

# Sibling Connections in WA:

The views and experiences of young people with an out-of-home care experience in Western Australia

*They are family. They are my connection to all that is me. (Male, 14)*



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## Background

### Sibling Bonds

There are many ways to describe what a sibling is; no two sibling relationships are the same. Siblings, or *siblinghood* (Monk & Macvarish, 2018), may symbolise closeness, familiarity, connection, and shared history (McDowall, 2015; McCormick, 2010). However, sibling relationships may also be distant, non-existent, or unsafe. Definitions that attempt to describe what a sibling *is* range from conservative, legal definitions that highlight a biogenetic link (Monk & Macvarish, 2018), to more personal definitions determined by the individuals themselves (McDowall, 2015; Meakings et al., 2017; Seale & Damiani-Taraba, 2017).

The concept of brother or sister is also culturally defined (Edward, 2011; Hermeston et al., 2016; McDowall, 2015). Young people from culturally and linguistically diverse families may have different familial structures, responsibilities, and notions of sibling identity. Also, in the First Nations Kinship System (different to general kinship), sibling relationships may extend beyond immediate family to include skin-relatives and other community members (Fejo-King, 2013; Hermeston et al., 2016).

While sibling relationships might differ across households and communities, it is well recognised that a positive sibling bond has the potential to support a whole range of positive life outcomes including social, emotional and physical wellbeing; resilience; stability and permanency; developmental growth; and identity formation (McCormick, 2010; McDowall, 2015; Meakings et al., 2017; Seale & Damiani-Taraba, 2017; Tilbury & Osmond, 2006). It is also well documented that children and young people with a sibling connection spend more time with them than any other person in their relationship network (Meakings et al., 2017; McDowall, 2015, 2020). This relationship can also be lifelong; continuing into adulthood and throughout one's life (McCluskey, 2015; McCormick, 2010; McDowall, 2015, 2020; Meakings et al., 2017; Monk & Macvarish, 2018; Rast & Rast, 2014).

However, within the child protection and out-of-home care (OOHC) systems—institutions based on emergency crisis intervention—family units, kinship systems, and sibling relationships are often disrupted. Placing siblings apart without fully assessing and appreciating the nature of their bond, or taking the time to offer therapeutic intervention can have a devastating impact on a young person.


### Where Are Siblings Placed in OOHC?

For young people coming into OOHC, decisions about whether they stay with their sibling/s are often beyond their control. Ideally, co-placement (keeping siblings together) is the preferred pathway (McDowall, 2015; Seale & Damiani-Taraba, 2017). If siblings cannot be co-placed then a commitment to maintaining connection (also called access or contact) across different placements is vital (CREATE, 2020). This does not always happen however, and siblings are frequently unable to maintain their relationship/s on a normal day-to-day basis.

Siblings can be grouped into four general categories—Together, Splintered, Split, and Alone (McDowall, 2015; Seale & Damiani-Taraba, 2017). Together refers to the co-placement of all siblings together in OOHC, Splintered means that the young person lives with some siblings but not all in OOHC, Split sees all siblings in separate OOHC placements, and Alone refers to the young person having sibling/s outside of OOHC and not living with them (McDowall, 2015).

In a national survey of siblings in OOHC conducted by McDowall (2015), only 53% of the 1160 young people interviewed reported they were living with at least one of their siblings; 39% were completely separated from all siblings. More recently, CREATE's (2020) position paper on sibling connection argued:

Siblings in out-of-home care, wherever possible, must be supported to stay together; and where co-placement is not possible, they must be enabled to maintain connection (often referred to as having contact or access) with each other while in care. Sibling connection



arrangements should be included in individual case planning and the frequency and method of contact (e.g., face-to-face, phone, mail/email etc.), should be directed by each individual child (as age appropriate) or young person in care, unless there is particular risk of harm.

The United Nations Guidelines for the Alternative Care of Children likewise states:

Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes and feelings. (United Nations General Assembly, Resolution 64/142. Guidelines for the Alternative Care of Children, 2010, para 17)

While siblings might be separated for safety reasons, this isn't always the case, and some of the most common factors affecting placement decisions tend to be more logistical and resource dependent. For example, decisions might be impacted by the availability of carers capable of caring for sibling groups (Meakings et al., 2017; Seale & Damiani-Taraba, 2017). Other issues that may lead to separation of siblings include staff and resources; whether siblings come into care at different times; age gaps between siblings; and if any siblings have high needs that require specialist care (McCormick, 2010; Meakings et al., 2017; Seale & Damiani-Taraba, 2017).

### **Sibling Rights and Siblings as Protectors**

Western Attachment Theory underpins much of the child protection system with an emphasis on the child-parent or child-caregiver relationship (Seale & Damiani-Taraba, 2017). This means that placement decisions are driven by securing a suitable individual foster (or other) parent. This can be problematic not only on a cultural level (e.g., for young people raised in communities where communal child-rearing exists and multiple relatives are also seen as primary caregivers), but for vital sibling relationships as well. Attachment Theory often undervalues and overlooks relationships that are not singular primary caregiver roles and instead favours “building a relationship with a foster parent rather than maintaining a sibling relationship” (Seale & Damiani-Taraba, 2017, p. 18).

Sibling research and sibling rights, on the other hand, recognise that positive sibling attachments can uniquely provide both protection and healing for the child with an OOHC experience (McCormick, 2010; Meakings et al., 2017; Seale & Damiani-Taraba, 2017). Separating siblings who have already been removed from parents or kinship networks potentially runs the risk of compounding loss, anxiety, and grieving even more and re-traumatising the young person (Harrison in McCormick, 2010). Importantly, research also argues that the sibling bond can act as a “protective factor,” shielding young people from further trauma (Seale & Damiani-Taraba, 2017, p. 3).

### **The Western Australian Context**

Like all other jurisdictions in Australia, sibling rights are not legislated in Western Australia and therefore are not legally binding in the child protection system. Whether siblings stay together or, at the very least, whether they maintain contact, is at the discretion of the Department, carers, and child protection workers. Within the Department of Communities siblings are referred to through the more general framework of family contact. The Department (2019) recognises that one of the key benefits of well-planned family contact is the opportunity to “maintain and enhance sibling relationships, particularly where siblings are not living together.” However, targeted information on sibling rights, sibling co-placement, and sibling-specific contact is non-existent.

Therefore, while many theoretical inroads have been made to advance the primacy of sibling rights within child protection theory and research, CREATE was eager to find out if it has translated into practice in Western Australia. The voices expressed by young participants in this consultation highlight aspects working well, but also, key areas that need further consideration and more support and action.



## Method

### Participants

Twenty-seven young people (12 to 18 years; 18 females, 9 males) with an alternative care experience in Western Australia participated in the consultation. Twelve identified as Aboriginal and/or Torres Strait Islander (44% of participants); 15 identified as Australian or no specific culture. Four reported living with a disability (15%); three of whom were receiving support (e.g., NDIS, support worker, psychological support). Two reported a diagnosis of Autism; two reported multiple diagnoses (including dyslexia, ADHD, learning disability, Fetal alcohol spectrum disorder (FASD), and separation anxiety). Most commonly, participants lived in a home-based placement (e.g., kinship or foster care placement;  $N = 21$ ; 78%) and had experienced only one to two placements in care ( $N = 13$ ; 48%; see Table 1).

### Materials

A mixed method approach was used, employing quantitative and qualitative research methodologies. Data were collected using a 38-item survey, written and developed by CREATE Foundation (see Appendix A). The survey included 12 demographic questions (e.g., age, placement type, cultural group). The remaining 26 questions included both closed format (using check-box, rating scale, and short answer response formats) and open-response questions. The open-response questions asked about sibling relationships (e.g., if they live with their siblings; how much contact they have with siblings they do not live with; how much of a say and how supported they feel in maintaining sibling relationships; impact of COVID-19 on their relationships).

Rating scale questions used a six-point Likert scale response format with anchors relevant to the question (e.g., How happy are you with the amount of time you see or communicate with your sibling/s not living with you at the moment included options between [1] *Not at all happy* and [6] *Very happy*). Check box questions included options relevant to each question (e.g., “How much contact would you like to have with your siblings” included options of *less*, *ok as is*, and *more*).

