

SIBLING DECISION MAKING MATRIX

Developed by: Connie Maschmeier, LISW, MSSA, CCDC III

Northeast Ohio Adoption Services' Sisters and Brothers Together Project
(Funding provided by Federal Adoption Opportunities Grant #90-CO-0821)

- Usage:** To be used in all situations in which decisions involving siblings are being made.
- Premise:** Siblings should be placed together in order to support and maintain existing ties and to minimize the degree of loss experienced by the children unless there is a compelling reason in the children's best interest to the contrary.
- Instructions:** The following issues are listed in order of importance and each question should be weighted accordingly. Please refer to pages 7 and 8 for a visual matrix after discussing the following questions.

1. Assess past, current and potential relationships/attachment for all of the siblings.

Fully describe the sibling relationship using concrete, observable and measurable examples.

- **Degree** of the biological relationship of the siblings. This can be characterized as full siblings (same biological parents), half siblings (share only one biological parent), or assumed siblings (share no common biology but have been raised together and they assume that they are siblings).
- **Duration** of the sibling relationship.
 - o **Length**
The length of time they have known one another, i.e. the older sibling will know the younger sibling for as long as the younger sibling has been alive (unless they have been placed separately).
 - o **Developmental Stage**
Developmental age affects children's perception of duration for example, two days away from home feels much longer to a three year old than to a 13-year old. Use a child's developmental ages (rather than biological age) when assessing their behaviors.
 - o **Significant Circumstances**
Traumatized children often experience time distortions and distortion of sequence of events. Children's sense of time and inability to remember

events and sequences of events with their siblings should not be misinterpreted. It is often helpful to visually depict a child's life including moves and significant events using tools such as a placement timeline (found in Keck, G. PhD & Kupecky, R. LSW (1995). *Adopting the Hurt Child*, (p. 153). Pinon Press Co.), a placement genogram (found in McMillen, J.C. & Groze, V. (1994). *Using Placement Genograms in Child Welfare Practice*. *Child Welfare*, LXXII (4): 307-318.), or Rosenberg's life map (found in Pinderhughes, E.E., & Rosenberg, K. (1990). *Family bonding with high-risk placements: A therapy model that promotes the process of becoming a family*. In L.M. Glidden (Ed.) *Formed Families: Adoption of Children with Handicaps* (pp. 209-230). New York: Hawthorne Press.)

- **Quality**

MUST have a thorough knowledge of the maltreatment experienced by the children while in their birth home.

- Cannot be assessed at one point in time, must take into account the lifetime of the sibling relationship.
- Must take into consideration what is happening around the child/ siblings i.e. within the family, at school, in the neighborhood, at church/ synagogue, with peers, etc.
- Describe the roles the children play within the family i.e. parenting sibling, protector, nurturer, history keeper, etc.
 - ◆ If their roles are deemed unhealthy, what steps have been taken to help them develop healthier roles?
 - ◆ Have the children been in a stable environment long enough to feel safe relinquishing the roles that they may have developed for survival?
- Who does the child turn to for support/ guidance?
 - ◆ If not currently living with siblings (and therefore unable to turn to them) did they turn to their siblings for support when living together?
 - ◆ Have the children been allowed to visit at least twice a month while in care to maintain their bond?
- How do the children experience/ express sibling rivalry?
 - ◆ Is it within normal developmental limits?
 - ◆ What steps have been taken to reduce inappropriate behaviors?

