits and in the best short term and long term interests of the kids; their siblings are often the only family they can rely on, separating them is a terrible thing. (TAS)

There is more emphasis on kids having contact with their parents than there is on them having regular contact with their siblings - it should be the other way round. Siblings share a lot of history and are very important to our kids, and there should be more emphasis on ensuring they have regular contact. (SA)

In the following discussion, where both parties are dealing with the same issues, the views of children and young people will be compared with information gleaned from the caseworker survey.



4.0 DISCUSSION

4.1 Children and Young People's Views on Sibling Placement

4.1.1 Sibling Placement and Jurisdiction

An important finding from this study was the obtaining of the distribution, throughout Australian jurisdictions, of Together, Splintered, and Split sibling placements based on self reports from a sample of over 1100 children and young people in out-of-home care (a number considered large by McDonald, Higgins, Valentine, & Lamont, 2011).³⁸ Sarah Wise's (2011) report, based on data from 94 children and young people (in foster placements supported by Anglicare) who had siblings in care, gave an indication of what might be expected from Victoria (16% Not Separated or Together; 41% Partially Separated or Splintered; 43% Separated or Split).³⁹ Now data are available for various placement types across the whole of Australia. Comparison with the Victorian distributions obtained in this study and the overall distribution observed here (29%, 35%, and 36% respectively) suggests a greater proportion of Together placements currently than in the past, perhaps reflecting the increased attention being directed to sibling placement. However there still remains much room for improvement by increasing the proportion of those children and young people in Together or Splintered sibling relationships. As suggested in the Child Welfare Information Gateway (2013) checklist, this will require a considerable investment of time and effort by caseworkers and a substantial increase in the resources made available to support placements.

Of interest are the comparable percentages reported by the caseworkers who responded in this study based on data from their own records. Children and young people consistently indicated a higher level of separation from siblings than reported in caseworkers' documentation. Overall, the workers percentages show a higher proportion of Together placements (41%) compared with Splintered or Splits (25%, and 34% respectively). It is suggested that this higher result could reflect a positive bias due to the type of caseworker who completed this survey. If they were concerned enough to participate in this study, possibly they may have displayed comparable dedication in finding placements for more of their intact sibling groups. The bias persisted across all demographic variables (age, sex, and culture) and care type.

A concerning result that is difficult to explain, but which gains credence since it appeared in both the child and young persons' data and the caseworkers' reports, is the high proportion of Split placements found in SA. Even the proportion of Together and Splintered combined (which would ensure that a placement contains at least two siblings) does not exceed the Split in this state. As has been discussed in Section 1.2.2.5, several factors can influence the proportion of Split, Splintered, or Together placements in a jurisdiction (e.g., the capacity of the available care within the system; the timing of entry into care for siblings from one family group). Given that there is general concern with attempting to minimize the separation of siblings in out-of-home care both in Australia and overseas, it remains for future studies to try to identify what, at this point in time, may have led to the observed placement conditions reflected by respondents in SA.

³⁸ It should be noted that while the overall number of respondents is large, allowing a 95% CI of ± 2.8 overall, 95% CIs for individual jurisdictions ranged from ± 18.0 (ACT) and ± 11.6 (WA) to ± 5.9 (QLD) and ± 5.5 (NSW).

³⁹ Wise's sample only included foster care placements so the results would not be directly comparable with data from the present study that included a range of placement types.

4.1.2 Sibling Placement and Demographic Factors

Of the demographic factors relating to children and young people, only Age showed significant differences over the placement groups. Data indicated there was some effort to keep the younger respondents in placements with some siblings (78%); however, the pattern was reversed for the 15–17 year olds, with a greater proportion of Split placements. A factor that may have contributed to this result is that 16% of the older group lived in Other accommodation (self-placed, semi independent, or independent living) which also comprised a high proportion of Split placements. Regarding Care Types, Kinship arrangements showed the idealized pattern of a reasonably high proportion of Together placements, a moderate number of Splintered, and a lower proportion of Splits. Overall, children and young people were more likely to be placed with a sibling in Kinship care than in any other form of placement, and sibling groups were more likely to be kept intact. Finally, it is not unexpected that, given their special needs and the resources required for adequate support, those children and young people with disabilities were more likely to be placed in locations without siblings. Because of this, these children and young people, who would benefit from the emotional support that can be provided through sibling relationships, tend not have the opportunity to enjoy such positive experiences.