Several short-answer questions sometimes allowed the opportunity for elaboration on a rating-scale response (e.g., “Additional comments”), or as a follow on from the previous question (e.g., “Based on your rating above, what support has your carer provided?”). The survey included two stand-alone short-answer questions to understand what young people liked and found difficult about living with their siblings; and a final question to obtain any last thoughts (“Is there something else you would like to say about why staying in contact with your sibling/s is important to you?”).

### Procedure

Participants were recruited through the clubCREATE member database<sup>1</sup> by two staff members. CREATE staff members contacted young people by phone and invited them to participate. When recruiting young people, CREATE staff members explained to young people (and their carers where relevant) the nature of the consultation, that participation was voluntary, and information about confidentiality. Information was made available to young people in a *Participation Information Sheet* that can be accessed any time on the CREATE Foundation website. Staff members obtained informed consent/assent from all young people (and consent from carers where relevant) either verbally or in written form. The consultation was conducted in accordance with CREATE’s *Disclosure and Consultation with Young People* policies. Following participation, young people could elect to receive a \$25 voucher in recognition of their time and insights.

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<sup>1</sup> All children and young people who participate in CREATE events and programs are invited to join *clubCREATE*, which entitles them to receive additional invitations to special events, regular magazines, birthday cards, and to be consulted on issues relevant to their lives in out of home care.

Consultations were mostly completed over the telephone with a CREATE staff member (N = 26; 96%); one participated online with a support person (4%). Consultations taking place over the telephone took the form of structured interviews; rating-scale options were stated orally, allowing young people to nominate their chosen alternative. Responses to open questions were recorded verbatim. Quotes in this report are unchanged; however, they are de-identified to protect the anonymity of young people and will be attributed to individuals by sex and age.

**Table 1. Participant Demographics**

Demographics	Number of Young People
<b>Age</b>	
12–13	4
14–15	10
16–17	12
18	1
<b>Sex</b>	
Female	18
Male	9
<b>Culture</b>	
Aboriginal	12
Australian: No specific group	15
<b>Age first entered care</b>	
0–3	15
4–7	7
8–11	5
<b>Number of placements</b>	
1–2	13
3–5	7
6–10	2
More than 10	3
Unsure	2
<b>Placement types when in care</b>	
Foster care	12
Kinship care	9
Family group home	3
Homestretch	1
Semi-independent supported accommodation	1
No longer in care	1
<b>Disability</b>	
Learning Disability (Dyslexia)	1
POTS Heart Disorder	1
Intellectual Disability	1
Autism and ADHD	1



## Data analysis

Data was analysed using statistical analysis for quantitative data (e.g., frequencies, percentages) and thematic analysis for qualitative data. Thematic analysis used an inductive grounded theory approach, allowing concepts and themes to emerge from young people's voices, rather than being led by researchers' expectations, theories, or previous research (Breckenridge & Jones, 2009). In open response questions, young people were able to mention several points in one answer; therefore, the number of comments can exceed the number of participants. Coding, categorising, and interpretation of themes were assisted by having two researchers examine the data independently.

## Limitations

This consultation reported on the experiences of 27 young people with an alternative care experience in Western Australia. This is a small proportion of young people with an out-of-home care experience. While this by no means diminishes the invaluable testimonies and data supplied by the young people, making generalisations about these experiences as representative of the larger OOHC experience must be approached with some caution. The aims of qualitative research, and this consultation, are to understand the experiences and views of these participants. Further research is needed to determine the prevalence of the views expressed and to explore these issues in more depth.

## Findings

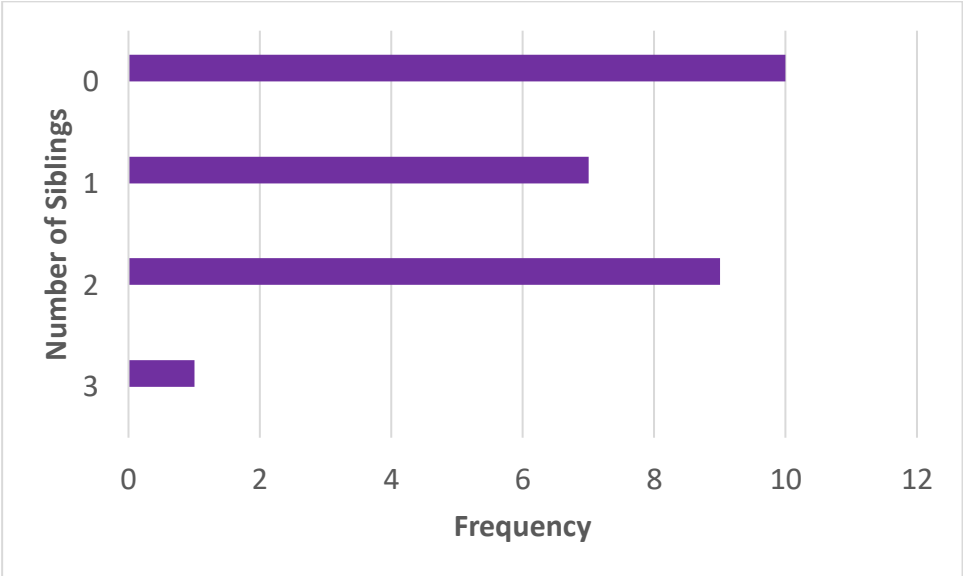
### Living with Siblings

Participants were asked how many siblings they have in their birth family. The number of sisters and brothers identified are presented in Table 2. On average, young people had approximately 5 siblings (range = 2 to 8 siblings;  $SD = 1.77$ ); although three stated that they were not aware of all their siblings. Not one young person reported living with all of their siblings. Many stated that they were not living with any of their siblings ( $N = 10$ ; 37%). Seven were living with one (26%); nine with two (33.3%); and one with three (3.7%) (see Figure 1). Young people reported that siblings who were not living with them were either in different placements or not in care (see Figure 2).

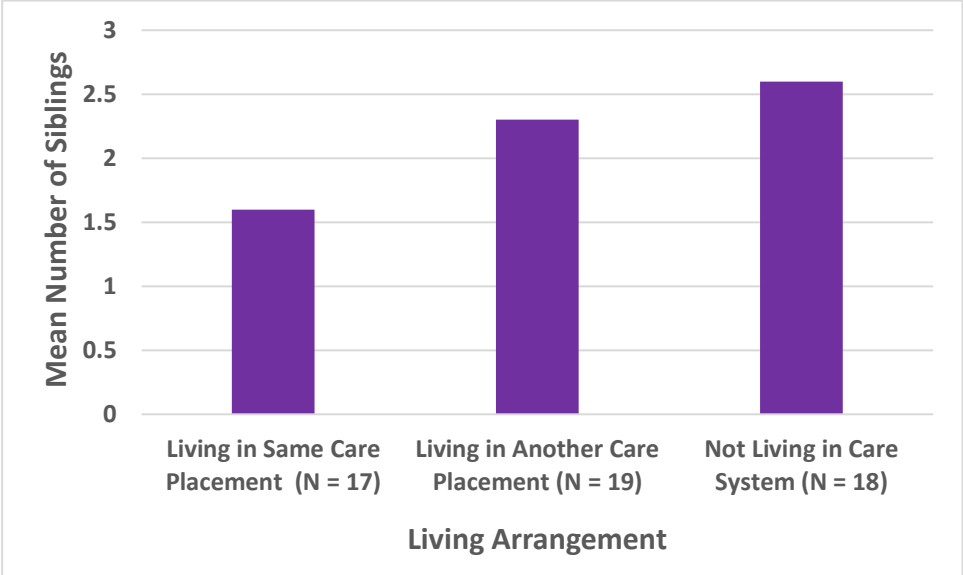
**Table 2.** *Number of Siblings in Family*

Number of Siblings in Family ( <i>Sister</i> )	Frequency	Number of Siblings in Family ( <i>Brother</i> )	Frequency
1	4	1	11
2	9	2	6
3	7	3	3
4	3	4	4
5	1	5	1
6	2	6	1

**Figure 1. Number of Respondents Living with Designated Number of Siblings in Care**



**Figure 2. Mean (Average) Number of Respondents' Siblings Living in Different Arrangements**



**Having a Say About Living with Siblings**

Most young people felt they could have a say about living with their siblings when talking with their carers and caseworkers; with most frequent ratings of *All I need* and *Quite a lot*, respectively (see Figure 3). However, around 20% of respondents indicated they had no say in either situation; one young person commented that she did not have a caseworker, which creates a substantial barrier to having a say.

