

OUTLINES

A RESEARCH AND EVIDENCE SUMMARY SERIES

Sibling relationships in care

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Background

This outline aims to answer the question of how can practitioners best promote sibling relationships when siblings do not live together, or how to identify, establish and repair lost relationships i.e. if siblings have never met, or locating extended family.

This outline will explore the current outcomes associated with sibling relationships, how entering the care system affects sibling relationships, what are the current policies and practices in supporting sibling relationships and what are some principles of good practice.

Definitions

Siblings are seen in health and social care literature in different ways. Some see siblings as those sharing a mother and having the same home environment (Meakings et al 2017). Hegar and Rosenthal (2011) put forward that siblings are those who the children themselves considered siblings. Other studies have embraced a similarly broad definition, by asking participants themselves to identify their siblings (Richardson and Yates, 2014).

From a developmental perspective, siblings are widely seen as instrumental in creating opportunities for the development of trust and understanding between young people, often due to reciprocal interactions such as play and conflict. Research shows that early sibling bonds can be extremely beneficial and can help the development of later relationships ([Kosonen, 1994](#)). A shared developmental and affective history places siblings in a situation in which they can become a source of emotional support for each other (Howe, Aquan-Asee, Bukowski, Lehoux, & Rinaldi, 2001). Throughout childhood, siblings serve as both companions and confidants for one another ([McCormick, 2010](#)). Meanwhile, sibling teaching and caretaking provide the opportunity for the development of guidance and support. Prosocial and

cooperative behaviour as well as pretend play and conflict management in the preschool years are all attributed to positive sibling interaction.

Children in care

Children enter foster care for various reasons such as abuse or neglect by their caregivers' including:

- physical
- psychological
- social
- emotional or
- sexual maltreatment.

Hegar (1986, p.1) suggests that:

- environmental stress;
- parent lack of child and homemanagement skills;
- unsafe physical environment;
- parent absence or isolation;
- parental illness or inability to cope with family needs;
- disciplinary practices;
- and lack of material resources

are the primary reasons for children's removal from their homes (Sheppard, 2017).

Chambers et al's ([2010](#)) review identified a range of challenges displayed by children and young people who are taken into out-of-home care. Young people have been found to have significantly higher rates of

- mental
- developmental
- behavioural
- emotional

- physical health problems than non-fostered children from similar socioeconomic and demographic backgrounds.

Experiences of disrupted care, parental abuse, and neglect have been associated with this array of challenges. 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).

A recent report by Lord Laming ([2017](#)) showed that although looked after children represented 1% of children in the general population in England and 2% in Wales, they were six times more likely than children in the general population to be convicted of a crime or receive a caution. Moreover, over half of the children in secure training centres and 38% of children and young people in youth offending institutions report that they are, or have been, in care, compared with 1% of children in the general population in England and 2% in Wales. They estimated that up to half of all children in custody were, or have been, looked after children.

Siblings and care

In the context of these challenges faced by care-experienced children, a report by Wellard et al. (2017) explored the views of 53 young people who had been brought up in kinship care and highlighted how important siblings were for those individuals. Three-quarters had been separated from a sibling at some point. Most had some contact with at least one separated sibling, especially when siblings lived with a parent or relative, but less so when they were in unrelated foster care or had been adopted. Many of the young people who had lost contact with a sibling mourned the loss.

Practice wisdom and limited research support the basic premise that children experience better outcomes when placed with their siblings in temporary care. These outcomes include greater stability, fewer emotional and behavioural problems, fewer placements, and fewer days in placement (Meakings et al 2017).

Outcomes for siblings in care

Meakings et al (2017) argue that sibling relationships in the context of care impact individual's outcomes in substantial ways. It can impact

- placement stability and cohesion within the foster family;
- permanence (including reunification);
- health and well-being; and
- educational progress.

Herrick and Piccus (2005) investigate 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. 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 also 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 those who did not have such childhood relationships.

In terms of emotional and behavioural outcomes, Hegar's (2005) review of research suggested the possibility that siblings placed or adopted together had fewer emotional and behavioural problems over time. Linares et al (2007) also found partial support for the positive effect of intact sibling placements among 156 siblings placed in certified foster homes in New York City. At 1-year follow-up, positive sibling relationships led to lower child behaviour problems. Negative sibling relationships led to more problems at follow-up. To the extent that there are positive sibling relationships, available research offers some support for the positive effect of intact sibling placement on child well-being. In sum, while sibling characteristics may play a role in sibling group placement, their influence may be best understood by examining how others in their environment respond to these factors.

In a review of the international evidence by the Rees Centre at Oxford (Meakings et al. 2017), it was found that in the main, sibling groups placed together experienced greater stability of placement. Older children who had previously been placed with siblings, once separated, were found to be at particular risk of placement disruption, and they often found it hard to settle in the new foster family. Siblings, particularly those who had entered care at the same time, were more likely to reunify with the birth family. As to their emotional and behavioural outcomes, the picture is mixed. For certain children in certain conditions, being placed with a sibling is associated with more favourable mental health outcomes. However, some young people who were separated from their siblings, and who had high levels of behavioural difficulties on entry into care, improved when not living with their brother or sister. The review, however, concluded that taken together, the findings provided qualified support for the provision of sibling placements.