4.1.3 Sibling Placement and Stability

The expectation, derived from Hegar's (2005) study, that children and young people located with other siblings in Together or Splintered arrangements would show greater stability of placement was supported by measures derived from the self-report data of respondents, including the average number of placements over time in care, and the duration of current placement. These analyses incorporated a group that has not been given much attention in the literature and have not been studied systematically, i.e., the children and young people who have siblings (probably mostly older) who are not (or no longer) in care. Such respondents can be at an even greater disadvantage than those in Split placements. While the latter have other siblings in care but not in their placement, they still have the potential to use supportive carers and caseworkers and access system resources to find and contact siblings. For those "Alone" in care, it may be more difficult to trace and contact siblings no longer known to the system who are living independently, without the allocated resources of child protection departments or agencies. While Split siblings know their brothers and sisters are living in a similar situation albeit in a different location, to those who are the only one of their sibling group in care, the life of their siblings can seem extremely attractive and lead to a longing for change. If they suffer real or apparent rejection by siblings out of the system, this can exacerbate their anxiety and emotional distress.

4.1.4 Sibling Placement and Family Contact

It was considered possible that the type of Sibling Placement could have an influence on the amount of contact engaged in with other family members. Children and young people in placements with brothers and sisters possibly would be more aware of family connections and attempt to make contact with family members more frequently than their peers placed separately from siblings. This expectation was partially supported in that those in Together placements saw Grandparents and other Relatives more frequently than children and young people in other types of placement.

Overall, mothers were contacted most frequently and fathers least often by all sibling placement groups. This trend is concerning given the acknowledged importance for children of involvement with their father. For example, Allen and Daly (2007, p. 1) provided evidence of positive outcomes for children and young people of father contact “in terms of their social, emotional, physical, and cognitive development”. More recently, Coakley (2013), from her secondary analysis of foster care case records, reported that “when fathers are involved their children have shorter lengths of stay in foster care and they are more likely to be reunited with birth parents or placed with relatives after foster care” (p. 174). She recognised that fathers’ needs are complex and there can be many barriers to their involvement; however, if child welfare agencies, community-based agencies, and mental health and substance abuse agencies can collaborate in finding solutions, the outcomes for many children and young people in care could be improved. Even when siblings were not living with the respondent, these were the family members most frequently contacted (mean rating for frequency of contact with Siblings around Monthly for Splintered and Split placements, compared with Mother at Every Three Months, indicating the inherent importance of this relationship (Herrick & Piccus, 2005). It was easier for those with siblings in care to make contact compared with the respondents who were in care alone.

Extra resources need to be provided to assist those in care “Alone” to keep in touch with family, particularly siblings. Unfortunately, results obtained in this study indicate that the Alone group actually received less assistance from carers and caseworkers than did those in Split placements who received extra support from caseworkers perhaps because of a greater understanding of their situation. A comparable level of support now needs to be provided for those children and young people Alone in care.

It is noteworthy that caseworkers did not seem at least as important in facilitating contact as carers given that, as Sen and Broadhurst (2010, p. 306) conclude, the departmental staff are expected to “have a central role in influencing the frequency, quality and safety of contact” with family members. Both groups of supporters must work together with the child and young person to ensure that family visits are as rewarding as possible for all concerned and that negative repercussions are minimized (O’Neill, 2004).

Carers were especially active in organizing meetings and visits, providing transport, assisting communication, and providing emotional support. Why respondents did not perceive caseworkers as being as supportive as carers is of interest. It could be that overall they are not as involved as carers in the contact process, although

comments provided by some of the caseworkers in this study would contradict this. Perhaps a lot of their work is done remotely, “behind the scenes”, and the extent of their contribution is not realised by the children and young people.

4.1.5 Indigenous Sibling Placement

While it was expected that placement with siblings would have a positive effect on enhancing cultural connection, the findings here failed to confirm that view. The same pattern of connectedness appeared irrespective of the sibling relationship. Around one third of Aboriginal and Torres Strait Islander respondents overall felt strongly connected with their culture and community, while 31% reported little or no connection. Again, regarding awareness of Cultural Support Planning, a similar proportion indicated awareness in each Sibling Placement group (12%). It would appear that deeper issues are impacting on how connected an Indigenous individual feels with his or her culture. It is unfortunate that co-placement with siblings does not necessarily act as a catalyst to inspire greater numbers of Indigenous children and young people to engage with their traditional community and help preserve their culture.