Some expressed choice about who they lived with:

*I choose not to live with them. (Female, 15)*

*I get a choice in pretty much everything [with my carer]. (Female, 17)*

However, most comments focussed on being able to have a say in relation to contact rather than having a say about living with their siblings:

*My carer is very easy going and encourages contact. (Male, 14)*

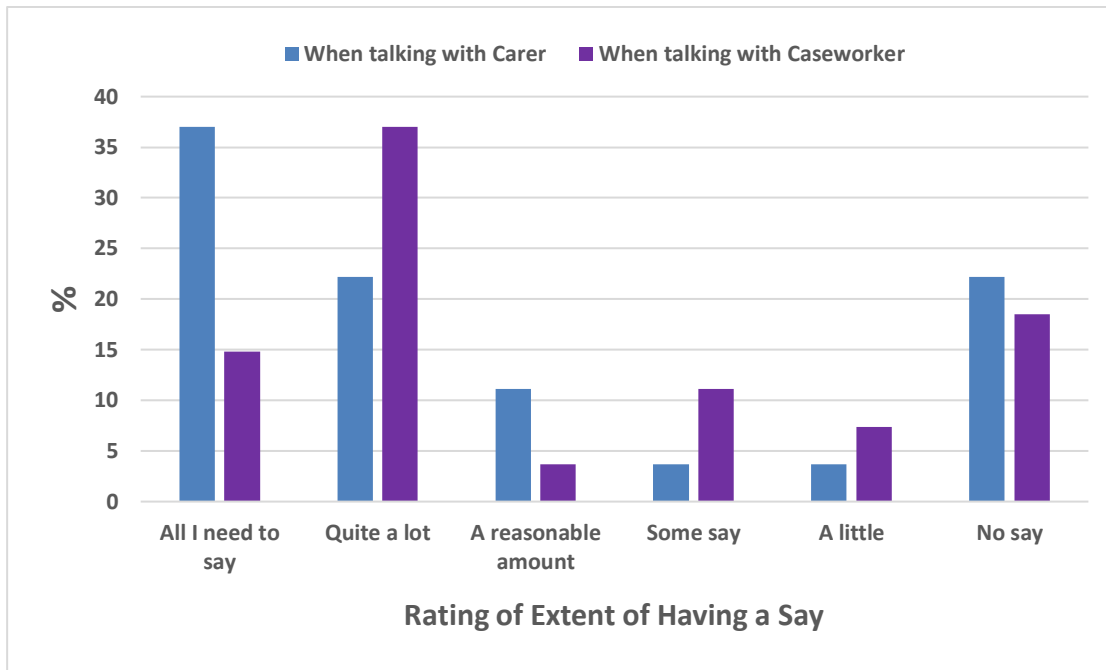
*I have good access to my older sister when I need. My carer has more of a say than my caseworker. (Male, 14)*

*They [caseworkers] are very pro-active about me seeing my family. (Female, 16)*

*They [caseworkers] are supportive with contact. (Male, 14)*

*[Caseworker is] good with visitations. (Female, 16)*

**Figure 3. Having a Say about Living with Siblings**



Of concern was the substantial proportion of respondents who felt that they had *little to no say* with carers and caseworkers.

*When I was living with my carer, I had no say at all, they wouldn't listen. They [caseworkers] wouldn't let me see my younger sister or brother at all. (Female, 18)*

*I haven't lived with my siblings since year 7 so I have never asked. I've never had any say, even when I was living with my siblings and when I was moved. (Female, 17)*

*Carer has no say either, it is up the department. (Female, 12)*

*Has been about 3-4 years since seeing her [sister]. Her carers don't seem to care about us boys. (Male, 17)*

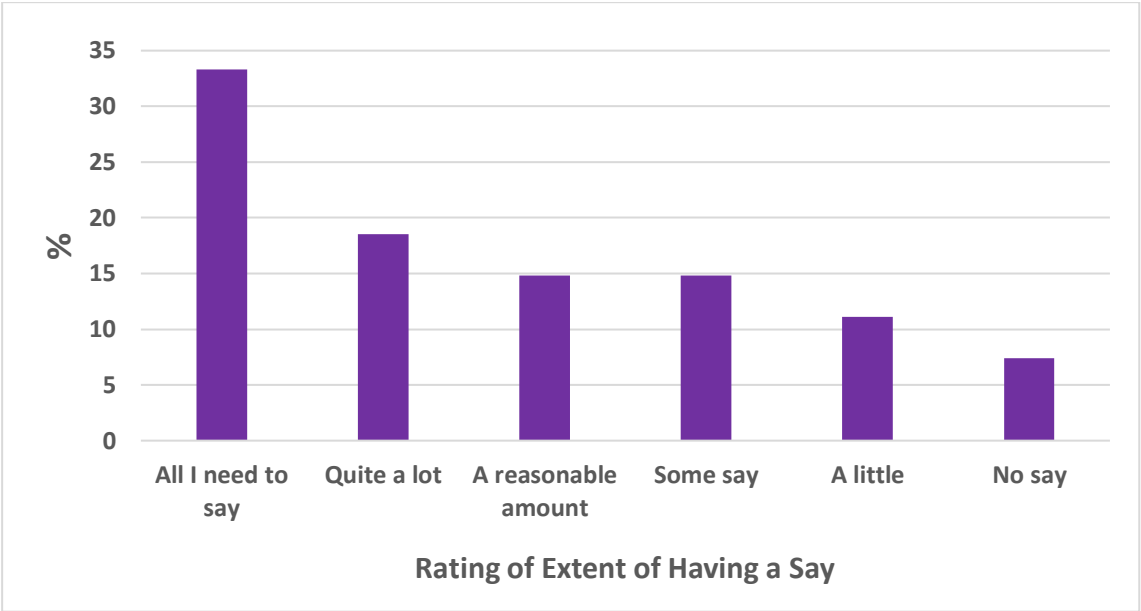
*My caseworker is kind of useless. I was forgotten about for about 5 years with no support or contact from the Department. My carers weren't even being paid. It could definitely be more of a priority with the Department. They don't value the importance as much as they should and ensure siblings are kept connected when in care. (Female, 17)*

*We never got to choose when we wanted to see them. (Female, 13)*

### Having a Say About Staying in Contact with Siblings When Not Living Together

Half of those surveyed claimed that they had *Quite a lot* or *All they needed to say* about staying in contact with siblings (see Figure 4).

**Figure 4.** *Having a Say about Staying in Contact with Siblings*



Many expressed that they could contact their siblings whenever they wanted or needed.

*My little sister has her own phone, so we call whenever we want. (Female, 17)*

*I get to speak with all my sisters when I need to. There are no limits. (Male, 14)*

*See them every weekend. (Female, 15)*

*My sister is a lot older than me, so she is more like a mother figure and checks in on me. I usually speak with her when I have problems. We will catch up for Xmas for sure which is good. (Male, 14)*

Some young people expressed that they would like more of a say. Three identified difficulties negotiating contact due to having different living arrangements (e.g., all in care but with different carers; some in care and some with birth parents).

*When I was in care with DCP they let me see my little brother and sister, but now I am not in care and live with my mum DCP won't let me see them anymore. (Female, 18)*

*With my brother, we don't have any say. His carer stopped all contact and we don't get any say. We have all tried but we don't get to see him. It is really hard on all of us. (Female, 17)*

One identified a future barrier to contact, as her siblings were being placed in a distant placement that would mean transport to see her siblings would take four and a half hours.

*It is very difficult when they try move siblings away. They [the Department] are moving my siblings away and it is going to be difficult to see them. I can walk to see them now in the next suburb, but they are moving back to [location] so I can't get there. (Female, 17)*

Five young people felt they had *little to no say*.