Why are siblings separated

The decision or desire to place siblings together or separate them when they must enter foster care is often based on the policies, procedures, and strong preferences of child welfare agencies.

Although child welfare practitioners recognise the importance of the sibling bond, sustaining the sibling relationship continues to be a challenge in practice (Groza et al 2003). McDowall (2015) highlights that many children and young people do not live with all of their siblings in out-of-home care, and contact with siblings who are not living together is not always regular or easily accessed. This report sheds light on the experiences of children, young people and caseworkers in each state and territory and what they think about this important issue. Overall, decisions to place children together with, or apart from siblings, were commonly linked to the timing of their entry into care relative to one another, age on entry into care, sibling group size and placement type. Factors associated with the initial decision to place siblings together or apart:

- Siblings who enter care at the same time are more likely to be placed together and those that initially are placed together are more likely to remain together
- Siblings who are younger, those closer in age and those of the same gender are more likely to be placed together
- Larger sibling groups are less likely to be placed together than smaller groups, though more likely than smaller groups to be placed with at least one sibling
- Sibling groups are more likely to be together in kinship care than in 'stranger' foster care
- Behavioural difficulties and placement resources, including the availability and willingness of foster carers, are also important factors in placement decisions
- The reasons for placing siblings apart are not always known by children's case (social) workers.

Overall, Shlonsky et al ([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. In such cases, child welfare workers face the difficult task of trying to minimize the trauma to children by choosing placement settings that will best meet their needs, including their need to sustain sibling attachments.

McDowall (2015) report on sibling placement and contact in out-of-home care concluded that:

- In the main, sibling groups placed together experienced greater stability of placement, although not all the studies that considered stability demonstrated this.
- Older children separated from siblings, after having been in placement with them, were found to be at particular risk of placement disruption and a poor sense of belonging in the foster family.
- Siblings placed together were more likely to reunify with the birth family, particularly when they enter care at a similar time to one another. Reunification of those placed together was also quicker.
- Most of the evidence on emotional and behavioural outcomes for children showed either no relationship with joint or separate sibling placements or an improvement in particular circumstances. For certain children in certain conditions, sibling placements together were associated with more favourable mental health outcomes. However, improved behavioural outcomes for children with high levels of behavioural difficulties on entry into care were seen in those young people separated from siblings in care.
- Only two of the 18 studies looked at educational outcomes and both reported a positive association between educational outcomes and being placed together.
- Taken together, the findings provided qualified support to the argument for promoting childhood mental health through the provision of sibling placements.

Policy context

In England and Wales, The Children and Young Persons Act ([2008](#)) places a duty on Local Authorities to accommodate siblings together in care, so far as is reasonably practicable and subject to welfare considerations. Existing evidence suggests that siblings in care should be placed together unless there is a justifiable, child-centred reason for separation. In 2012, Ofsted undertook a survey in England of more than 2000 looked after children which found that nearly two thirds (63%) of the young people had at least one sibling also in

care, yet 71% of these children were not in the same placement as all their brothers and/or sisters ([Ofsted 2012](#)). When children are placed in alternative-care settings, sibling relationships are at risk of interruption and, in some cases, termination.

Practice decisions

Although few facts are available to give practice direction beyond case-specific examples ([Wedge & Mantle, 1991](#)), it appears that factors affecting placement decisions regarding siblings include worker and agency philosophy. For the most part, child welfare workers believe siblings should be placed together, but their actions are sometimes inconsistent. Jones and Niblett (1985) found that professionals at a workshop on the placement of siblings did not consistently support the assumption that siblings should be kept together unless there was a compelling reason to separate them.

Groza et al. ([2003](#)) identified key areas of best practice to aid practitioners when thinking about sibling placements. They distinguish between:

Philosophy/culture

- Embedding it in processes and practices - keeping siblings together might require establishing procedures that don't exist.
- Additionally, if siblings are separated, procedures should be in place to expedite their reunification in one home if appropriate, and if not, to provide for regular and consistent visitation (see *When Siblings Are Separated: Sustaining Sibling Ties*).
- From the point at which a family becomes involved with an agency, efforts can be made to collect information about siblings. For example, embedding the use of genograms at intake can be helpful to document information about siblings.
- The creation and revision of procedures mean the revision of forms. All forms associated with placement processes should be revised to reflect

the careful attention paid to siblings entering care. Such forms might include intake forms and placement questionnaires. Furthermore, the agency's management information system should be advanced and updated to link information about siblings who enter care at different points in time, making it possible to consider placement together.

Sustaining foster homes

- Recruit families who value sibling relationships.

Case Decision-Making Around Sibling Placement

- Because the decisions around sibling placement can be complex, a multidimensional assessment is useful.
- The third area to assess is the quality of sibling relations. At the basic level, quality is a continuum from good to bad. The quality of sibling relationships can change over time depending on the family and social context. Quality cannot be assessed at one given point in time or without consideration of what is happening around the siblings in their family, at school, in the neighbourhood, at church or synagogue, or with their peers. Careful attention should be paid to understanding how abuse and neglect can put children in different roles.
- The next major issue to assess once the sibling relationship has been fully described is safety. This assessment describes any risk factors associated with the children being placed together.