4.2 Caseworker Engagement with Sibling Placement

The second part of this study concerned data obtained from caseworkers in response to a survey regarding their engagement with all aspects of sibling placement. As the results revealed, there were jurisdictional differences in the average length of time children and young people had been in care, how long the caseworker had been associated with an individual case, and how often the worker would contact a “client”. These variations reflect administrative and policy differences across the states and territories and the employing agencies.

Trends in Sibling Placement, based on caseworkers’ records, already have been discussed in comparison with those of the children and young people who responded in the study. Overall, the distributions of the two groups were similar, with the caseworkers’ records tending to show more Together placements than did those of the children and young people. Even with Culture, where analyses of data from children and young people found no differences among placement groups, caseworkers reported more Together placements for Indigenous and other cultures than for the Anglo-Australians. It appears that the workers who responded in this study were aware of areas of possible deficits in support provided to certain groups and were taking steps to redress these where possible.

4.2.1 Caseworkers’ Success in Placing Siblings

Caseworkers were somewhat self-critical when describing their level of success in placing siblings together. Overall, 17% felt they had been quite successful, but 30% felt they had achieved little. This honest appraisal reflects the summary data that shows there is substantial room for improvement in increasing the proportion of Together placements which would be the ultimate goal. Comments made by caseworkers when discussing the strategies they used to achieve successful placements indicate that these workers were well aware of the

issues and what could be done to achieve a satisfactory outcome. Most of the processes they mentioned as implementing matched Silverstein and Smith's (2009) recommended strategies, such as finding appropriate carers and providing adequate resources for support.

Again, when discussing which factors might make co-placing siblings difficult, caseworkers identified similar problems to those alluded to in the literature (Child Welfare Information Gateway, 2013). They were concerned particularly with carer capacity, both physical and emotional, to handle large sibling groupings, which makes early identification of suitable carers a vital part of the recruitment, training, and induction process.

4.2.2 Caseworkers and Sibling Contact

The final section of this study looked at how caseworkers chose to tackle the issue of achieving sibling contact for those children and young people who were not placed with all their siblings; others were in different locations in care. Most caseworkers (97%) thought that contact between siblings was incredibly important to maintain, but only 70% were heavily involved in trying to achieve it for the children and young people they were supporting in care. A considerable concern was the fact that 20% reported high levels of difficulty in trying to organize sibling contact. The comments they provided, explaining the difficulties of dealing with dispersed family members, negative attitudes of carers, parents, and the children themselves, as well as bureaucratic and administrative constraints, revealed what a complex and time consuming task facilitating sibling contact can be.

4.3 Conclusion

This study was designed to provide some insights into the state of sibling placement and contact within Australian jurisdictions as seen from the perspective of both the children and young people living in the out-of-home care system, and the caseworkers supporting them on their journey through the system. As an outcome of an extensive literature review, issues were identified in the international arena that could be analysed for their application in Australia. Three sibling placement types were identified and their distribution analysed to determine where good practice could be found across states and territories. The results provide a unique snapshot of the care system at present concerning sibling placements, and highlight where improvements need to be made in practice. Comments from caseworkers provide valuable insights and strategies for overcoming potential barriers to creating effective and positive sibling relationships in out-of-home care.

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9.0

APPENDICES



Appendix A

Sibling Placement Survey

Be.ing You

1. Are you:

- Female or Male?

2. What is your date of birth (dd/mm/yyyy)?

3. With which particular cultural group, if any, do you identify?

- Aboriginal
 Torres Strait Islander
 Australian South Sea Islander
 Other cultural group
 No special group

4. If "Other cultural group", please say which:

Be.ing Personal

5. In which country were you born?

- Australia Other

6. If "Other", please say which:

7. What is the main language spoken in the home where you live?

- English Other

8. If "Other", please say which:

9. Do you have an impairment or disability? If "Yes", please indicate which of these causes you most difficulty.

- No
 Intellectual (including Down syndrome)
 Specific learning / Attention Deficit Disorder
 Autism (including Asperger's syndrome; Pervasive Developmental Delay)
 Physical
 Acquired brain injury
 Neurological (including epilepsy)
 Deaf / blind (dual sensory)
 Vision (sensory)
 Hearing (sensory)
 Speech
 Psychiatric (Mental illness)
 Developmental delay