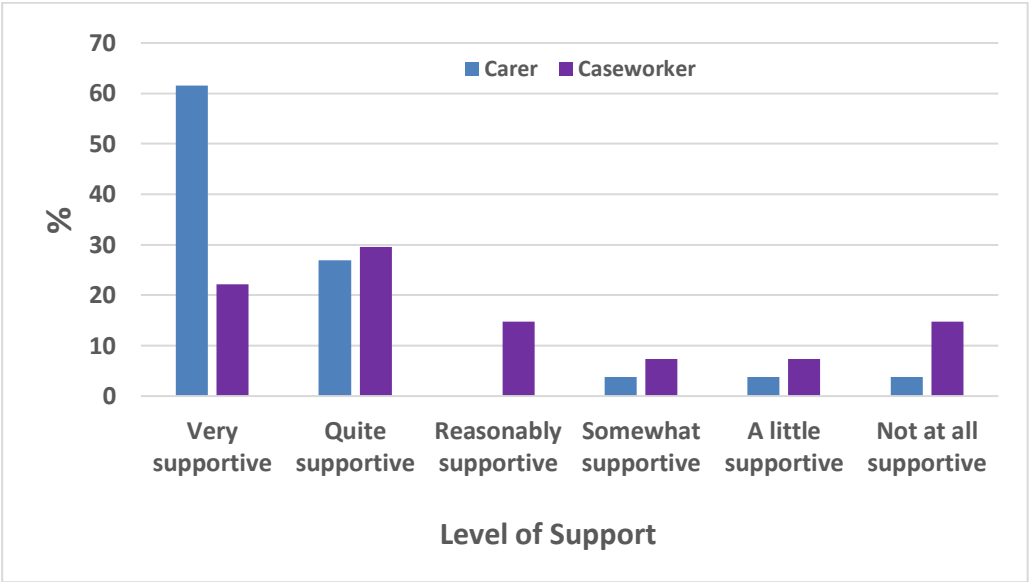
*No one really cares that much, not considered a priority to them. (Male, 17)*

*The caseworker decides when I can see my siblings that don't live with me. I would like to see my dad's children. I see children that have the same mum, but the Department don't organise to see my siblings on my dad's side. (Female, 12)*

**Support Maintaining Sibling Relationships When Not Living Together**

Most frequently, carers were rated as *Very* or *Quite supportive* around maintaining sibling relationships (with 88% of young people rating their carer as *Very* or *Quite supportive*; see Figure 5). Many found caseworkers supportive as well, with more than half rating their caseworker as *Very* or *Quite supportive*. However, caseworkers were more likely to receive lower rating of level of support for sibling connection.

**Figure 5. Support Provided by Carers and Caseworkers for Maintaining Sibling Connection**



Carers provided practical support (such as transport to see their siblings, money for activities or presents, help calling, arranging face-to-face visits), access to communication devices or mediums (e.g., access to phones, social media), encouragement to connect, and privacy.

*Helping me use the phone to call and drives me to contact. (Female, 12)*

*Use of her phone when I don't have one. (Male, 15)*

*They encourage contact. They let me use social media and I have my own phone which gives me privacy. (Male, 15)*

*She is always asking how they are and if I have spoken to them and that I should speak to them. (Female, 16)*

*Provided contact with my siblings. Have given me phone numbers of my sibling's fathers so I can contact them. We visit with them almost every holiday, Easter, Christmas, and birthdays and we send them birthday gifts. (Female, 16)*

One commented that more support from her carer would be helpful.

*We have to organise any contact amongst ourselves. It would be helpful if they were supportive of us seeing each other. (Female, 17)*

The support caseworkers provided to help young people keep in touch with their siblings included: organising contact, encouraging contact, and enabling contact via communication mediums (e.g., set up *Messenger Kids*).

*Arrange visits with my brothers and arrange travel to get me down to Esperance to go see my siblings that live down there. (Female, 17)*

*Family visits. (Male, 15)*

*They just encourage contact and say that it is important for me to have regular contact. (Male, 15)*

*Just supportive of me and choice to contact when I want. (Female, 15)*

However, some thought caseworkers could be more pro-active in their support and do more to help.

*When we want to see each other, we have to go to the caseworker to get it arranged; they do not take the lead [and] they don't help us unless we go to them and ask. (Female, 17)*

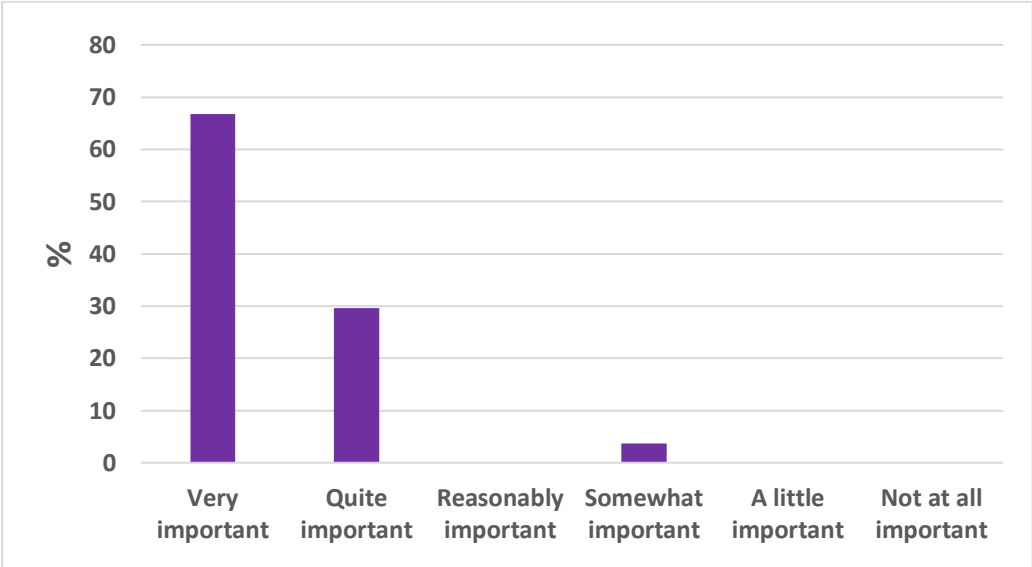
*Maybe once a year they would ask about sibling connection at my care plan meeting but then they wouldn't do anything after that. (Female, 17)*

*I always feel they could do more. (Male, 14)*

**Importance of Sibling Relationships When Not Living Together**

Most (96%) young people felt that being able to contact siblings who do not live with them was *Very* or *Quite important* (see Figure 6).

**Figure 6. Importance of Contact with Siblings When Not Living Together**



Twelve out of 27 young people described the importance of family when asked to expand on why they picked the score that they did.

*They are family. (Male, 15)*

*They are my siblings. (Female, 16)*

Other reasons contact with siblings was important included that:

- They love and care for them;
- They grew up together and want to maintain these relationships;
- It was important to their identity and culture;
- They want to know they are not alone and are connected to someone;
- They have a *right* to a relationship with their siblings;
- They want to protect their siblings; and
- They want to build memories with them.

