

# Sibling Connection in SA

*I keep in contact with my two younger siblings a bit but haven't seen my older siblings in QLD for years. I've wanted to see them but haven't gotten approval. I want to go with my younger siblings... Access would be more comfortable if it's not in the office. I'd prefer a park or my house. His social worker watches us through glass which makes me feel very observed. I feel like I can't be myself.*  
(Female, 16 years)



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# Contents

Acknowledgements .....	2
Project Team .....	2
List of Tables .....	5
List of Figures .....	5
Background .....	6
Sibling Bonds .....	6
Where Are Siblings Placed in OOHC? .....	6
Sibling Rights and Siblings as Protectors .....	7
The South Australian Context .....	7
Method .....	8
Participants .....	8
Materials .....	8
Procedure .....	9
Findings .....	11
Sibling Connections .....	11
Having a Say About Sibling Co-placement: Talking with Carers .....	12
Having a Say About Sibling Co-placement: Talking with Caseworkers .....	14
Having a Say about Staying in Contact with Sibling/s .....	15
Carers Supporting Sibling Connection .....	17
Caseworkers Supporting Sibling Connection .....	19
The Value of Sibling Connection When Living Apart .....	21
Timing and Frequency of Communication .....	23
Reaching Out and Connecting .....	24
Impact of COVID on Sibling Connection .....	26
Final Reflections .....	28
Discussion .....	29
An Overview: Together, Splintered, Split, Alone .....	29
The Strength of Sibling Bonds .....	30
Caseworker Responses .....	30
“The Sibling” as a Protective Factor .....	31



Legal Siblinghood and the Individual: How much say do young people have? .....	31
Permanency Outcomes and Placement Options .....	31
Quality of Sibling Attachment, and Individualised Assessment .....	32
Sibling-Focused Intervention Programs and Carer Support.....	32
Diverse Families: First Nations Kinship Systems .....	33
Supporting Sibling Bonds in Care for Life Post-Care .....	34
Conclusion.....	34
Actions.....	35
References .....	36
Appendix A: Survey Questions.....	38
About CREATE .....	52



## List of Tables

<b>Table 1.</b> Participant Demographics .....	10
<b>Table 2.</b> Number of Siblings in Family .....	11
<b>Table 3.</b> Comment Themes Regarding Talking with Carer About Sibling Placement .....	13
<b>Table 4.</b> Comment Themes Regarding Talking with Caseworkers About Sibling Placement .....	15
<b>Table 5.</b> Other Comments Regarding How Much Say Young Person Has About Sibling Contact.....	16
<b>Table 6.</b> Carer Support for Keeping in Touch With Siblings .....	18
<b>Table 7.</b> Comments Regarding Support for Sibling Connection from Caseworkers.....	21
<b>Table 8.</b> Importance of Sibling Contact .....	22
<b>Table 9.</b> Further Considerations when Connecting with Siblings.....	26
<b>Table 10.</b> Impact of COVID-19 on Maintaining Sibling Connections .....	28
<b>Table 11.</b> Final Comments About Sibling Connection .....	29

## List of Figures

<b>Figure 1.</b> Respondents with Siblings Co-placed with Young Person in Care .....	12
<b>Figure 2.</b> Mean (Average) Number of Respondents' Siblings Living in Different Arrangements .....	12
<b>Figure 3.</b> Having a Say with Carer About Living with Siblings.....	13
<b>Figure 4.</b> Having a Say with Caseworker About Living with Sibling/s.....	14
<b>Figure 5.</b> How Much Say Young People Have About Staying in Contact with Siblings .....	16
<b>Figure 6.</b> Carer Support for Keeping in Touch with Sibling/s .....	18
<b>Figure 7.</b> Caseworker Support for Sibling Connection .....	20
<b>Figure 8.</b> Value of Sibling Contact for Siblings Who Don't Live Together.....	22
<b>Figure 9.</b> Feelings about Current Level of Connection Between Siblings Not Living Together .....	24
<b>Figure 10.</b> Desired Connection with Sibling/s? .....	24
<b>Figure 11.</b> Impact of COVID-19 on Sibling Connections .....	27



# Background

## Sibling Bonds

There are numerous ways to describe what a sibling is; no two sibling relationships are the same. On one hand, siblings, or *siblinghood* (Monk & Macvarish, 2018), may symbolise closeness, familiarity, connection, and shared history (McDowall, 2015; McCormick, 2010). On the other hand, however, sibling relationships might be strained or non-existent. Definitions that attempt to describe what a sibling *is* range from conservative legal definitions that highlight a full or half biological or biogenetic link (Monk & Macvarish, 2018) to more personal definitions determined by the actual individual with the sibling connection (McDowall, 2015; Meakings et al., 2017; Seale & Damiani-Taraba, 2017).

The concept of *brother* or *sister* may also be culturally defined (Edward, 2011; Hermeston et al., 2016; McDowall, 2015). Young people from families that are culturally and linguistically diverse (CALD) may have different familial structures, responsibilities, and notions of sibling identity. 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). The terms brother and sister may also be used respectfully to refer to individuals within the community or across communities that have either a personal, familial, or cultural tie to the individual (Fejo-King, 2013).

While sibling relationships might differ across households and communities, a positive sibling bond has the potential to support a whole range of positive life outcomes including identity formation; resilience; social, emotional and physical wellbeing; developmental growth; positive educational outcomes; and a sense of stability and permanency (McCormick, 2010; McDowall, 2015; Meakings et al., 2017; Seale & Damiani-Taraba, 2017; Tilbury & Osmond, 2006). It is 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). Importantly, this relationship is often 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's sense of stability and wellbeing.

## Where Are Siblings Placed in OOHC?

For young people coming into the out-of-home care system, 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 access/connection/contact across different placements is vital (CREATE, 2020). This does not always happen however, and siblings are frequently separated, unable to communicate effectively, or maintain their relationships on a normal day-to-day basis.

Young people in the statutory care system, who also have siblings both within and outside of that system, can be grouped into four general categories defined in the research as *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 as several statements from young people have highlighted, and *Alone* refers to the young person having siblings 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, while 39% were



completely separated from all siblings. As a result, the report called on governments to better accommodate the needs of siblings in care. More recently, CREATE's (2020) organisational 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 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 the loss, anxiety, and grieving even more—potentially re-traumatising the young person (Harrison in McCormick, 2010). However, research argues that if we view siblings as a "protective factor," the sibling bond can actually shield young people from further trauma (Seale & Damiani-Taraba, 2017, p. 3).

### **The South Australian Context**

As at the 30 June 2021, there were 4366 young people in OOHC in South Australia (AIHW, 2022). During this same reporting period, only 11% of young people were reunified with family; the second lowest reunification figure nationally (AIHW, 2022). Likewise, CREATE has also found that young people in South Australia have historically had the highest incidence of being Split from siblings with 53% noted in one survey (McDowall, 2015), and over 40% in the 2018 national survey (McDowall, 2018); higher than any other jurisdiction in Australia.

In South Australia, OOHC processes such as sibling co-placement and sibling access/contact are placed under the larger, more general framework of *family*. Like all other jurisdictions in Australia, sibling





rights are not legislated in South 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 DCP, carers, and child protection workers.

According to the South Australian Department for Child Protection (DCP, 2019), contact determination with family members is the decision of the Department and when established, is embedded in the young person's case plan. If a young person is not satisfied with the determination, they may challenge it within 14 days of that determination being made (assuming the young person is of an appropriate age to do so). Those that make the decision have no connection to the young person and sit on the Contact Arrangements Review Panel (CARP). These decision-makers include psychologists, DCP workers, and child protection workers (DCP, 2019).

One initiative adopted by Life Without Barriers and developed by the Mockingbird Society, called the Mockingbird Family Model, is currently in use in South Australia (Richards, 2022). However, while this model promotes many positive outcomes, it is, again, *family* or community orientated, rather than sibling specific. It does not guarantee that siblings will stay together, only that a sense of community and connection could be established through the model's Satellite Family structure. In this system, up to 6–10 families of foster or kinship carers can form a community of carers with an experienced carer (the Hub Home Provider) offering a home base for the Satellite families and young people to connect through (Life Without Barriers, 2023). According to Life Without Barriers, the model does “also promote ongoing meaningful relationships with parents, brothers and sisters and other family members.” Therefore, if young people could not be co-placed then the Mockingbird Model could potentially allow for siblings to be placed with closely connected carers in a Satellite structure. Evaluation of this model in South Australia has not taken place to date.

Overall, 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 how well it has translated into practice. 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

CREATE interviewed 26 young people with an out-of-home care experience to find out how they felt about their relationship with their sibling/s. Participants were selected based on the following criteria: aged between 12–18 years, with a care experience, residing in South Australia (SA), and having one or more siblings. Of the 26 participants, 15 were in residential care; eight were in foster care; two were living independently; one in kinship care; and one in other-person guardianship. The final sample consisted of 15 females, 10 males, and one person identifying as non-binary. Eight young people identified as Aboriginal. Four young people also reported having a disability, two of whom were receiving support. See Table 1 for more demographic details.

### Materials

The survey comprised 38 questions presented in a variety of formats, including basic demographic questions, rating scale questions (both six-point and analogue 0–100 scales), short answer and open-ended questions, and binary (yes/no) questions. The open-ended questions provided an opportunity for young people to share their thoughts and experiences or to expand on closed questions by providing additional commentary (i.e., *If Other, please specify*). Participants were able to contribute as many separate ideas in response to an open question as they liked. Therefore, while a question may only have had 26 participants responding, the total number of comments could be much greater depending on how many different points or themes the participants were raising within each response.





After the opening demographic questions, participants were asked how much say they have when talking to carers and caseworkers about living with their siblings; whether they felt supported; and what they like/don't like about living with siblings. Participants were then asked to consider how much connection they had with siblings, and what, if any say they had about this with carers and caseworkers. Participants were also asked what connection activities/strategies worked well for them and whether COVID-19 had impacted on communication with siblings. The last question of the survey enabled participants to leave any standout comments or thoughts about their sibling relationship/s in the OOHC space. CREATE collected these primary data using the online platform Survey Monkey. A copy of the survey questions can be found in Appendix A.