10. Are you receiving special support for this condition (e.g., counselling, special education, medication)?

- Yes No

Be.ing Placed

11. What type of child protection order are you on?

- Voluntary care agreement
 Short-term / Long-term / Final court order
 Interim or temporary court order
 Guardianship / Custody order
 Parental responsibility to a third party (such as a carer)
 Supervision order
 Do not know

12. At about what age did you come into care (years)?

- Less than 1 year old
 1 to 4 years old
 5 to 9 years old
 10 to 14 years old
 15 to 17 years old

13. About how long have you been in care (years)?

- Less than 1 year
 1 to 2 years
 3 to 4 years
 5 to 6 years
 7 to 8 years
 9 to 10 years
 11 to 12 years
 13 to 14 years
 15 to 16 years
 17 years

14. About how many different placements have you had while in care?

- 1 to 2
 3 to 4
 5 to 6
 7 to 8
 9 to 10
 More than 10

15. How do you feel about the number of placements you have had (circle number to show feeling)?

- Very dissatisfied
 Quite dissatisfied
 Reasonably dissatisfied
 Reasonably satisfied
 Quite satisfied
 Very satisfied

16. Why do you feel that way?

17. What type of placement do you live in at present?

- Foster care
 Kinship / Relative care
 Residential care
 Group home
 Permanent care
 Semi-Independent supported accommodation
 Independent living
 Other

18. If "Other", please specify:

19. How long have you lived in your current placement (years)?

- Less than 1 year
 1 to 2 years
 3 to 4 years
 5 to 6 years
 7 to 8 years
 9 to 10 years
 11 to 12 years
 13 to 14 years
 15 to 16 years

20. How many other children / young people under 18 (beside you) live in your household?

- None
 One
 Two
 Three
 Four
 Five
 Six
 More than six

21. If other children / young people under 18 live with you, how do you feel you are treated compared with the others?

- Exactly the same
 Very similar
 A few differences
 Several differences
 Many differences
 Completely differently

22. Please give an example of what makes you feel this way.

Be.ing Me

23. How much do you know about your family story (i.e., your history, family background and traditions)?

- Nothing
 A little
 Some things
 A reasonable amount
 Quite a lot
 Everything I need

24. Who mainly has talked with you about your family story or history?

- A family member not living with you
- Your carer
- Your caseworker
- A teacher
- A member of your cultural community
- No one
- Other

25. If "Other", please say who.

Be.ing Connected

(Indigenous)

26. How well connected or "in touch" with your culture or cultural community do you feel?

- Not at all connected
- A little connected
- Somewhat connected
- Reasonably connected
- Quite connected
- Very connected

27. Who mainly has taught you about your culture?

- No one
- A family member not living with you
- Your carer
- Your caseworker
- A teacher
- A member of your cultural community
- Other

28. If "Other", please say who.

29. To the best of your knowledge, has a cultural support plan been prepared for you (this could be part of your case plan)?

- Yes
- No
- Don't know
- Not relevant to me

30. How involved have you been in the development of your cultural support plan? (If not relevant, select "Not at all".)

- Not at all
- A little involved
- Somewhat involved
- Reasonably involved
- Quite involved
- Very involved

31. In what ways would you like to be more involved in your cultural support planning?

Be.ing Family

32. Do you live with any of your brothers or sisters from your birth family?

- Yes
- No
- No sisters or brothers

33. Are any of your brothers or sisters from your birth family living in care but not with you?

- Yes
- No
- No sisters or brothers

34. How many times have you returned to live with your birth parent(s) since entering care?

- Never
- 1 to 2 times
- 3 to 4 times
- 5 to 6 times
- 7 to 8 times
- 9 to 10 times
- More than 10 times

35. Who would you say is the person you could most rely on to help you through a difficult time (say what their relationship is to you, e.g., aunt, friend)?

36. How easy is it for you to make friends?

- Very hard
- Quite hard
- Reasonably hard
- Reasonably easy
- Quite easy
- Very easy

37. How often are you able to contact your friends when not at school (e.g., on weekends, holidays etc.)?

- Not at all
- Rarely
- Sometimes
- Reasonably often
- Quite often
- As often as I want

38. On average over the last 12 months, how often would you have been in contact with the following members of your birth family (who do not live with you at present)?