*Because I love my siblings* (Female, 16)

*With my other 2 sisters I lived with them my whole life up until this year and I want to stay in contact with them.* (Female, 17)

*Family is important. It is part of our cultural beliefs.* (Male, 14)

*They are family. They are my connection to all that is me.* (Male, 14)

*Kids in care need other people in their lives, to have connection to their own family and not be all alone and not have anyone else.* (Female, 17)

*I feel like I should be able to see them.* (Female, 16)

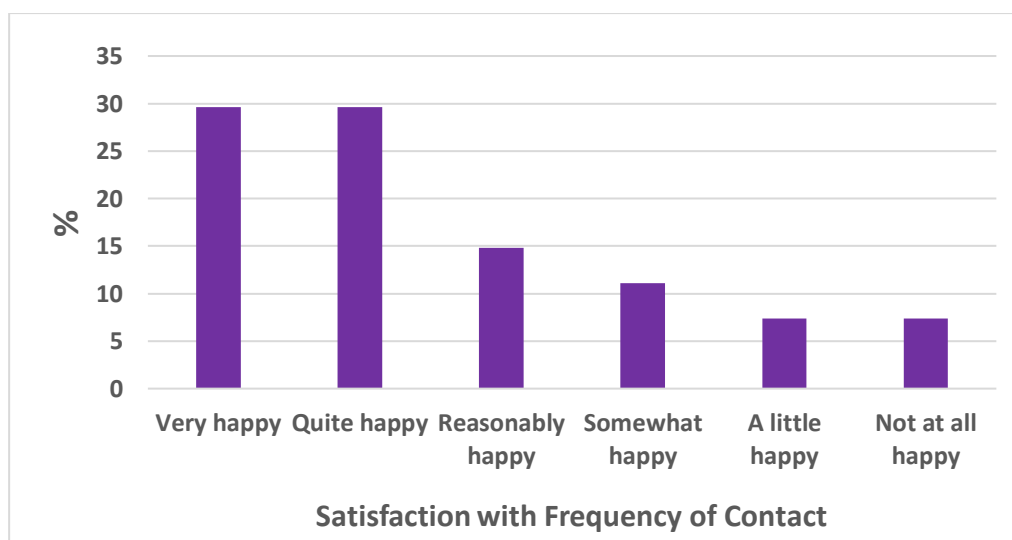
*I like to think that I can protect them and take care of them. I like to keep in contact as much as possible to make sure they are doing OK.* (Female, 16)

*We need to build memories together.* (Female, 17)

### Opportunities to Connect When Not Living Together

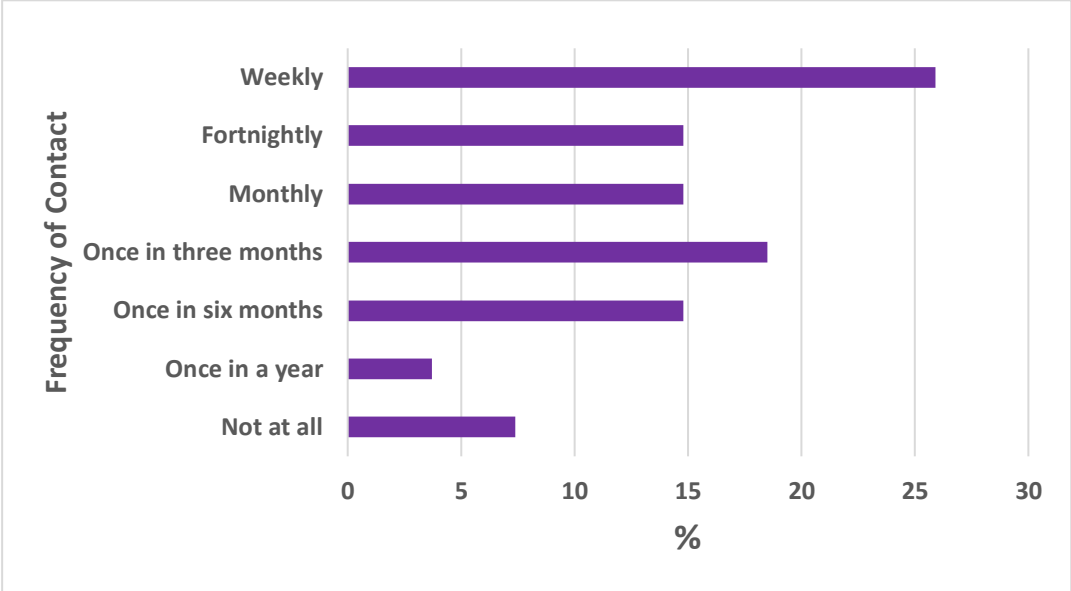
Almost 60% of those surveyed were *Very* or *Quite* happy with the amount contact they had with their siblings who were not living with them (including in-person or other communication methods; see Figure 7).

**Figure 7.** *Feelings about Frequency of Contact*



Most (56%) young people were in contact with siblings they did not live with at least monthly. However, one quarter were having contact once every six months or less frequently (see Figure 8). Young people connected with their siblings in numerous ways, including via the telephone (70%), in person (67%), via social media (44%), via text message (37%), and through video calls (22%).

**Figure 8. Frequency of Contact When Not Living Together**



While 40% of young people were satisfied with the amount of contact most wanted more (60%).

*We talk on the phone, but I only get to see my little sister about once per year and they don't let her sleep over, she just comes during the day and goes to stay at a hotel. I wish I could see her more and spend longer together. I just want more contact and visits with my baby sister. (Female, 17)*

*I would like to see them face to face more but some of them live in different states now, so it is harder. (Female, 12)*

*I would like to stay at their house sometimes. (Male, 14)*

*With my brother I am not happy at all. We don't get to see him. His carer won't let him see any of us and we are all trying to see him. The caseworkers aren't supporting us to see him. They just say, "let it go" because his carer won't let him come to see us and I don't understand why. (Female, 17)*

**COVID-19**

Most young people reported that the COVID-19 pandemic had little to no impact on their contact with siblings not living with them (70%; see Figure 9).

*It wasn't too bad. We got to text and ring; and Kalgoorlie is a small town, so it wasn't too bad for us. (Female, 17)*

*No impact. I spent most of my COVID time with them. (Female, 15)*

When asked to comment further, 11 mentioned seeing their siblings less frequently.

*I couldn't see any of them face-to-face during those restrictions, we didn't see each other for a long time so it was just the messaging and phone calls. (Female, 17)*



*Not being able to visit as regularly. (Male, 15)*

*Just less face to face contact. (Male, 14)*

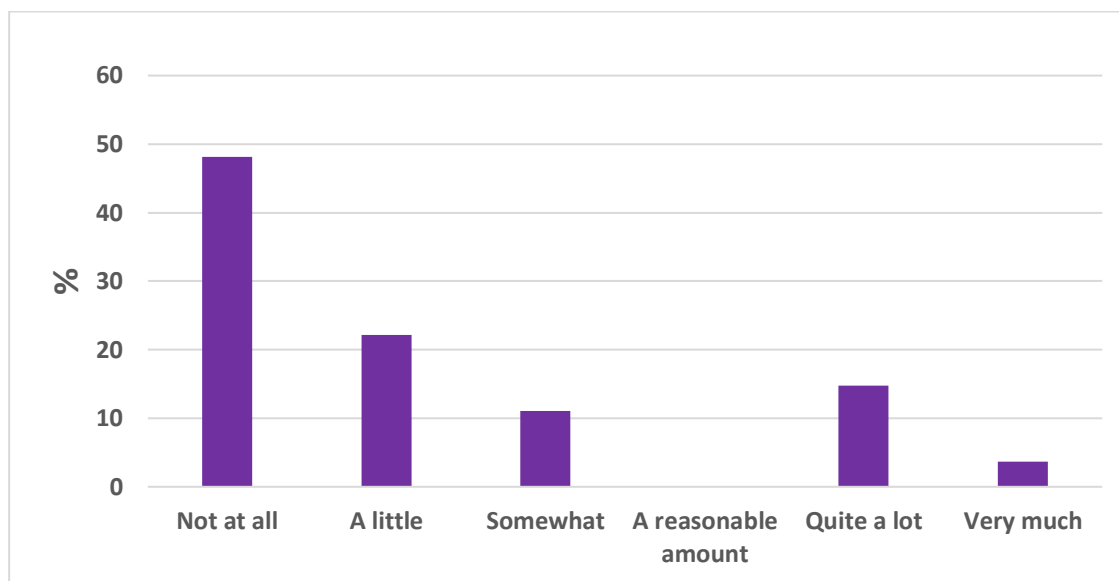
*Reduced contacts and visits. (Female, 16)*

Two commented about talking with siblings less frequently.

*Less talking. (Female, 13)*

*They stopped answering their phone when I tried to call them during COVID. (Female, 12)*

**Figure 9. Impact of COVID-19 restrictions**



## Final Reflections

In concluding the survey, young people were given the opportunity to add any further comments on the topic of sibling connection. Responses highlighted a need for greater Departmental accountability to ensure siblings remain connected; difficulties associated with carers and their willingness to let young people see siblings; and the importance of maintaining sibling relationships and *knowing family*.