### Procedure

This survey includes 26 members of *clubCREATE* who volunteered to participate; 14 respondents took part online with a CREATE staff member, six over the phone with a CREATE staff member, three completed in person with a staff member; two completed it as a hard copy survey, and one completed it independently online.

In the surveys completed with a CREATE staff member, participants were asked the questions from a structured interview proforma. The consultation was conducted in accordance with *CREATE's Consultation with Children and Young People* and *CREATE Disclosure* policies. Informed consent was obtained from all young people. All participants were provided with information detailing the nature of the consultation prior to commencing. Young people were also informed that their participation was voluntary and that they could withdraw at any time without consequence. In recognition of the valuable contribution provided by young people for the consultation, each participant was provided with a \$25 Coles/Myer gift voucher. Quotes featuring the voices of young people were transcribed verbatim to ensure authenticity and integrity of research data. To protect their identities, attributions of the quotes in this report have been made using the participant's sex, age, and placement type because of its relevance regarding siblings. Data analysis of the survey involved a mixed-methods approach using a combination of quantitative and qualitative measures. Open text responses were coded using a thematic analysis; the use of both descriptive statistics and thematic analysis ensured that overall trends could be recorded as well as the nuances contained in the individual young people's voices.

### Limitations

Analysis of data trends should be considered as important but indicative of a small sample size only; this consultation was completed by a total of 26 participants. This by no means diminishes the invaluable testimonies and data supplied by the young people but making generalisations about these experiences as representative of the larger OOHC experience must be approached with some caution. Another limitation of the research was the underrepresentation of young people in kinship care and an over-representation of those in Residential care, which would likely reveal another important narrative to the sibling connection discussion. It did, however, offer valuable insights into the Residential care experience and how sibling connections are managed in this particular type of challenging setting.

**Table 1. Participant Demographics**

Demographics	Number of Young People
<b>Age</b>	
12	3
14	3
15	3
16	6
17	9
18	2
<b>Sex</b>	
Female	15
Male	10
Non-Binary	1
<b>Cultural Identity</b>	
Aboriginal	8
Australian (no specific group)	18
<b>Age when entering care</b>	
0–4	10
5–9	11
10–13	4
14–17	1
<b>How many placements while in care</b>	
1–2	7
3–5	9
6–10	7
More than 10	3
<b>Current/Main Placement Type</b>	
Foster Care	8
Kinship Care	1
Residential Care	13
Independent Living	2
Other Person Guardianship	1
No longer in care	1
<b>Disability</b>	
Learning Disability (Dyslexia)	1
POTS Heart Disorder	1
Intellectual Disability	1
Autism and ADHD	1

# Findings

## Sibling Connections

Two demographic questions at the beginning of the survey revealed barriers for siblings at the outset, seen in Table 1. Over a third (38%) of participants had entered the care system by the age of four, and the majority (81%) by age nine; while 35% had three to five placements changes, and 27% had six to 10 placement changes. Twenty-seven percent reported at least one to two placement changes, while 12% had endured over ten different placement changes. These data highlight the difficult journey experienced by many young people in maintaining sibling bonds; how do siblings stay together when they are moved in and out of different placements, and who advocates for young people and their sibling/s when many are entering care at such a young age and can't speak up? These two factors alone present enormous challenges, with meaningful, practical, and sustained effort required to keep siblings connected.

Following general demographic questions, participants were asked how many siblings they have in their birth family. The number of sisters and brothers identified are presented in Table 2. From these numbers, young people were asked how many (if any) siblings they were currently living with; alarmingly no one reported living with all their siblings. This means every young person participating in this survey was separated from at least one sibling.

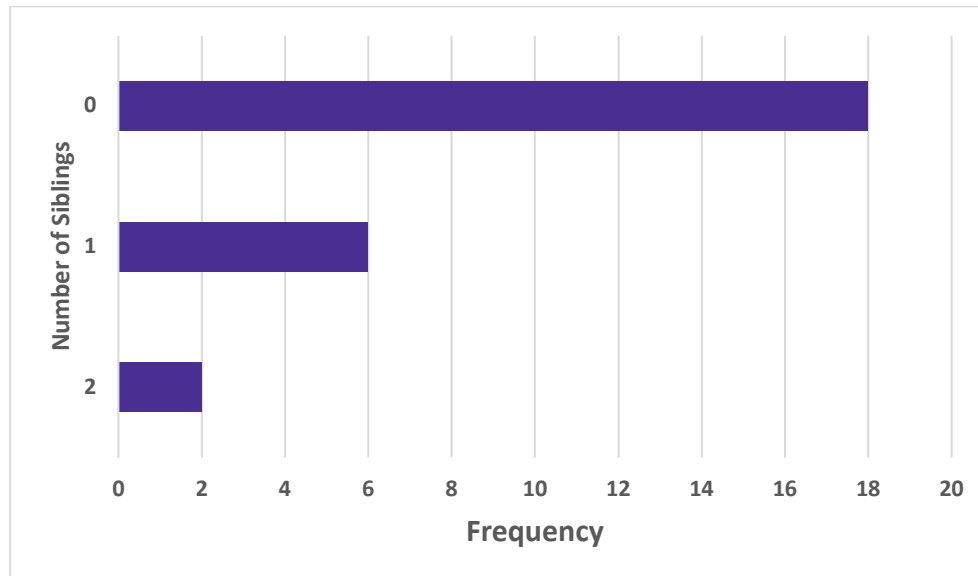
**Table 2.** *Number of Siblings in Family*

Number of Siblings in Family ( <i>Sister</i> )	Frequency	Number of Siblings in Family ( <i>Brother</i> )	Frequency
1	5	1	9
2	8	2	1
3	3	3	4
4	3	4	2
5	2	5	4
6	2	6	1
7	0	7	1
8	1	8	1

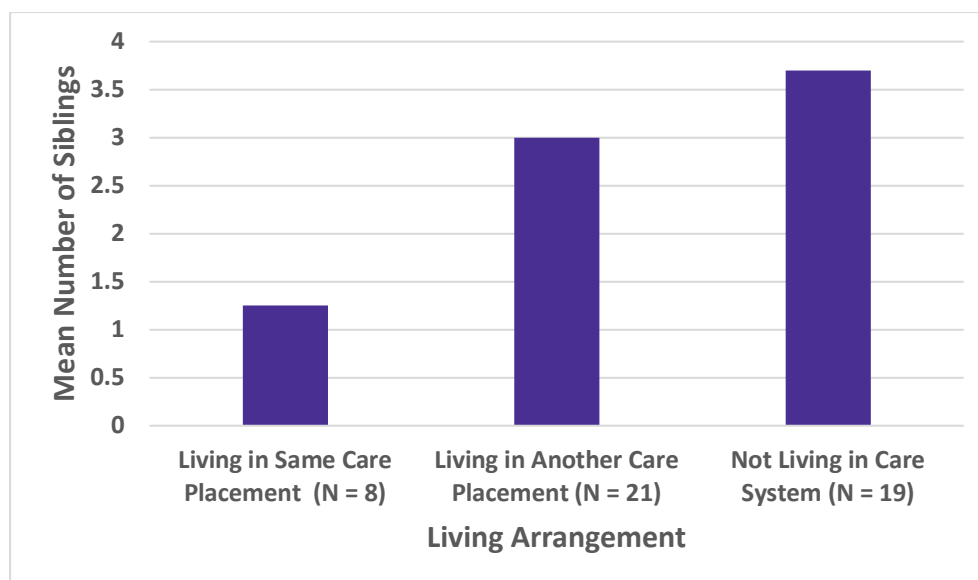
Equally concerning, 69% of participants (18/26) were split from all siblings; living with none at all. However, six young people (23%) reported being able to live with one sibling, while two young people were living with two siblings (8%) (Figure 1). The mean number of siblings each respondent had living in differing locations are shown in Figure 2. In terms of siblings living in other care placements ( $N = 21$ ), the majority of young people (66%) reported they had either one or two siblings in another placement. The high levels of separation may be attributed to the number of participants living in residential care settings and the potential difficulty of supporting sibling co-placement in and connections across these environments; 10 of the 13 young people located in residential care were living in Split placements.

Another barrier for 19 participants was staying connected to sibling/s who were not in the care system. At one end of the spectrum, six young people (32%) had one sibling not in care, while at the other end, two participants had eight siblings not in care. While the reasons for siblings not living in care was not provided in this consultation, it nonetheless highlights another logistical barrier for young people in the system trying to maintain connection with their sibling/s.