Sustaining ties when siblings are separate

- This can include placement of subsets of siblings together, face-to-face visits, letters, and phone calls. Siblings can and in some cases should be seen jointly in therapy sessions. Processes should also be in place for regular and timely reviews of all sibling placements when children are separated.
- A procedure should exist that specifies how often visits are to occur and who is responsible for coordinating visits and providing

transportation. Developing a detailed contract with the families providing care that specifies the maximum time between visits, frequency of phone contact between siblings, and plans for keeping current the addresses and phone numbers of all the siblings that are freely and easily given to the children will help ensure frequent and timely contact.

McBeath B et al (2014) Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. Children and Youth Services Review, 39, pp.1-10.

In recent years, the child welfare field has devoted significant attention to siblings in foster care ([McBeath et al 2014](#)). Policymakers and practitioners have supported efforts to connect siblings via shared foster placements and visitation while researchers have focused on illuminating the empirical foundations of sibling placement and sibling intervention in child welfare. The current paper synthesizes the literature on sibling relationship development and sibling issues in child welfare in the service of presenting a typology of sibling-focused interventions for use with foster youth. The paper provides two examples of current intervention research studies focused on enhancing sibling developmental processes and understanding their connection to child welfare outcomes. The paper concludes by presenting an emerging agenda informing policy, practice, and research on siblings in foster care.

Aggravating factors

Despite the best efforts of an agency to try to place siblings together, there are situations that prevent this from happening. For example, siblings are separated when one or more of the siblings are placed in foster care while the othersibling(s) remains in the birth family (Wedge & Mantle, 1991). In many situations, siblings who remained in the home subsequently enter care, but the sequential entrance into the child welfare System (i.e., they enter after each other) can result in separation. Separating siblings when they enter care

contributes to their continued separation in adoption planning, regardless of their interaction with each other (Ward, 1984). Additionally, significant safety concerns may exist between siblings. Sometimes siblings who have lived in abusive and neglectful families adopt the behaviors of the perpetrators in (or out of) their home, and children end up harming each other. A common example is the child who has been sexually abused who in turn perpetrates sexual abuse upon a younger sibling. Depending on the nature of the abuse, it is sometimes necessary to separate children in these situations until the issues of safety are resolved to the extent that, with the appropriate care, services, and supervision, the children will not be in a position to hurt each other.

Recommendations

The findings from this review support the legislation that requires local authorities to place siblings in care together where possible, subject to welfare considerations of the children. Since in a significant minority of cases this is not happening in practice, further work is needed to address the barriers to fully implementing this requirement. In particular:

- Young people should be more involved in placement decisions. There is increasing evidence from interviews with young people that involving the young person in their placement decision leads to better outcomes (Ofsted, 2016) and this applies equally to sibling group placements.
- Fostering service managers need to recruit foster carers who are able and willing to foster sibling groups, such as those with greater housing capacity and those with more experience in caring for multiple children with a range of needs. It is important too that foster carers are committed to helping facilitate contact between siblings placed apart.
- Fostering providers need to identify incentives to foster carers to take sibling groups including considering financial benefits, training and adequate support.

- To help inform service planning, fostering providers need to consider the developing body of evidence around the impact of intervention programmes designed to support siblings in foster care. The intervention studies in this review show promising early findings, not just in relation to the greater frequency of sibling copacements, but also with reference to the improved quality of the sibling relationship for children in foster care.

Models/interventions

Family Group Decision Making

Family group decision making (FGDM) was originally developed in New Zealand as a way to address problems in the child welfare system by involving family members in resolving a family crisis. It is being used by 32 states, and American Humane sponsors the National Center on Family Group Decision Making (<http://www.americanhumane.org>). There are variations on the original New Zealand model, but most are based upon the assumptions that families have strengths and resources and are capable of making appropriate decisions about the welfare and safety of children. FGDM is strengths-oriented, family-centered, culturally based, and community-based. Family empowerment is a key component. Families make the decisions about what is best for each child. FGDM thus has the potential to alter traditional child welfare practice by focusing on the family rather than the child and by locating decision making with the parties most interested and able to provide knowledge about the well-being of the child ([Gustavsson, 2010](#)).

Siblings Forever

Parker et al ([2018](#)) report on caregivers' and young people's experiences of a novel approach to sibling contact, Siblings Forever, an event devised to overcome some of the tensions and frustrations in usual arrangements. It involves a residential weekend when brothers and sisters living apart come together along with their kinship and foster carers. Interviews with six participating young people and six of their caregivers were analysed

thematically. Five dominant themes were identified which encompassed young people's views on the occasion and their perceptions of differences from typical contact arrangements. They highlighted its unique atmosphere, the importance of having 'normal' experiences with their siblings, how old dynamics affected current interactions, caregivers' commitment to sustaining sibling relationships and the effort required to make the project work. The findings are discussed in the context of relevant theory and systemic concepts, and the pros and cons of managing sibling contacts in this way are identified.

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