	Weekly	Fortnightly	Monthly	Once in 3 months	Once in 6 months	Once in the year	Not at all	No such person
Mother	1	2	3	4	5	6	7	8
Father								
Sister(s) and Brother(s)								
Other relatives								

39. How much contact (compared with at present) would you like to have with the following members of your birth family? (tick one box for each)

	Less	OK as is	More	No such person
Mother	1	2	3	4
Father				
Sister(s) and Brother(s)				
Grandparents				
Other relatives				

40. How supportive has your caseworker been in helping you keep in touch with your birth family members?

- Not at all supportive
- A little supportive
- Somewhat supportive
- Reasonably supportive
- Quite supportive
- Very supportive

41. How supportive has your carer / residential care worker been in helping you keep in touch with your birth family members?

- Not at all supportive
- A little supportive
- Somewhat supportive
- Reasonably supportive
- Quite supportive
- Very supportive

42. What support have these people provided?

43. Finally, is there anything else you would like to say about the contact you have with your sisters and/or brothers?

Appendix B

Caseworker Survey

Caseworker's Sibling Contact Survey

Introduction

This survey forms part of a project conducted by the CREATE Foundation (funded by the Department of Social Services) exploring sibling contact among children and young people in out-of-home care in Australia. In this phase of the study, caseworkers are being surveyed to determine the extent to which the issue of sibling contact is important in their daily activities with their clients, and to identify any actions they take in addressing these issues.

Responses are anonymous and will be treated confidentially. Data will be reported only in aggregated form.

The survey comprises 15 questions, nine of which require selecting a response from alternatives, and six are open-ended. This task should take no more than 30 minutes to complete (depending on the amount of information provided).

CREATE is grateful to all those who devote the time to sharing their thoughts on this important subject.

Caseworker's Sibling Contact Survey

***1. In which state or territory do you work?**

ACT NSW NT QLD SA TAS VIC WA

***2. For what type of employer do you work?**

***3. Briefly describe your position and what your usual duties entail.**

Caseworker's Sibling Contact Survey

NOTE. Questions 4 and 5 relate to individual children and young people for whom you are responsible. The identification number in each table refers to the same child or young person. If you are using your records to complete this section, make sure you use information from the same case for the same numbered person (e.g., Number 2 in Question 4 is the same person as number 2 in Question 5).

4. Please list below these general details of the children and young people for whom you are responsible as caseworker.

	Sex	Age	Culture	Placement Type	Time in Care
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Caseworker's Sibling Contact Survey

5. For the CYP with the same identifying number as in the previous question, please give these additional details of the children and young people for whom you are responsible as caseworker. Use last field, if necessary, to indicate any children and young people on this list who live in the same placement, by inserting the same "P" number for each CYP in that placement.

	Time as CYP Caseworker	Amount of Contact over year	Number of Siblings in total	Number of Siblings in Care	Number of Siblings in Placement	Shared Placement
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Caseworker's Sibling Contact Survey

***6. Are you aware if your department or agency has a policy regarding sibling placement in out-of-home care?**

Yes

No

7. If "Yes", briefly outline the key requirements of that policy regarding sibling placement.

8. If "No", are there any principles you follow personally when dealing with sibling placement?

Caseworker's Sibling Contact Survey

*** 9. How successful have you been in ensuring that children and young people in your care are placed together with siblings?**

10. What have you been able to do, if anything, to help place siblings from one family together?

11. What factors, if any, have made it difficult for you to place all siblings from one family together?

*** 12. How important is it for you to ensure that children and young people in your care are able to contact their siblings?**

*** 13. How involved have you been in organising contact between children and young people in your care and their siblings?**

*** 14. How difficult has it been for you to arrange for children and young people in your care to contact their siblings?**

15. What factors, if any, have made it difficult for you to arrange for children and young people in your care to contact their siblings?

16. Do you have any final comments?

Caseworker's Sibling Contact Survey

Conclusion

Thank you for your time in helping us understand your role in supporting sibling contact for children and young people in out-of-home care.

If you would like more information about this project contact Dr Joseph McDowall, Executive Director (Research), CREATE Foundation (j.mcdowall@create.org.au).



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