**Figure 1. Respondents with Siblings Co-placed with Young Person in Care**



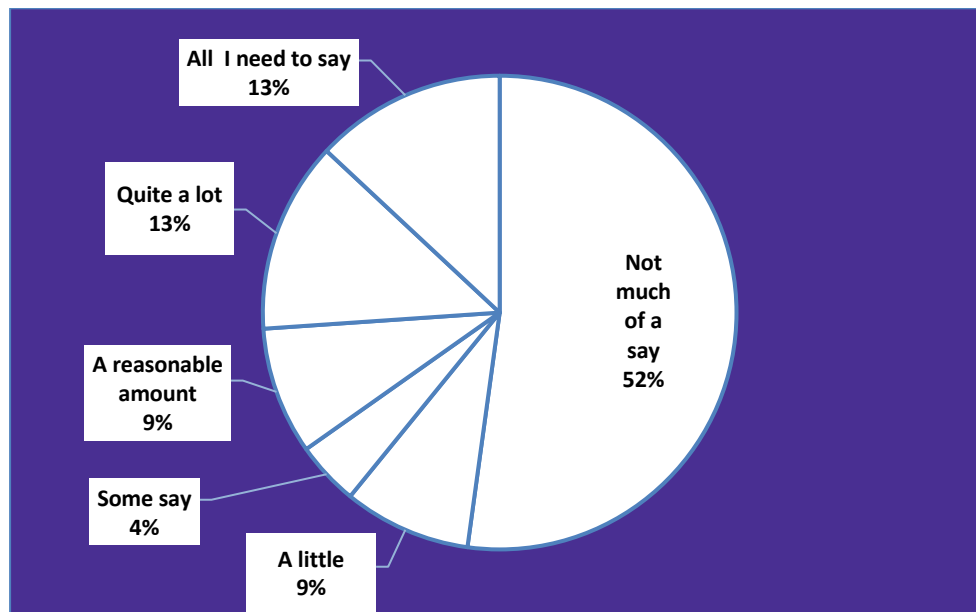
**Figure 2. Mean (Average) Number of Respondents' Siblings Living in Different Arrangements**



### Having a Say About Sibling Co-placement: Talking with Carers

In terms of decision-making and having a voice, participants were asked how much of a say they had with carers in determining whether they could live with their sibling/s in a co-placement arrangement (a 6-point scale was used: *Not Much of A Say*; *A Little*; *Some Say*; *A Reasonable Amount*; *Quite a Lot*; and *All I Need to Say*). When asked how much say they had when it came to discussing their siblings with their carers ( $N = 23$  young people provided an answer), the most frequent response by just over a half of the young people was *Not much of a say* (12/23; 52 %; see Figure 4). However, three young people believed they were able to exercise all they needed to say, while another three felt they could contribute at least *Quite a lot* to their placement arrangements with siblings. The remaining responses ranged from having *A little say* (two young people), *Some say* (one young person), and a *Reasonable amount of a say* (two young people).

**Figure 3. Having a Say with Carer About Living with Siblings**



When given an opportunity to elaborate on their experiences, the most frequent responses young people cited were not having a choice or a say about their siblings (35%); poor or no communication (22%); placement barriers such as siblings not being in care, siblings living with birth parents, or unsupportive foster families; and carers having no authority to help (9%) (Table 3).

**Table 3. Comment Themes Regarding Talking with Carer About Sibling Placement**

Comment Themes	Number	%
<b>Couldn't speak up with carers/didn't have a choice or a say</b>	8	35%
<b>Poor/no communication</b> (Being "shut down," not discussed; YP not being listened to; and then DCP unresponsive)	5	22%
<b>Placement Barriers</b> (foster family unsupportive; siblings not in care; sibling living with birthparent)	3	13%
<b>Carers having no power to help</b>	2	9%
<b>Discussed with carer/had a say</b>	2	9%
<b>Carer won't take YP to contact visits</b>	1	4%
<b>Too upsetting to speak up</b>	1	4%
<b>YP wants independence from siblings</b>	1	4%
<b>Total</b>	<b>23</b>	<b>100</b>

Those who had no say attributed this to a number of factors; carers not being receptive to discussing the issue with young people or not being open to sibling visits were two such barriers:

*When my brother was in care, I tried to speak about living with him and I got shut down every time. (Female, 16 years)*

*We don't really talk about it as there's no space for my siblings nor do my carers have the time to host my siblings so it's not a possibility. (Female, 17 years)*

*I want to live with my two younger siblings, and they keep saying that because of my past we can't live together. Because of historical fighting. Carers don't take me to contact. (Female, 16 years)*

Another factor included carers being powerless within the system to create connection opportunities for the young person suggesting a larger system barrier:

*Carers don't have much of a say; it's more higher up. (Female, 17 years)*

*I talk to her about seeing them and it gets passed on but not much changes. I'm still not able to see my siblings. (Female, 17 years)*

Inability to connect with siblings not in care was also another critical issue that carers could not assist young people with:

*Siblings not in care, carers unable to do anything. (Female, 16 years)*

There was one young person who did have a choice and chose not to stay in contact with siblings:

*I do have a choice to live with them, but I've chosen to live independently to improve my independent living skills. (Female, 16 years)*

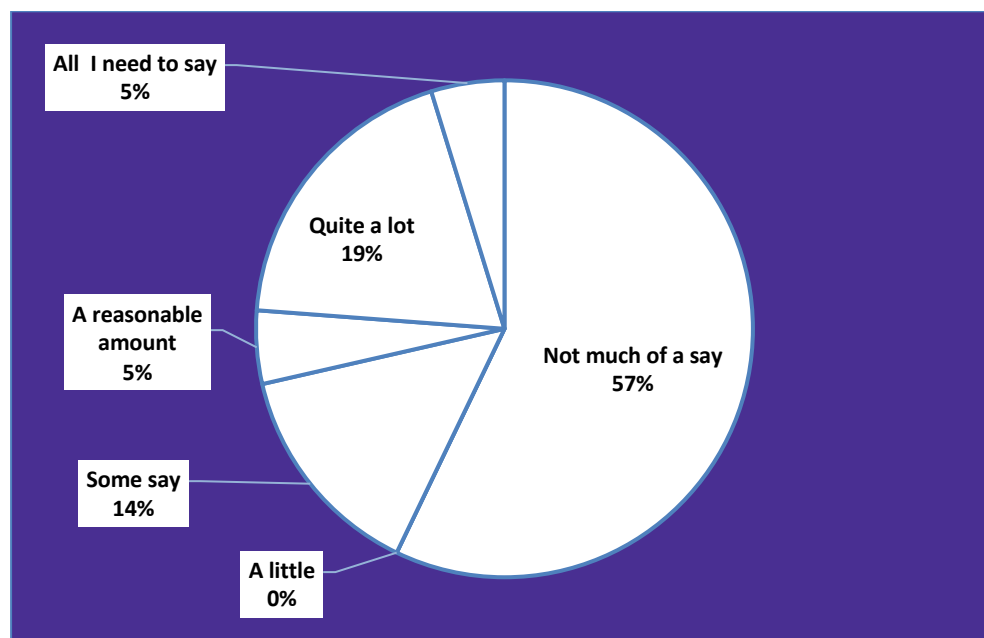
For another young person, however, the emotional distress caused by separation from their sibling was too much, causing them to remain silent:

*I just want to live with them, but I don't talk about it because it makes me upset. (Male, 14 years)*

#### Having a Say About Sibling Co-placement: Talking with Caseworkers

Similarly, as seen in Figure 5, when asked how much one had been able to speak with their caseworker about their siblings ( $N = 21$ ), the highest response was that young people had *Not much of a say* (12/21; 57%). In contrast, only one person believed they had expressed *All they needed to say*.

**Figure 4.** Having a Say with Caseworker About Living with Sibling/s



Additional comments, presented in Table 4, centred around not being able to discuss sibling/s with caseworkers at all (33%); communication barriers such as not feeling listened to or being unsure how to talk to a caseworker (22%). Caseworker inconsistency and the young person having no say in decision-making were also key issues.

**Table 4.** Comment Themes Regarding Talking with Caseworkers About Sibling Placement

Comment Themes	Number of Comments	%
No discussion with caseworker	6	33%
Communication Barriers (YP unsure how to talk to CW; not listened to)	4	22%
Caseworker Inconsistency (worker turnover; never visits/no relationship)	3	17%
YP doesn't want to live with sibling/s (not close; not appropriate)	2	11%
Discusses with caseworker	2	11%
No agency (decisions being made for the YP against their wishes)	1	6%
<b>Total</b>	<b>18</b>	<b>100</b>

A number of responses to this question suggest that young people are less likely to receive the type of sibling support they need from their caseworker if the relationship with the worker was poor to begin with. Young people were not inclined to seek help from caseworkers they didn't trust or have any relationship with:

*I don't talk to my social worker much. She never comes to the house except when I'm at school.* (Female, 17 years)

*We don't talk about it.* (Non-Binary, 12 years)

*I don't see her because she doesn't come around. I'm not sure how to speak to her.* (Male, 14 years)

*I can talk as much as I want about it with my case worker but whether or not they listen is a different story.* (Female, 17 years)

*I never wanted to speak to my worker because they changed so much.* (Male, 16 years)

One young person, however, felt they were able to discuss their siblings with their caseworker:

*She talks to me about my siblings.* (Male, 12 years)

In terms of decision-making, two respondents reported their caseworkers outright denying them any agency when it came to decisions about their siblings:

*He usually just makes decisions on our behalf.* (Female, 16 years)

*Listens to me about other things but doesn't listen to me about seeing my siblings. Younger siblings [I] see every 5 months.* (Female, 15 years)

Another two respondents, however, highlighted that living with siblings is not always appropriate or desired:

*I lived with one of my sisters for 7 or 8 years and I now understand why I don't live with any as it's not appropriate and the right decision.* (Female, 16 years)

*Wouldn't want to live with siblings because they're not close.* (Female, 17 years)

### Having a Say about Staying in Contact with Sibling/s

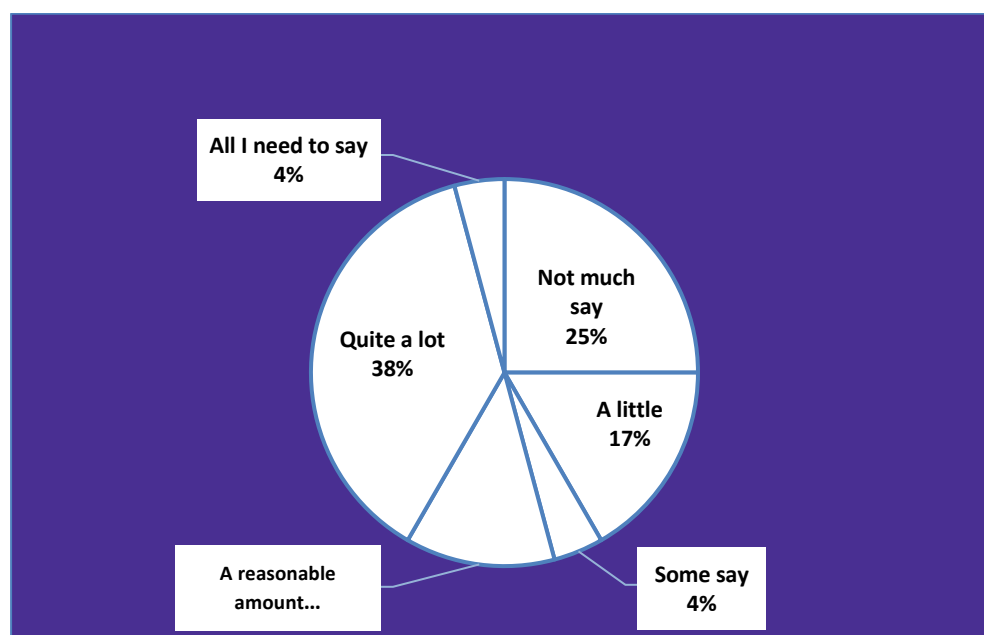
While the previous questions centred on how young people feel about living with their sibling/s and who they might talk to about it, the following questions focus on what supports might be available when siblings cannot be co-placed.