*It could definitely be more of a priority with Department, they don't value the importance as much as they should and ensure siblings are kept connected when in care. (Female, 17)*

*I just hope I get to see my little sister more. The department should make sure children get to see their family. The carers won't talk to our family or let me see my sister and the department should do something about it. (Female, 18)*

*I would like to see my dad's children. I see children that have the same mum but the Department don't organise to see my siblings on my dad's side. (Female, 12)*

*I think it is very important that we get to see our brother, now he is living with some of his family and they have stopped him seeing all of us and it is important we all get to be together as siblings. His carer has moved him away from us. (Female, 17)*

*It is important to know your family, to know your siblings, and to see those ones that don't live with you. Kids in care need other people in their lives, to have connection to their own family and not be all alone and not have anyone else. (Female, 17)*



## Discussion

### The Strength and Protection of Sibling Bonds

*It is important to know your family, to know your siblings, and to see those ones that don't live with you. Kids in care need other people in their lives, to have connection to their own family and not be all alone and not have anyone else. (Female, 17)*

As the last testimony provided in the survey above emphasises, sibling connection is often a key social, emotional, and developmental driver of wellbeing. Dr. Trish McCluskey (2015) produced a resource *Giving Sorrow Words: Siblings in out-of-home care*, which outlines the key aspects of sibling relationships and why siblings matter:

- They are the longest relationships of our life;
- They provide practical and emotional support;
- They connect us to our past and our futures;
- They affirm and re-affirm identify;
- They may be our primary attachment figure;
- They are a source of unconditional affiliation; and
- They know us, our story and our history ... there are few secrets from siblings.

In the context of care-experienced siblings, they add that siblings:

- Are likely to be a support post care; and
- Can protect from the alienation of profound abuse.

On the last point, much research that promotes the protective quality of sibling relationships whereby siblings can be seen as the key healers in terms of “buffering each other from the effects of the trauma of abuse, neglect, and removal” (Rast & Rast, 2014, p. 83). Harrison (in McCormick, 2010, p. 202, 206) also mentions that the separation of siblings adds another layer of trauma to young people already traumatised from having been removed from family and it has enormous implications for their sense of stability, identity, and wellbeing to be twice traumatised (or re-traumatised):


When young people are separated from their siblings it feels as though they have lost a part of themselves... It is not uncommon for child welfare workers to only consider a child's parents and adult relatives and to exclude a child's siblings in deliberations.

Above all, it is for these reasons combined that siblings must be given the opportunity to remain as close as is logistically (and safely) feasible during their time in OOHC.

### Together, Splintered, Split, Alone

As previously mentioned, siblings impacted by child protection intervention may find themselves *Together, Splintered, Split, or Alone* (McDowall, 2015; Seale & Damiani-Taraba, 2017). In this consultation a number of young people were splintered, split, and alone. For example, no participant was living with all of their siblings; over a third were not living with any siblings at all; and three young people were not even aware who all of their siblings were. Young people also identified that siblings not living with them were either in different placements or not in care. Therefore, while best practice should strive to keep siblings together, it is clearly not happening in practice.

While keeping siblings together seems like a common sense approach, it is also backed by rigorous research. Hegar and Rosenthal (in McDowall, 2015) found that the Together and Splintered groups generally fared better in terms of stability, with McDowall adding that the Together group reported a higher tendency to maintain relationships with other family members (e.g., grandparents). McDowall (2015) also found that the Alone group truly were alone; without services available to connect young people with siblings residing outside of OOHC. A number of participants in this survey reported such



difficulties (including trying to connect with siblings who were not in care or whose whereabouts was unknown), meaning this group is often left in statutory limbo without proper sibling connection support.

Key findings from a survey of literature on sibling connection conducted by Meakings et al. (2017, p. 10-15) revealed that the impact of separation between siblings who were completely split and not living with any siblings resulted in females reporting “poorer mental health and poorer peer relationships,” while males co-placed with siblings had a better conception of identity with “better coherence of their life narrative.” This demonstrates that placement is not just about keeping people who know each other together but keeping key relationships strong so that that developing young individuals can grow and make sense of their place in the world. This same survey also found that (2017, p.4):

- Young people in kinship placements are more likely to be co-placed together.
- Timing is one logistical factor potentially affecting the likelihood of placement, with siblings entering care at the same time more likely to be co-placed and remain together.
- The age and gender of siblings may also be a potential determining factor of placement with siblings closer in age and of the same gender more likely to be placed together.
- The size of the sibling group may also have an impact on placement and available resources, with larger sibling groups less likely to be co-placed.

### **The role of Caseworkers**

Some young people in this consultation felt they were not receiving adequate support from caseworkers. This was similarly found in McDowall’s (2015) research in which caseworkers themselves were asked how good a job they felt they were doing. While 97% of the caseworkers agreed that sibling connection was important, only 70% were involved in trying to ensure this happened, while 20% found it difficult to organise (McDowall, 2015, p. 60). That research found that only 17% of caseworkers felt like they were quite or very successful in keeping siblings together, in comparison to 30% who felt unsuccessful. As a partial explanation for this situation, McDowall (2015, p. 60) found that caseworkers often faced multiple obstacles in trying to achieve sibling co-placement or contact:


Caseworkers had difficulties dealing with dispersed family members; negative attitudes of carers, parents and the children themselves; as well as bureaucratic and administrative constraints.

McDowall (2015) further pointed out the irony that while it is the department caseworkers’ responsibility to arrange contact, in most cases, it is the carer taking charge. While a number of young people in this survey had positive carer support, some didn’t. Therefore, carers were mentioned in some comments as being barriers to sibling contact.

### **Legal Siblinghood and the Individual: How much say do young people have?**

Young people in this consultation have spoken repeatedly of how their voices are not always (if at all) listened to when it comes to making decisions about their sibling relationships. This affirms McCormick’s (2010) research that care experienced young people often do not have enough of a say in matters concerning their siblings. Indeed, in all jurisdiction of Australia, there is no firm legislation to mandate co-placement or ensure access/connection.

Another key issue is that young people should have more say in co-placement decisions rather than just decisions regarding contact with siblings (Seale & Damiani-Taraba, 2017, p. 16). These are two separate issues and there is little research on the involvement young people have in determining their living arrangements with siblings. In both instances however, the views of the young people must be sought and given weight in decision making (where possible). After all, young people have rights under the United Nations *Convention on the Rights of the Child* (1989), and the United Nations *Guidelines for Alternative Care* (UN, 2010).



Another issue to consider is the overwhelming emphasis in child protection on Western attachment theory. This system of thought not only excludes more communal and culturally diverse practices of child rearing, but also prioritises placing children with adult caregivers over consideration of sibling rights (McCormick, 2010, p. 206). In a study investigating siblinghood and sibling rights in the legal system in the United States, one barrister was shockingly recorded saying “contact has got to be sacrificed at the altar of the placement” (Monk & Macvarish, 2018, p. 8). The placement being referred to here is adoption, in which connection to siblings could be completely severed.

### **Diverse Families: First Nations Kinship Systems**

Within First Nations families, sibling relationships can be shaped by deeper cultural roots; Kinship Systems and extended Kinship networks; cultural protocol and responsibility; and both spiritual and healing frameworks. Twelve of the respondents in this survey (44%) identified as First Nations, making this a critical issue.

Acknowledgement that the Child Protection system today is built upon a history of colonial violence, dispossession, structural racism, and ongoing intergenerational trauma is important. No discussion of child welfare or siblings’ rights in this context can be separated from this history of child removal with its ongoing legacy and continued trauma. In addition to this, discussion of First Nations sibling connections must also take into account the Kinship System and, in some instances, skin-relatives, community members, and Elders.


The *Aboriginal and Torres Strait Islander Child Placement Principle*, advocated for through the Secretariat of National Aboriginal and Islander Child Care (SNAICC), states that siblings should be placed together to ensure that these relationships remain strong and connection to family is supported (SNAICC, 2019; CREATE, 2020). The *Child Placement Principle* also highlights that family placement, the kinship system, and communal “intermittent flowing care” models of child rearing should be prioritised over all other placement options (Hermeston et al., 2016, p. 7). Here, the sibling bond is a culturally defined concept with an alternative model of attachment theory in which the child forms bonds with extended family/community/kin/country rather than a single dominant individual in one household—the Western concept of Attachment Theory (Hermeston et al., 2016). In addition to this, the *Family Matters 2021 Report* calls for cultural support planning, family finding, return to Country, and kinship and care support programs (Liddle et al., 2021). Together, these principles and authorities should all be consulted before decision-making about First Nations siblings in OOHC takes place. OOHC practitioners and carers should also be guided by relevant, and local Aboriginal and Community Controlled Organisations (ACCOs).