Participants were asked how much of a say they had in staying in contact with siblings (again using a 6-point scale: *Not Much of a Say*; *A Little*; *Some Say*; *A Reasonable Amount*; *Quite a Lot*; and *All I Need to Say*). From the 24 responses, ten participants (42%) reported “*Not much*” or “*A little say*”; of those, 25% of young people didn’t have much of a say. Another ten (42%) indicated that they had “*Quite a lot*” or had expressed “*All they needed to say*” (see Figure 6). The remaining 16% reported having “*Some say*” or a “*Reasonable amount*” of a say. Overall, more young people felt they had a say than those that didn’t.


Additional comments, presented in Table 5, highlighted experiences of having limited, partial, or no voice/autonomy (34%) and barriers with siblings spilt across multiple placements/not in care (17%). Interestingly, age restrictions were considered a factor in determining access for some (10%); while emotional distress (7%); and privacy concerns over being watched during visits (3%) were also noted.

**Figure 5.** *How Much Say Young People Have About Staying in Contact with Siblings*



**Table 5.** *Other Comments Regarding How Much Say Young Person Has About Sibling Contact*

Additional Comments	Number of comments	%
<b>No Autonomy</b> (doesn't have a say; never asked; not listened to; unsure how to speak up)	5	17%
<b>Autonomy</b> (has a say but often not applicable to all siblings)	5	17%
<b>Barriers with siblings split across multiple placements or not in care</b>	5	17%
<b>Positive Adult Support</b> (mother; social worker; nan)	3	10%
<b>Independence/Age as a factor making access easier</b> (owning own phone; being older and having more freedom to meet; having siblings no longer with DCP)	3	10%
<b>Uncertainty and poor communication; loss of contact</b>	2	7%
<b>No support with access/no one listens</b>	2	7%
<b>Impact on emotional wellbeing</b> (upsetting; hard)	2	7%
<b>Sibling Foster Parent (unsupportive; supportive)</b>	2	7%
<b>Privacy Concerns (being watched)</b>	1	3%
<b>Total</b>	<b>30</b>	<b>100</b>



Difficulty establishing a sibling connection when one or more siblings are not in the care system proved challenging:

*It's hard as one of my sisters is adopted and not technically in care, but my siblings in care, I do have a say. (Female, 17 years)*

*I've lost contact with my sister and it makes me upset. She now lives by herself and my mum has tried to contact her. (Male, 16 years)*

Age and degree of independence also factored into how much young people felt they could have a say about connecting with sibling/s:

*I keep in contact with my siblings as I have my own phone and I can see them sometimes at my Nan's house. (Female, 16 years)*

*In the beginning not at all and it's progressed to more as I've gotten older. As I've gotten older, I've become more independent and most of them are now not in DCP and are 18 so we can organise things more easily and have more of a chance. (Female, 17 years)*

Not being listened to, feeling voiceless, and being watched were key issues for some:

*I've said a lot to my carers and DCP about living with my siblings, but no one listens. (Male, 12 years)*

*Don't know how to; not sure if [I] have approval. (Male, 14 years)*

*I'm not able to see them and when I have seen them, I'm watched. I'm not able to say what I want. I only see one of my brothers, because they can't stop me. (Female, 17 years)*

Others noted more freedom and autonomy in seeing siblings, but one respondent added that while they had freedom to see their siblings, they also lacked proper support from their carer:

*Able to see 15-year-old whenever [and] brother I have access with but it's not communicated. Carers don't take me to access. (Female, 16 years)*

*I chose to see my siblings at my siblings foster parents house so now I get to see them. (Male, 14 years)*

*It was my choice to stay in contact with them. (Female, 16 years)*

Resistance from the sibling's foster family also became an issue for one young person:

*I have had a say what I want to happen, but my brother's father is being difficult. My social worker is listening to what I have to say with this. (Female, 16 years)*

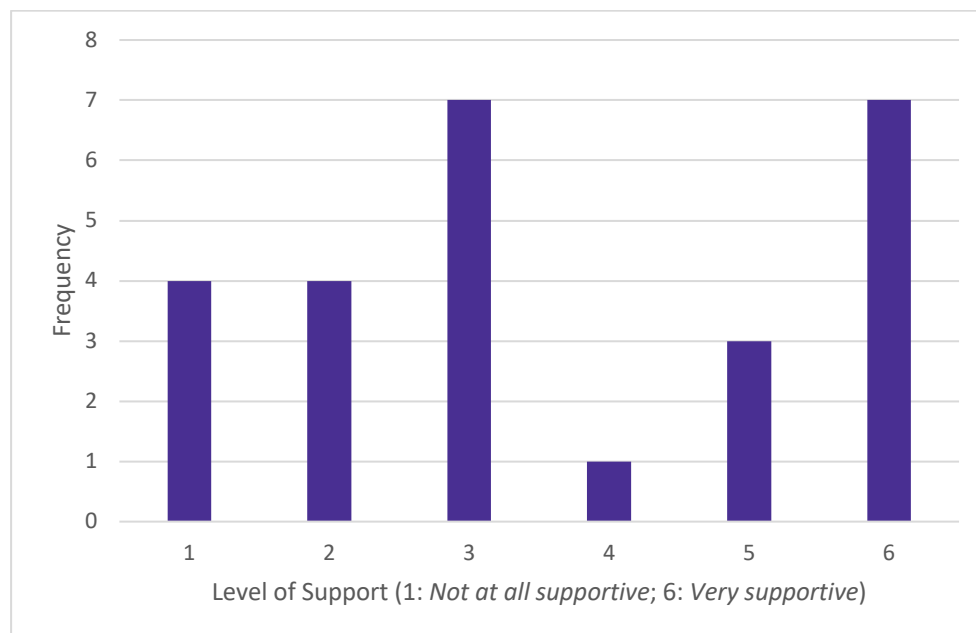
### **Carers Supporting Sibling Connection**

On a 6-point rating scale (with 1 indicating *Not at all supportive*; 6 indicating *Very supportive*), participants ( $N = 26$ ) were specifically asked to score the level of support they received from their carer in helping them to connect with siblings. Responses were scored across the entire scale with 3 (*somewhat supportive*) and 6 (*very supportive*) ranking most frequently with seven responses each. Eight people (8/26; 31%), however, scored in the lowest two. Refer to Figure 7 for the complete list of data.

Based on these ratings, participants were then asked to supply any extra details about the type of support provided by their carer. In total, 24 participants responded to this question and made 35 comments (Table 6). The majority of comments highlighted carers helping with sibling access visits through providing transport and financial support, organising visits, and speaking with siblings (40%). Some young people faced significant barriers however with no support with access visits, poor


communication from carers, and 9% felt their placement type (Residential care) was not an appropriate setting for contact visits.

**Figure 6. Carer Support for Keeping in Touch with Sibling/s**



**Table 6. Carer Support for Keeping in Touch With Siblings**

Types of Carer Support	Number of Comments	%
<b>Involvement in Sibling Visits</b> (provides transport; financial support; organisation; contacts siblings for YP)	14	40%
<b>No Support</b> (doesn't help with access; places full responsibility on sibling contact with the YP to work out alone)	6	17%
<b>Proactive and helpful</b> (reaches out to siblings for YP; welcomes siblings into the home; ensures phone calls between siblings are always possible; offers encouragement and supports YP to talk about their siblings with carer; discusses plans for YP to maintain sibling connection after they have left care)	5	14%
<b>Poor Communication</b> (no reminders for visits or updates on siblings; withholds information; prohibiting contact due to family history but not properly explaining why)	4	11%
<b>Placement Restrictions/Residential Care</b> (doesn't have a carer; resi environment too hectic for visits; transport difficult when you're on your own)	3	9%
<b>Child-centred</b> (asks the YP what they want; empowers and supports YP to make their choice)	2	6%
<b>Other Support Person (psychologist)</b>	1	3%
<b>Total</b>	<b>35</b>	<b>100</b>



Positive comments relating to carer support included practical assistance getting young people to contact-visit locations:

*Helped me with transport, financially to see them, and gave me the choice and option to see them. (Female, 17 years)*

*Transport, phone calls, and emails they supplied to keep in touch with my siblings. (Male, 18 years)*

*Transport and organisation. I've been dropped at my brother's house before by my carers. (Female, 17 years)*

*Transport me to see my siblings. (Male, 14 years)*

Carers genuinely encouraging connection, proactively reaching out to siblings, and organising visits was also viewed favourably:

*Encouragement to see my siblings, driving me to see them, talk about siblings with me. (Female, 16 years)*

*Always tried to contact my sister when I asked. I speak to my psychologist too. (Male, 16 years)*

*She would go out of her way to make phone calls happen with my siblings. (Female, 15 years)*

One carer was even highlighted for promoting ongoing sibling connection in aftercare planning:

*Making sure it happens and helping me with transport. Making sure DCP make it happen and making sure that after I leave care there's a plan in place so I can still see my siblings. They also let my brother come over for sleepovers in the holidays. (Female, 17 years)*

Negative feedback related to poor communication, such as not keeping young people updated on sibling/s, and also a general lack of support from carers:

*Bad communication through my carers and my social worker. (Female, 16 years)*

*Carers don't take me to access or remind/prompt me that it's happening. (Female, 16 years)*

*I don't hear any information unless I'm seeing my siblings. It'd be good to keep me up to date about things that are happening with them. (Female, 15 years)*

*I wasn't allowed to keep in contact with my sister as she lives with another family who was apparently dodgy. (Male, 18 years)*

*My carer expects others to put in effort but won't call them herself either. (Male, 15 years)*

*Responsibility is put onto YP. (Female, 17 years)*

Others reported carers who were neutral or ambivalent to providing opportunities for siblings to connect:

*She doesn't offer support but she's not able to stop me from seeing him. She doesn't say that I can't, but she doesn't help me to see him. (Female, 17 years)*

As a form of non-home-based care, young people in Residential care face unique challenges. This was raised in one comment, whereby the suitability of the Residential care setting for contact visits was questioned alongside the lack of a support person to help with transport:

*We have some hectic young people in my resi care placement which can make it harder for me to see my family because of transport and I have to catch buses. (Female, 16 years)*

### **Caseworkers Supporting Sibling Connection**

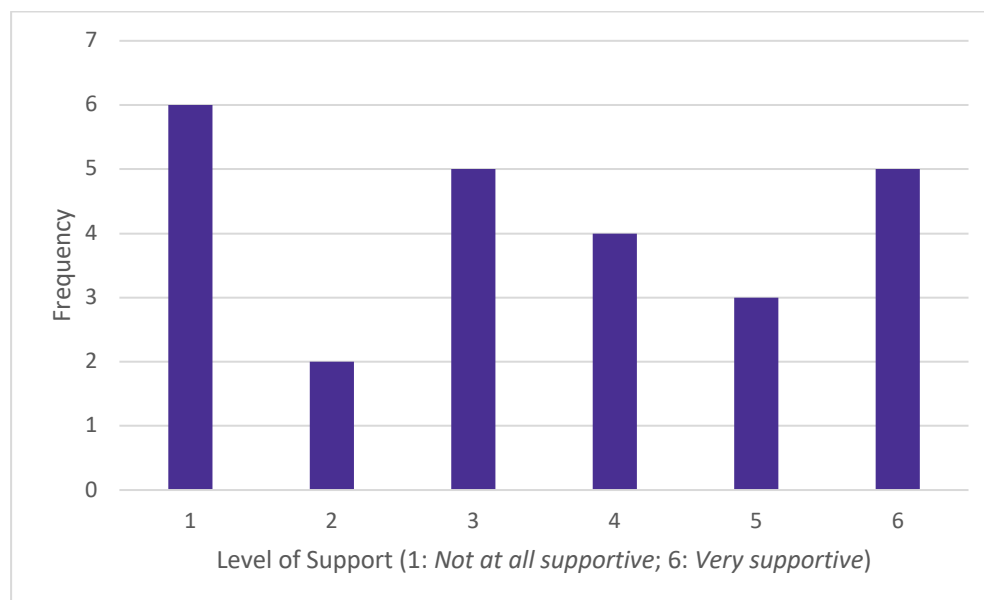
In determining the level of support received from Child Protection caseworkers regarding help with sibling connection, the same 6-point Support scale was used (Figure 8). Overall, 25 young people

provided responses. Again, ratings were mixed with all six points of the scale scored. The highest single response (6/25; 24%) identified that caseworkers were *Not at all supportive*. However, *Very Supportive* was also a popular response with 5/25 (20%) young people feeling supported by their caseworkers on this issue.

Again, participants elaborated on ratings given for the previous question and provided 30 comments (Table 7). While seven comments highlighted feeling supported; eight statements (27%) identified little to no worker involvement in supporting sibling connection; with an additional eight comments highlighting unsupportive worker behaviours such as dishonesty, dismissiveness, being unreliable, and making the young person organise sibling contact on their own (27%). Poor communication also figured in four comments (13%) with caseworkers not listening, not communicating, and withholding information about siblings.

*My social worker doesn't really listen and doesn't organise catch ups [for] a very long time. My social worker lies and says that she contacts my sibling's social workers but then I find out that she doesn't. (Female, 16 years)*

**Figure 7. Caseworker Support for Sibling Connection**



*My social worker and I don't really talk that much. (Female, 16 years)*

*My social worker second guesses my decisions sometimes. (Female, 17 years)*

*DCP only allowed us to meet once a month. They weren't very supportive but did try sometimes. (Male, 18 years)*

*Basically nothing. Gave up on my caseworker as nothing ever got done. Now I go straight to my house supervisor and they get it done. (Female, 15 years)*

*She doesn't even try. I had plans to see my siblings for Christmas, but they didn't bother contacting my brother to get the approval to travel to NSW. They just said, "Wait a year." (Female, 16 years)*

*We have to organise it ourselves and the caseworker doesn't help to organise it. (Female, 14 years)*

*She says that she sends photobooks, but no one gets them. She doesn't tell me things about my siblings like if they're starting school. (Female, 15 years)*

On the contrary, seven comments (20%) mentioned workers being involved with sibling visits; both organising them and driving the young person to the contact location.

*My caseworker actually makes sure I can see them. I only get to see my siblings every school holiday, and she always makes sure it's going to happen. (Female, 17 years)*

*My caseworker transports me to see my siblings. (Male, 14 years)*

*Let me call on my phone. (Male, 14 years)*

*Very supportive. (Male, 18 years)*

*They make the calls to arrange a catch up. (Male, 12 years)*

*Organises contact. (Male, 12 years)*

*Talked to me about hanging out with my siblings, takes me to access. (Non-Binary, 12 years)*

Decision-making was also mentioned three times (10%) and included caseworkers both giving and not giving approval to young people to connect with siblings.

*Responsible for approvals. More communication from social worker to siblings would be appreciated. (Female, 16 years)*

*Social workers refuse to give approval for me to see some of my younger siblings. (Female, 17 years)*

*There's only so much that the social worker can do. (Female, 17 years)*

**Table 7. Comments Regarding Support for Sibling Connection from Caseworkers**

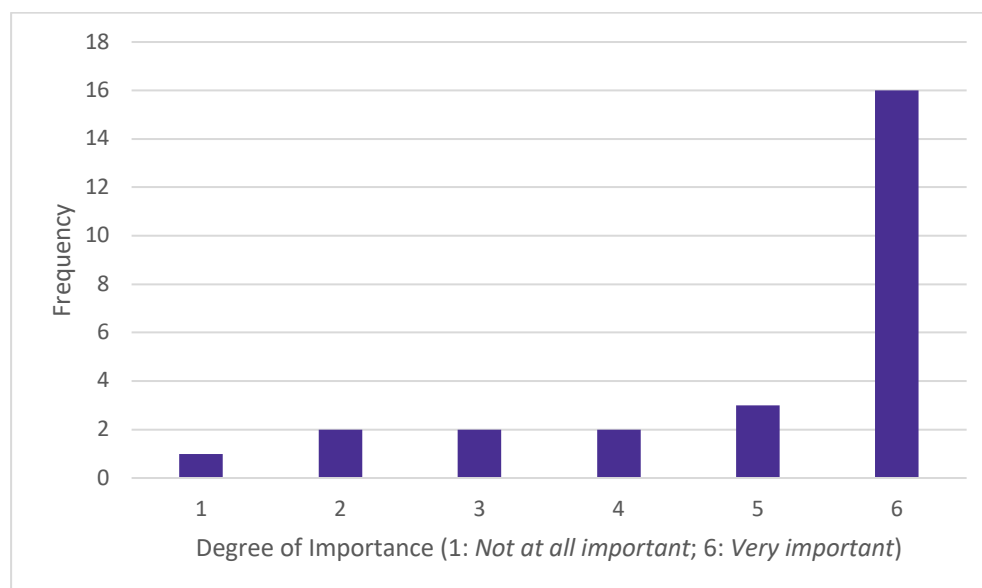
Comment Themes	Number of Comments	%
<b>Supportive</b>		
<b>Involved with visits</b> (calls to arrange visits; drives YP to visits)	7	23%
<b>Unsupportive</b>		
<b>No/little worker involvement</b> (not talked about; low priority; doesn't try hard; YP went to house supervisor for help instead)	8	27%
<b>Unsupportive behaviours</b> (unreliable/doesn't follow through; dishonest; dismissive; undermines YP's decisions; makes YP organise visits on their own)	8	27%
<b>Poor Communication</b> (doesn't listen; withholds information; more communication needed)	4	13%
<b>Decision-making and approvals</b> (gives approvals; doesn't give approval to see some siblings; no approval to travel for contact at Christmas)	3	10%
<b>Total</b>	<b>30</b>	<b>100</b>

### The Value of Sibling Connection When Living Apart

Not surprisingly, as presented in Figure 9, the majority of young people who did not have the opportunity to live with their siblings scored spending time with them as *Very Important*, with 16/26 (62%) scoring the highest value of six. Only one respondent selected *Not at all Important*. When asked to elaborate on their scoring, 41 comments were provided (see Table 8) and highlighted the importance of sibling bonds (20%); closeness/comfort/safety (17%); siblings supporting each other

(12%); importance of family (12%); and fear of losing *the* connection (10%). They also mentioned how having poorly established relationships with family/siblings limited contact opportunities (17%).

**Figure 8. Value of Sibling Contact for Siblings Who Don't Live Together**



**Table 8. Importance of Sibling Contact**

Comments	Number of Comments	%
<b>Sibling Bond</b> (special relationship; love; friendship; a bond)	8	20%
<b>Closeness/Comfort/Safety</b> (not being alone; not forgetting each other; have always lived together; giving YP purpose and meaning)	7	17%
<b>Poor relationship with siblings/family</b> (barriers include age gaps, never having lived together, and no desire to contact)	5	12%
<b>Sibling Support</b> (supporting each other; emotional support in tough times; siblings as parental/role model figures)	5	12%
<b>Importance of family</b>	5	12%
<b>Fear of losing the connection</b>	4	10%
<b>Other</b>		
<b>Limited Relationship as a Barrier to Contact</b>	7	17%
<b>Total</b>	<b>41</b>	<b>100</b>

The uniqueness of the sibling bond and the strength and purpose gained from that connection was important (and identity forming) for a number of respondents:


*Because I want to keep a bond between my siblings as I was their main carer when living together so they feel like they are my kids. (Female, 15 years)*

*Because they're my siblings and I love them. (Female, 16 years)*

*I love my siblings and they're a part of my family. My siblings help me develop better as a person. (Female, 16 years)*

*My siblings are my world. For a while I was in a really dark place in my life and they're the reason I get out of bed every morning. They're the reason I'm still here today and making sure*





*my siblings are as happy as they can be and knowing how much I love them. It's very important to me to see them and tell them I love them, so they know they're loved. (Female, 17 years)*

*Good to have that relationship. (Female, 16 years)*

Comfort, support, and safety were also integral aspects of the sibling relationship raised:

*Because she kept me safe when I was little. (Male, 16 years)*

*Because now that our parents are out of the picture, they need someone to support them. (Female 16 years)*

*Just want to see them. Because siblings are going through shit. Because he's not going to get help; I'm the only one who can help him. (Female, 17 years)*

*It's good to be in contact with them so they know they're not alone. (Female, 15 years)*

A general appreciation of the importance of family also underscored select responses:

*Because they're my family. (Female, 14 years)*

*Family is always with you. (Male, 14 years)*

*Because family is really important to me. (Female, 17 years)*

Those that didn't have an opportunity to experience strong sibling connections highlighted the difficulties in trying to maintain any sort of relationship:

*I didn't have a very good connection with my sister so now it's like if I see her, I see her if I don't, I don't. I didn't live with my sister so that's why I don't think we have a very good connection but I lived with my brother and we had a good connection. (Male, 18 years)*

*Feels like it's important. But you struggle building relationship[s] with siblings past surface level relationship. Siblings are a lot older and haven't had much to do with her. (Female, 17 years)*

*I've never had a relationship with them. (Non-Binary, 12 years)*

*I don't really keep in contact with them now. They never really tried so I stopped trying. (Male, 18 years)*

However, four respondents feared losing the connection and expressed concerns about missing out on being a part of their siblings' life:

*I haven't seen in a while and they're growing up so fast and I can't see that. (Female, 16 years)*

*If you don't keep in contact with your siblings you might lose them and if something happens to them and you can't see them that would be bad. (Male, 17 years)*

*Because I lived with them for most of my life and if I stopped seeing them, I would lose the connection I had with them. (Male, 14 years)*

*It's important so I don't forget about them and to keep in touch and be friends. (Male, 12 years)*

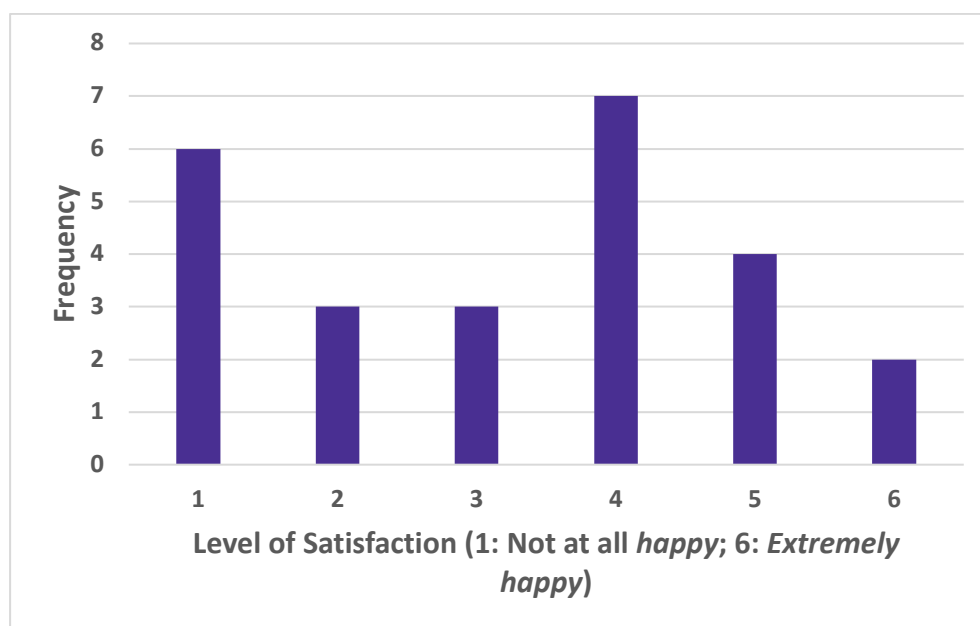
### Timing and Frequency of Communication

Participants were also asked how happy they were with the amount of time they spend with sibling/s not currently living with them ( $N = 25$ ). On a scale from 1 (*Not at all happy*) to 6 (*Extremely happy*), almost half the cohort (12/25; 48%) indicated that they were unhappy (scoring 1–3) while the remaining 13 participants (52%) were happy and satisfied with contact (scoring 4–6) (Figure 10).

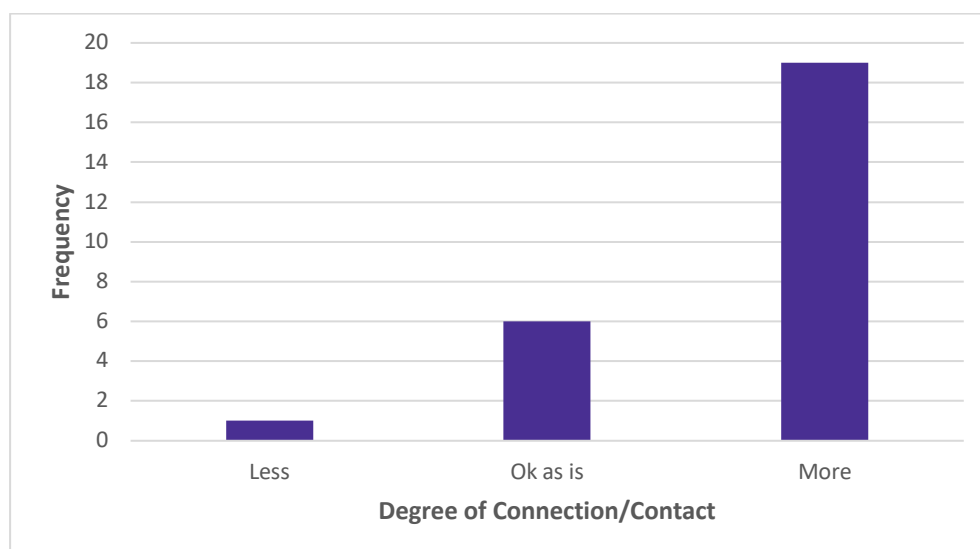
In terms of the regularity of connection over the last year, participants ( $N = 26$ ) noted a range of contact timeframes. The greatest number of responses indicated they had some form of contact *Once every three months* (8/26; 31%). Four young people (15%) had *Weekly* contact, while *Fortnightly*, *Monthly*, *Once-a-year*, and *Not at all* attracted three responses each. Two young people had contact *Once every six months*.

Participants were then asked *How much contact (compared with at present) would you like to have with your sibling/s?* An overwhelming majority (19/26; 73%) desired more contact with sibling/s (Figure 11). This means that even though just over half of the participants expressed a level of happiness with their contact schedule, the majority still wanted more time, with only one person wanting less time and six feeling satisfied with the current arrangements.

**Figure 9. Feelings about Current Level of Connection Between Siblings Not Living Together**



**Figure 10. Desired Connection with Sibling/s?**

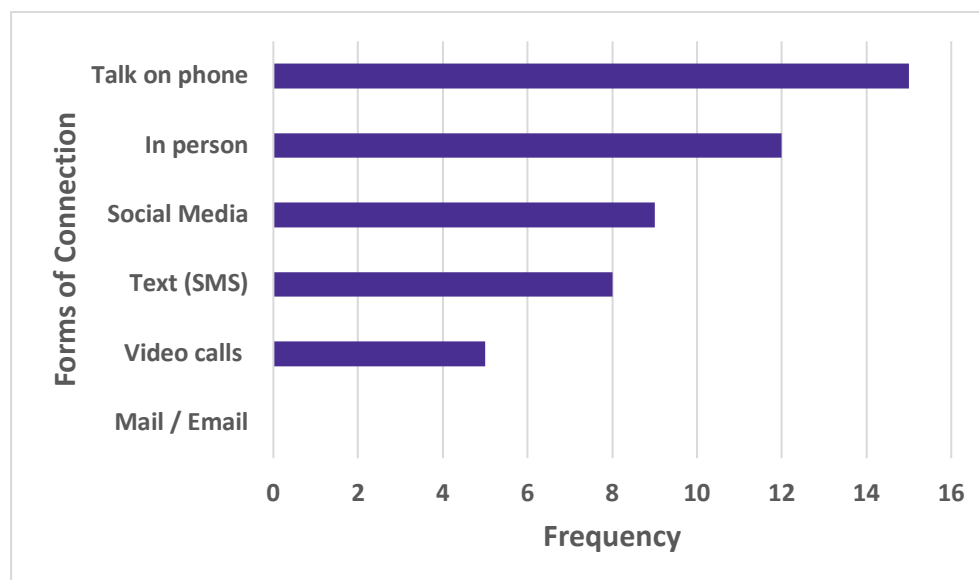


### Reaching Out and Connecting

From a prescribed list of options, participants chose which modes of communication they use to connect with siblings they don't live with. Participants could choose as many approaches as relevant. *Talking on the phone* had the highest response (15 mentions), followed by *Seeing each other in person*

(12 mentions), *Social Media* (nine mentions), *Texting* (eight mentions), and *Video calls* (five mentions). The only mode of communication not identified was *Mail/Email*. When given the option to highlight other modes of communication, young people named online gaming and Xbox as activities bringing siblings together. One young person elaborated on *Seeing each other in person*, by highlighting the opportunity to stay at their sibling's house. Another, however, voiced their frustrations at having phone communication taken away from them, "[I] would text if I had my own phone. [I] want it back."