### **Supporting Sibling Bonds in Care for Life Post-Care**

Sibling relationships do not cease to be important when young people become young adults. When considering the impact of transitioning out of care, it would be in the best interest of any young person in OOHC with a sibling relationship to support them when they leave the care system. In McDowall’s (2020) National study on transitioning from care, it was found that 29% of young people were living with a family member after leaving care, and of those, 55% were living with their siblings (McDowall, 2020). McDowall continued that “*The fact that such living arrangements are established post-care with sisters and brothers, reinforces the view that attention must be directed to maintaining sibling connections while young people are in care*” (McDowall, p. 47). For those not living with their siblings post-care, it was still found that they contacted their sibling/s more frequently than any other family member, also confirming the value and enduring, special nature of the sibling bond.

### **Supporting Siblings: Case studies**

The benefits of being able to stay with siblings, with whom the young person shares a quality sibling attachment, have a powerful impact on shaping positive behaviours and outcomes (Seale & Damiani-Taraba, 2017). To maximise the potential for such outcomes, numerous sources highlight the



importance of taking the time to assess (either formally or informally) the quality of sibling attachment bonds in OOHC, both before decisions are made (Seale & Damiani-Taraba, 2017) and in an ongoing capacity to track how relationships may progress or deteriorate (and therefore potentially require support).

Further to this, one way to prioritise seeing family and siblings is by strengthening relationships through healing intervention, and programs designed “to support siblings in foster care” (Meakings et al., 2017, p. 4). McBeath et al. (2014), state that “the promise of sibling focused intervention rests in part on its potential impact on child permanency and well-being.” With such a focus on wellbeing and permanency, sibling-focused intervention programs are designed to promote pro-social behaviour, mitigate sibling conflict, build or strengthen bonds, and in some cases also support carers to accommodate sibling groups in care (Rast & Rast, 2014; McBeath et al. in Seale & Damiani-Taraba, 2017). Supporting Siblings on Foster Care (SIBS-FC), Promoting Sibling Bonds (PSB), and Neighbor to Family (NTF) (Seale & Damiani-Taraba, 2017) are three examples of intervention programs used overseas. On evaluation, young people involved in these programs have reported overall better life outcomes and higher rates of reunification with family afterwards (Rast & Rast, 2014; Seale & Damiani-Taraba, 2017).


Short term intervention programs over a series of weeks are one way to support sibling groups. Supporting Siblings on Foster Care (SIBS-FC) program and Promoting Sibling Bonds (PSB) intervention both focus on conflict reduction, and developing emotional regulation skills (i.e., co-operation, communication, conflict resolution and problem solving) (McBeath et al., 2014, in Seale & Damiani-Taraba, 2017). Neighbor to Family (NTF) foster care program in the United States however takes place in the home and focuses on creating permanency of sibling groups using more user-friendly, team-based, connective strategies (Rast & Rast, 2014). The caregivers in this program are trained professionals. They receive weekly support and supervision, have access to monthly support groups and respite care, and work as an equal and professional member of the young person’s care team (Rast & Rast, 2014). They also specialise in working with sibling groups, either through co-placement or rigorously reaching out and co-parenting with family/kin/prospective adoptive parents. Benefits of this program have been evaluated (Rast & Rast, 2014, p. 83) and include:

- more recruitment of foster parents to serve whole sibling groups;
- recruiting foster care caregivers as trained employees with benefits and support;
- placements closer to friends and communities;
- placements with siblings;
- more stability in placement;
- quicker reunification and permanent placement;
- strong connections to family; and
- a team approach that empowers professional caregivers and families.

## Conclusion

Young people with a care experience who want to be with their siblings often face many challenges once entering the OOHC system. While some statements in this consultations offered examples of sibling support, others such as *I was forgotten about for about 5 years; It is very difficult when they try move siblings away; Her carers don't seem to care about us boys; His carer stopped all contact and we don't get any say; Maybe once a year they would ask about sibling connection at my care plan meeting but then they wouldn't do anything*, all demonstrate that the current system is not prioritising siblings enough.

CREATE acknowledges that no experience surrounding a young person in OOHC is straightforward or without some degree of instability and disruption, but a number of views shared in this report indicate that the system can do better. In many cases better resourcing; training and awareness; listening to



the young person; consulting sibling research and sibling rights frameworks; and exploring therapeutic intervention programs would reduce the number of sibling relationships breaking down.

Simply put, sibling research and sibling rights must be translated into robust legislation and best practice. While some siblings are *Together* in OOHHC, others continue to be *Splintered, Split, or Alone* because of a host of factors, most of which are often outside the young person's control. This consultation revealed that 37% of young people interviewed were not living with any siblings at all and that no young people were living with all of their siblings.

The lived experience of young people who participated in this consultation, alongside sibling research and best practice case studies shows that sibling rights, sibling support, and having a sibling identity are important to many young people. The consequences of denying them in child welfare decision-making can thus have disturbing and long-term consequences.



## Actions

### 1. Ensure sibling rights are a priority and decisions about siblings In OOHC are child-centred.

Ask the young person what they need and want. As this survey has demonstrated, young people with a care experience have a lot to say on this matter and have raised concerns that their experiences, needs, and aspirations are not always understood and supported by the adults in their lives.

- Conduct more discussion of sibling rights with young people when they come into care;
- Review sibling relationships/connection regularly (for example, through care plans and care-team meetings), particularly when the child enters care at a young age;
- Check-in and always ask the young person how they feel and what they want;
- Ensure that children and young people are aware of, and more able to exercise, their rights to make applications for contact orders with their siblings;
- Recruit young people with a care experience to shape best-practice guidelines and policy on siblings (either through a youth advisory group or as individual consultants). Including young people in the designing of services that affect them not only ensures services meaningfully reflect the lived experience of young people, but it also empowers the young person by affording them control and agency.

### 2. Review and embed sibling research in child welfare legislation.

- Ensure that the voice of young people concerning siblings is reflected in legislation; and
- Reassess Attachment Theory so that siblings can be understood to be key life-long attachment figures (the protective factor).

### 3. Prioritise sibling co-placements to keep families together where it is safe to do so.

- Establish a priority for all siblings to be placed together in sibling group placements; and
- Conduct thorough sibling relationship assessments to determine the quality of sibling relationships prior to making decisions about placement.

### 4. Implement sibling intervention and connection programs to enhance success of sibling group placements.

- Support sibling relationships through therapeutic intervention (if needed);
- Support carers to become group sibling carers; and
- Fund sibling-intervention programs such as *Neighbor to Family (NTF)*.

### 5. Where sibling co-placement is not possible, establish a framework for ongoing sibling connection.

- Assess the desire of young people to contact their siblings rather than expecting them to have the confidence to ask. Care teams should also be regularly assessing this, and connection should be a priority for caseworkers, carers, and other care team members via a care plan;
- Ensure that there is regular visitation/communication (normal time; special time);
- Regularly review to assess if sibling co-placement is possible.

### 6. Prioritise Kinship Systems and The Aboriginal and Torres Strait Islander Child Placement Principle for First Nations children and young people.


- Ensure sibling arrangements are culturally safe, adhere to cultural protocol, and consult with Aboriginal Community Controlled Organisations (ACCOs); and
- Acknowledge that definitions/responsibilities of siblings may differ within First Nations Kinship Systems. If this is not acknowledged, decisions made about siblings by the child welfare system may further exacerbate individual and cultural trauma.



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## Appendix A



### WA Sibling Contact (12 - 18 years)

Please note: If you do not have a brother or a sister, this survey does not apply to you.