**Figure 11. Modes of Connection Between Siblings**



In a follow up question, participants were asked what other ways they would like to stay connected with siblings; 27 comments were provided (Table 9). Seeing siblings in person scored the highest response from 30% of the comments, with additional comments relating to suitability of location mentioned:

*See them in person more. (Female, 16 years)*

*See them face to face, for several hours. (Male, 14 years)*

*Face to face visits. (Non-Binary, 12 years)*

*I would love to see them in person. Both of my siblings have ADHD and Autism so speaking to them on the phone isn't meaningful as they don't have a long attention span and can't concentrate to talk to me but if I saw them in person I could get some meaningful time with them. (Female, 16 years)*

*Meet in a park or playground or at something like BOUNCE indoor trampoline place. (Male, 12 years)*

Another key issued mentioned by 22% of respondents was the need for increased frequency of access:

*It would be nice to have a weekly call setup or see them more than just the school holidays. (Female, 17 years)*

*Call them every day. In person. (Male, 12 years)*

The importance of technology in calling, videoing, or having access to social media access was important for some (15%):

*Catching up with them, phone calls. (Female, 16 years)*

*Phone. (Male, 16 years)*

*Social media is fine. (Female, 14 years)*

*Video call. (Female, 17 years)*

*Video call or regular call my younger brother more. Seeing them more in person. (Female, 15 years)*

**Table 9. Further Considerations when Connecting with Siblings**

Comments	Number of Comments	%
<b>More “in person” access</b>	8	30%
<b>Increase Frequency and Duration of access</b> (daily, weekly, more than just school holidays)	6	22%
<b>Better access arrangements</b> (is the setting appropriate; who is present; and is it the environment or mode of communication inclusive of diverse needs such as young children with ADHD and autism?)	4	15%
<b>Importance of “calling” (phone or video call)</b>	4	15%
<b>Age constraints</b> (some mediums harder for younger siblings such as phone access)	3	11%
<b>Relationships Issues affecting access</b> (past history with parent; strained relationship with grandparents)	2	7%
<b>Total</b>	<b>27</b>	<b>100</b>

However, some comments (11%) noted the barriers to using such technology when connecting with much younger siblings:

*I want to see them more in person. They’re too young to contact me in other ways. (Male, 15 years)*

*Younger brother doesn’t have a phone, if he did it’d be easier to message, call. In person it’d be good if access wasn’t at the DCP office. Maybe at my house? (Female, 16 years)*

In addition, when considering ways young people would like to stay connected to siblings, two comments flagged that contact was impacted by relationship/family history issues:

*I feel like the reasons why we don’t talk as siblings is because of what happened with my dad. (Female, 17 years)*

*I would like visits where my grandparents aren’t there as it’s a strained relationship. (Female, 17 years)*

### Impact of COVID on Sibling Connection

Another factor potentially having a significant impact on contact was the COVID-19 pandemic. However, while barriers such as social distancing, lockdowns, isolation, illness, and fear and anxiety were predicted as immensurable barriers, young people on the whole did not feel as though the pandemic had significantly altered their sibling relationship/s.

Young people were asked to what extent COVID restrictions had affected their sibling relationship/s (effect measured on a 6-point rating scale 1: *Not at all* to 6: *Very much*). The question particularly

focused on the effects of COVID-19 for young people not living with their siblings in co-placement ( $N = 25$ ). Interestingly, seen in Figure 13, just over half of responses (13/25; 52%) indicated that the pandemic had not impacted their relationship with sibling/s at all.

Yet, despite the majority of participants not feeling like their connections were greatly affected by the pandemic, when asked to provide any additional thoughts, participants in fact did note some significant barriers/obstacles. Eighteen participants responded to this question and made 27 separate points; the thematic analysis of these responses appears in Table 10. Almost half the comments provided (11/24; 46%) identified some degree of communication breakdown with their siblings, with additional comments noting physical barriers (8/24; 33%) and emotional difficulties in coping with reduced quality time with siblings (4%):

*If someone gets COVID access is cancelled. (Female, 17 years)*

*Yeah, missed them more as I couldn't see them as much. (Male, 12 years)*

*Sister got COVID four times, including over Christmas which impacted contact. (Female, 16 years)*

*Unable to attend access when someone is sick, siblings are often sick. (Non-binary, 12 years)*

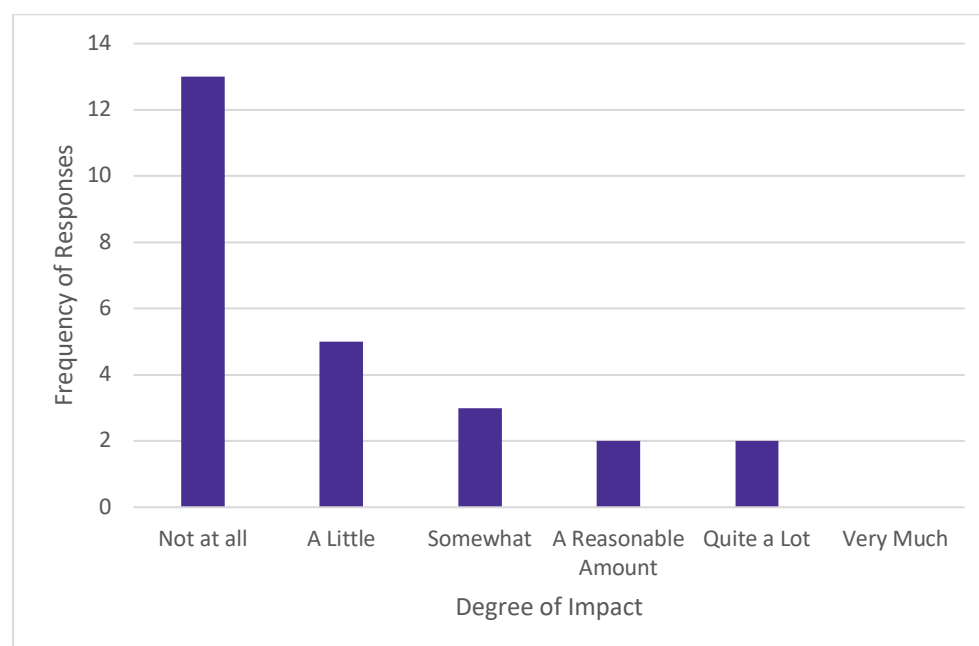
*Lock down, cancelling plans due to close contacts. (Female, 14 years)*

*Access didn't happen for months because of COVID and a bit because of other reasons. (Female, 16 years)*

*Access got postponed because sisters got COVID. Access got postponed for 8 months. (Female, 15 years)*

*I had some access cancelled due to my older brother having COVID-19. (Female, 16 years)*

**Figure 11.** *Impact of COVID-19 on Sibling Connections*



*I was going to the Riverland to actually see one of my brothers and it got cancelled as he had COVID-19. (Female, 16 years)*

*I was in lockdown a lot due to being a close contact, so I had to cancel seeing them a lot.* (Female, 17 years)

*Not being able to see them and limited to only phone calls.* (Female, 15 years)

*Siblings had to use a mask when having contact.* (Male, 14 years)

Interestingly however, for one participant, COVID provided an opportunity to reach out and see their sibling more often (in the absence of school attendance during school lockdowns/closures):

*COVID-19 gave us more motivation to see them as for example when school wasn't on, I would go to my older sibling's house instead of school.* (Female, 17 years)

Another young person pointed out that COVID did not affect access, because they were not allowed to see their sibling before the pandemic anyway:

*I wasn't able to see them either during COVID-19 or before/after. It didn't change anything.* (Female, 17 years)

**Table 10.** Impact of COVID-19 on Maintaining Sibling Connections

Impact	Number of Comments	%
<b>Communication breakdown</b> (contact cancelled; "less in person stuff")	11	46%
<b>Physical barriers</b> (lockdown; isolation/contracting the virus; wearing masks)	8	33%
<b>Routine unchanged/didn't change anything</b>	3	13%
<b>Emotional Stress</b>	1	4%
<b>Opportunity to Connect</b>	1	4%
<b>Total</b>	<b>24</b>	<b>100</b>

### Final Reflections

In conclusion, all participants were invited to share any additional thoughts on their sibling relationship/s. Responses received ( $N = 24$ ) are listed in order of frequency in Table 11. The most frequent comments related to insufficient/inappropriate access to siblings (8/24; 33%).

*Seeing siblings once every school holidays isn't enough, and we need more frequent visits.* (Female, 17 years)

*I keep in contact with my two younger siblings a bit but haven't seen my older siblings in QLD for years. I've wanted to see them but haven't gotten approval. I want to go with my younger siblings. Access would be more comfortable if it's not in the office. I'd prefer a park or my house. His social worker watches us through a glass which makes me feel very observed. I feel like I can't be myself.* (Female, 16 years)

Additional comments highlighted a lack of autonomy/agency in decision-making about access (4/24; 17%); sibling contact not being prioritised by authorities (3/24; 12.5%); more support and communication from DCP being needed (3/24; 12.5%); the impact of insufficient contact on the young person's emotional health (3/24; 12.5%); and the value of nurturing the sibling bond (3/24; 12.5%).