#### WHAT IS THIS SURVEY ABOUT?

Growing up with siblings (e.g., sisters, brothers) can be fun and supportive, but on occasions also can be challenging. The special bonds between brothers and sisters can last a lifetime. It is important that siblings in out-of-home care stay together; however sometimes this is not possible. If members of sibling groups have to be separated on placement, arrangements should be made to ensure siblings have regular contact with one another if they wish.

CREATE is interested in hearing about your experiences of living with your siblings while in care, the ways you stay in touch if you are not living together, and your thoughts on how staying connected to your siblings could be better.

#### INSTRUCTIONS ON HOW TO COMPLETE THIS SURVEY

Please answer all questions and leave comments where applicable. You can click through the sections by clicking "Next" at the bottom of the screen. At the end of the survey click the "DONE" button to submit your responses.

#### OTHER IMPORTANT INFORMATION

Before you begin, we would like to remind you of a few things:

- Doing this survey is completely voluntary. You can stop doing this survey at any time and this will not affect you joining in with any other CREATE events and activities.
- You can skip questions if there is a reason you would rather not answer them; however, we at CREATE hope that you will want to share as many of your views as possible.
- Everything you tell us in this survey will be kept confidential (this means private) unless you tell us something that makes us concerned for your safety or for the safety of another young person in care; then we may have to tell someone.
- You can have a support person help you with the survey if you would like.
- We may use the information gained from the survey for reports and presentations but we will NEVER use your name. You will be anonymous in these reports.

Having understood the above information, by continuing with this survey you are giving your consent to participate.

For more information on consultation participation, you can refer to [CREATE's website](#), or ask your local CREATE Office (1800 655 105) for a Consultation Participation Information Sheet.

#### \* 1. What method are you using to complete this survey?

- Online by yourself
- Online with support
- Over the phone with a CREATE Staff Member
- Face-to-face with a CREATE Staff Member
- Other (e.g., hard copy)

#### \* 2. In what state or territory do you live?

#### 3. What is your post code?

\* 4. How old are you?

5. Do you identify as...?

- Female
- Male
- I identify with another gender  
Please specify:

\* 6. Culturally, do you identify as...?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Other Cultural Group (non-English speaking background)
- Australian: No specific group

If "Other Cultural Group", please specify:

\* 7. How old were you when you came into care?

\* 8. What type of placement do you live in at present?

- Foster care
- Kinship care
- Permanent care
- Residential care
- Other (please specify):
- Semi-independent supported accommodation
- Independent living
- I am no longer in care

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

- 1-2
- 3-5
- 6-10
- More than 10
- Unsure

10. Do you identify as someone living with a disability?

- Yes
- No
- Prefer not to say



WA Sibling Contact (12 - 18 years)

**11. What type of disability or impairment do you have? Please describe in your own words.**

**12. Are you receiving any support for your condition or disability? (This could include accessing an NDIS package, medication, special education, or counselling)**

- Yes  
 No

**Any comments?**



WA Sibling Contact (12 - 18 years)

**13. The term "Sibling" refers both to your sisters and/or brothers.  
How many sisters do you have in your birth family?**

**14. How many brothers do you have in your birth family?**

**15. Any comments about siblings?**



WA Sibling Contact (12 - 18 years)

16. Do you live with all of your siblings?

- Yes
- No



WA Sibling Contact (12 - 18 years)

17. How many of your siblings are living in care with you?

18. How many of your siblings are living in other care placements?

19. How many of your siblings are not in care?

20. How much of a say about living with your sibling/s do you have when talking to your carer?

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> No say   | <input type="radio"/> A reasonable amount |
| <input type="radio"/> A little | <input type="radio"/> Quite a lot         |
| <input type="radio"/> Some say | <input type="radio"/> All I need to say   |

Additional comments?

21. How much of a say about living with your sibling/s do you have when talking to your caseworker/child safety officer?

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> No say   | <input type="radio"/> A reasonable amount |
| <input type="radio"/> A little | <input type="radio"/> Quite a lot         |
| <input type="radio"/> Some say | <input type="radio"/> All I need to say   |

Additional comments?



**22. How much of a say have you had about staying in contact with your sibling/s?**

- |   |   |
|---|---|
| <input type="radio"/> No say              | <input type="radio"/> Quite a lot                 |
| <input type="radio"/> A little            | <input type="radio"/> All I need to say           |
| <input type="radio"/> Some say            | <input type="radio"/> I live with all my siblings |
| <input type="radio"/> A reasonable amount |   |

**Additional comments?**





WA Sibling Contact (12 - 18 years)

23. How supportive has your carer been in helping you keep in touch with your sibling/s?

Not at all supportive	A little supportive	Somewhat supportive	Reasonably supportive	Quite supportive	Very supportive
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Based on your rating above, what support has your carer provided?

25. How supportive has your caseworker / child protection worker been in helping you keep in touch with your sibling/s?

Not at all supportive	A little supportive	Somewhat supportive	Reasonably supportive	Quite supportive	Very supportive
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Based on your rating above, what support has your caseworker / child protection officer provided?

27. How important is it to you to be able to contact your sibling/s who don't live with you?

Not at all important	A little important	Somewhat important	Reasonably important	Quite important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Why do you feel that way?



WA Sibling Contact (12 - 18 years)

29. How happy are you with the amount of time you see or communicate with your sibling/s not living with you at the moment?

Not at all happy	A little happy	Somewhat happy	Reasonably happy	Quite happy	Very happy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. On average, over the last 12 months, how often would you have been in contact with your sibling/s (who do not live with you at present)?

- |  |  |
|--|--|
| <input type="radio"/> Weekly           | <input type="radio"/> Once in 6 months |
| <input type="radio"/> Fortnightly      | <input type="radio"/> Once in the year |
| <input type="radio"/> Monthly          | <input type="radio"/> Not at all       |
| <input type="radio"/> Once in 3 months |  |

31. How much contact (compared with at present) would you like to have with your siblings?

- Less
- Ok as is
- More

32. In what ways do you connect with your sibling/s who do not live with you? (Select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> We see each other in person (e.g., regular visits) | <input type="checkbox"/> Video calls (e.g. face-time, zoom etc.) |
| <input type="checkbox"/> Talk on the phone                                  | <input type="checkbox"/> Mail/ Email                             |
| <input type="checkbox"/> Social media                                       | <input type="checkbox"/> Text (SMS)                              |
| <input type="checkbox"/> Other (please specify)                             |  |

33. In what other ways would you want to stay connected with your sibling/s?



**34. As a result of the current COVID pandemic, some contact between people has been limited. To what extent has the COVID restrictions affected your contact with siblings not living with you?**

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> Not at all | <input type="radio"/> A reasonable amount |
| <input type="radio"/> A little   | <input type="radio"/> Quite a lot         |
| <input type="radio"/> Somewhat   | <input type="radio"/> Very much           |

**35. Based on your previous answer, what changes due to COVID have had the greatest effect on your sibling contact?**

**36. Is there something else you would like to say about sibling contact?**

- Yes
- No



WA Sibling Contact (12 - 18 years)

**37. What are some things that are good about living with your siblings?**

**38. What are some things that are difficult about living with your siblings?**



WA Sibling Contact (12 - 18 years)

**39. Is there something else you would like to say about why staying in contact with your sibling/s is important to you?**



## WA Sibling Contact (12 - 18 years)

### END OF SURVEY

To say thank you for the time and effort you have taken in answering these questions, we would like to give you a \$25 gift card. If you would like to receive a gift card, the link below will ask you to provide your postal address, email, and phone number. Please **COPY** and **PASTE** this link into a new browser tab **BEFORE** leaving this page.

Then click **DONE** to submit your responses

**[REDACTED]**

If you have any questions about the survey, or if you would like to know more about what CREATE does for children and young people in out-of-home care, contact your local CREATE Office on 1800 655 105



## About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. We represent the voices of over 45,000 children and young people currently in care, and those who have transitioned from care up to the age of 25.

Our vision is that all children and young people with a care experience reach their full potential.

Our mission is to create a better life for children and young people in care.

To do this we:

- **CONNECT** children and young people to each other, CREATE and their community to
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- **CHANGE** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services and increase community awareness.

We achieve our mission by providing a variety of activities and programs for children and young people in care, and conducting research and developing policy to help us advocate for a better care system.