*They're great siblings - want to see them in person.* (Male, 12 years)

*If you want to contact your siblings, you should be able to. (Male, 18 years)*

*I don't think sibling contact is taken seriously enough or high enough in general as a priority. (Female, 17 years)*

*I haven't seen them in years, I wish the department communicated more with me about it. (Female, 17 years)*

*Social workers facilitating contact, emotionally and physically. Support with family breakdown. (Female, 17 years)*

*I'd like to see better supports for young people in care in general. We need more awareness of police and the law. Because my brother has got in trouble with the law and now I can see him. (Male, 18 years)*

*I see one brother every day and then I see my sisters once every 4 months. My sisters are 2 and 4 and sometimes the younger one gets confused and overwhelmed because she doesn't know who I am/we are. (Female, 15 years)*

**Table 11. Final Comments About Sibling Connection**


Additional Comments	Number of Comments	%
<b>Insufficient/Inappropriate Access</b> (feeling watched during visits; able to see some siblings but not others; infrequent visits (months, years); unable to see sibling in person)	8	33.0%
<b>Lack of autonomy/agency in decision-making about access</b> (YP not able to have a say; approval denied)	4	17.0%
<b>Sibling contact not prioritised by decision-makers</b>	3	12.5%
<b>More support and communication from DCP</b> (workers facilitating contact; better communication; family breakdown support)	3	12.5%
<b>Impact on Emotional Wellbeing</b> (more emotional support from caseworkers; YP can't be themselves during access visits; siblings distressed as they are like strangers to each other)	3	12.5%
<b>Sibling bond valued</b>	3	12.5%
<b>Total</b>	<b>24</b>	<b>100</b>

## Discussion

### An Overview: Together, Splintered, Split, Alone

Siblings both within and outside of the OOHC system, may find themselves *Together*, *Splintered*, *Split*, or *Alone* (McDowall, 2015; Seale & Damiani-Taraba, 2017). 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). Disturbingly, the most at-risk group for being *Split* and separated from the rest of their siblings included young people with disabilities who may be placed elsewhere based on carer capacity to provide specialist care (McDowall, 2015; Seale & Damiani-Taraba, 2017). 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 had been adopted





or who had left care and were independent), 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. 4) also revealed that:

- 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.

Interestingly, Meakings et al. (2017, p. 10–11) also found 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.

### The Strength of Sibling Bonds

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 identity;
- 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:

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

### Caseworker Responses

Given that McDowall (2015; 2018) found that SA performed poorly in maintaining sibling connection, has the situation improved over the last 4–5 years? The results of this survey strongly indicate that they have not, with 69% of young people interviewed split from their siblings. Young people have also said on a number of occasions in this consultation that they are not receiving adequate support from caseworkers when it comes to sibling connection. 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.

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, similarly seen in the comments above. 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.

### **“The Sibling” as a Protective Factor**

The emphasis on Western attachment theory underlying the child welfare system means that caseworkers operate in a system that is geared towards placing children with adult caregivers which trumps the importance of sibling rights (McCormick, 2010, p. 206). This practice operates in contrast to 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.

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 alter 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.

### **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).

### **Permanency Outcomes and Placement Options**

Permanency is an important goal to strive for in OOHC (as much as it is possible) because it promotes stability, consistency, and a sense of belonging—all important wellbeing factors (Tilbury & Osmond, 2006). Stability is difficult to achieve in the OOHC system at the best of times and is most often disrupted when young people have to change placements, start all over again and build new connections. Zimmerman (in Rast & Rast, 2014, p. 83) is quoted as saying, “Each move while in foster care is another form of trauma and instability... The loss of connection with siblings may be the most traumatic event.” It is not surprising then that siblings placed together (and who can retain their sibling bond) report a greater sense of stability and positive mental health and have a greater chance of reunification with family (CREATE, 2020; McCormick, 2010; Meakings et al., 2017; Seale & Damiani-Taraba, 2017).

Sometimes the placement setting may also contribute to stability and affect the likelihood of siblings maintaining strong connections. In this consultation just over half the participants (13/26) were in a Residential Care placement. While Residential care can potentially offer the larger space required for



keeping a sibling group together (AIHW, 2022), it should also be noted that no one in this consultation was living with all of their siblings and that one young person even mentioned the hectic environment and people in their Resi environment as been unsuitable for contact visits.

### Quality of Sibling Attachment, and Individualised Assessment

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 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).

When considering sibling connection and placement (either via a formal assessment or informal decision-making), certain dynamics and factors (Seale & Damiani-Taraba, 2017) may override the priority for co-placement (at least until intervention and therapeutic healing programs can be given serious consideration and/or time to work). Factors to be cautious of include:

- Overt hostility between siblings;
- Competition for adult affection;
- One child serving as a caretaker for a younger child;
- One child posing a physical or sexual risk to another child;
- Siblings who do not have an established relationship prior to placement in foster care;
- Siblings who enter care at different times;
- One sibling having more success in placement than another;
- One sibling keeping another from thriving in placement; and
- Siblings are particularly independent.


A key issue related to terminology is also clarifying the definition of what constitutes a sibling (McCormick, 2010; Seale & Damiani-Taraba, 2017). Again, less conservative, biogenetic definitions of brother and sister need contemporising. Shlonsky (in Seale & Damiani-Taraba, 2017, p. 22) also calls for the child welfare system to “validate less traditional sibling bonds... [even] though an inevitable result might seem to be further complications in placement decision-making.”

Before siblings can be co-placed, a formal assessment of the relationship must occur. This requires observation in safe and controlled environment with assessment tools used in a child and young person-friendly way. Some tools include using creative activities such as children’s drawing, play therapy, observation, life books, and photo albums, and discussions to reveal relationship history. Another example of an assessment tool is the Sibling Relationship Inventory (SRI), which is concerned with identifying behaviours such affection, hostility, and rivalry (Seale & Damiani-Taraba, 2017, p. 12). Importantly, if an assessment reveals *rivalry* it does not mean siblings won’t be placed together; rather, that therapeutic healing intervention is required. Safety is always the first priority however, so if there is any risk of danger, then siblings should be kept apart.

### Sibling-Focused Intervention Programs and Carer Support

A significant barrier to young people maintaining relationships with their sibling/s is where they live. In this consultation, young people spoke of wanting to live with their sibling/s but not being able to. They also spoke of not necessarily knowing how to connect with their siblings in a normal day-to-day manner once in the system. Many young people wanted to create/nurture sibling bonds but didn’t always know how to have those relationships.

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.

### **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. Eight of the respondents in this survey (31%) 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.

## Conclusion

Young people in care who want to be with their siblings often wait weeks, months, or years to see them. Statements such as *"When my brother was in care, I tried to speak about living with him and I got shut down every time"* (Female, 16 years) and *"I've lost contact with my sister and it makes me upset"* (Male, 16 years), demonstrate that the current system is not prioritising sibling connections.

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 OOHC, 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.

Disconcertingly, this consultation revealed that no young people were living with all of their siblings, and the majority were living with none at all. Not surprisingly, many young people indicated that were unhappy about the amount of time they were able to spend with siblings and desired more contact with sibling/s.

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)*.
- Evaluate programs such as the Mockingbird Model (Life Without Barriers) to ascertain effectiveness in keeping sibling units together or connected.

## 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: Survey Questions



## SA 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 annoying. 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.

### 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?

- |   |   |
|---|---|
| <input type="radio"/> Online by yourself                        | <input type="radio"/> Face-to-face with a CREATE Staff Member |
| <input type="radio"/> Online with a CREATE Staff Member         | <input type="radio"/> Other (e.g., hard copy)                 |
| <input type="radio"/> Over the phone with a CREATE Staff Member |   |

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

- ☐ ACT  
☐ NSW  
☐ NT  
☐ QLD

- ☐ SA  
☐ TAS  
☐ VIC  
☐ WA

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 ☐ More than 10
- ☐ 3-5 ☐ Unsure
- ☐ 6-10

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



SA 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?**



SA 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?**



SA Sibling Contact (12 - 18 years)

15. Do you live with ALL of your siblings?

☐ Yes

☐ No



SA Sibling Contact (12 - 18 years)

16. How many of your siblings are living in care WITH YOU?

17. How many are living in OTHER care placements?

18. How many of your siblings are NOT IN CARE?

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

☐ Not much of a say

☐ A reasonable amount

☐ A little

☐ Quite a lot

☐ Some say

☐ All I need to say

Additional comments?

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

☐ Not much of a say

☐ A reasonable amount

☐ A little

☐ Quite a lot

☐ Some say

☐ All I need to say

Additional comments?



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

- |   |   |
|---|---|
| <input type="radio"/> Not much of a 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?**





SA Sibling Contact (12 - 18 years)

22. How supportive has your carer been in helping you keep in touch with your sibling/s, on a scale of 1-6?

Not at all supportive (1) Very supportive (6)

☐ ☐ ☐ ☐ ☐ ☐

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

24. How supportive has your caseworker / child protection worker been in helping you keep in touch with your sibling/s on a scale of 1-6?

Not at all supportive (1) Very supportive (6)

☐ ☐ ☐ ☐ ☐ ☐

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

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

Not at all important (1) Very important (6)

☐ ☐ ☐ ☐ ☐ ☐

27. Why do you feel that way?



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

28. 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 (1) Extremely happy (6)

☐ ☐ ☐ ☐ ☐ ☐

29. 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 |  |


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

- ☐ Less
- ☐ Ok as is
- ☐ More

31. 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. FaceTime, 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)                             |   |

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



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

☐ Not at all

☐ A reasonable amount

☐ A little

☐ Quite a lot

☐ Somewhat

☐ Very much

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

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

☐ Yes

☐ No



SA Sibling Contact (12 - 18 years)

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

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



SA Sibling Contact (12 - 18 years)

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



SA Sibling Contact (12 - 18 years)

END OF SURVEY

Thank you for participating in this survey. By completing the survey, it is considered that you have given consent for your responses to be used in CREATE's final report. Please be sure to submit your responses before you leave this page by clicking the "DONE" button below.

However, before you do that, to thank you for the time and effort you have taken in answering these questions, we would like to give you a \$25 gift voucher. If you would like to receive this gift, copy and paste the link below into another browser window. After submitting your responses, provide the information requested in the link window (your name, postal address, email address, and phone number) so we can send you a voucher. This information is recorded separately from your survey responses so that they remain entirely anonymous.

<https://www.surveymonkey.com/r/SASiblingsGift>

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, visit our website (<http://create.org.au>) or 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.