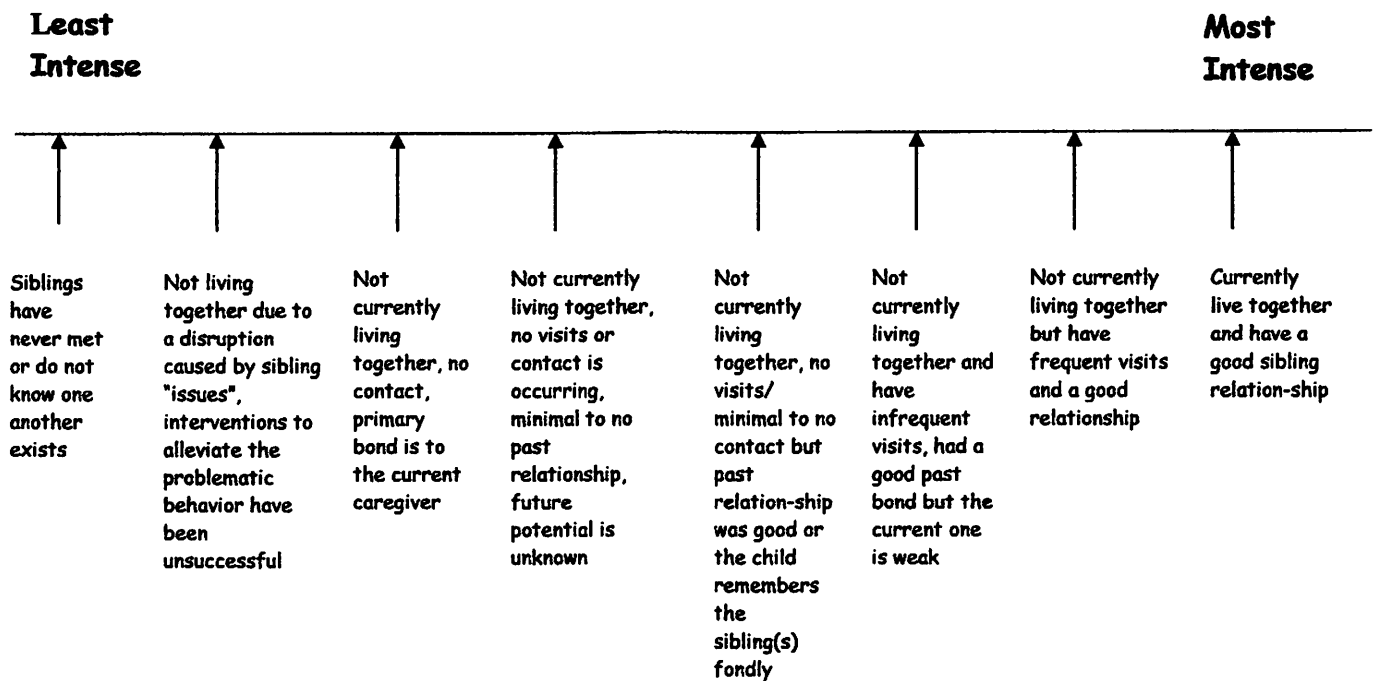
- **Intensity** of the relationship.

Note: Intensity should be measured over the lifetime of the sibling relationship. The intensity of the current sibling relationship should be weighted most heavily, unless the children are living separately and are not visiting at least two times per month. In this situation they may not have an opportunity to have a strong relationship. Child development research indicates that the potential future relationship should be considered more significant than the past relationship.

When assessing the intensity of sibling interactions it is imperative that the developmental ages of the children be taken into account. For example, when school aged children get together for a visit they may not play together but instead engage in parallel play because they are developmentally delayed or adolescents may not express a significant interest in their siblings because they are participating in many outside activities - these should not be taken as signs of dis-interest, rather developmentally age appropriate behaviors.

- When a professional visited and observed the children interacting during visits what did he/she observe?

The continuum below depicts the intensity of the sibling relationship based on their current situation.



2. Are there any safety risks associated with the children being placed together?

- Describe any risk factors associated with the children being placed together, most common being:
 - Sexual Reactivity - inappropriate sexual touching or fondling
 - Sexual Offending - an older/ more powerful sibling victimizes a younger/ less powerful sibling
 - Aggression - that results in physical harm
- Describe the context of the behavior and the dynamics of the situation in which this behavior occurred.

- ♦ Were the children made to touch one another in the birth home or observe sexual activity?
- ♦ If there has been sexual activity between the siblings does it seem more like sexual reactivity (acting out abuse they have experienced or witnessed) or a sexual offense involving a perpetrator and a victim?
- ♦ How much time has passed since the last incident?
- ♦ What is the likelihood that it would be repeated?
- ♦ What interventions have been implemented thus far to reduce risk? What was the result?
- ♦ Have the children matured or made progress in therapy?
- ♦ What services can be implemented to reduce risk? i.e. sibling therapy, alarms on doors, individual therapy, etc.

Note: If the risk of re-occurrence is high, treatment interventions have been unsuccessful, and no family can be found then separation is necessary. An appropriate plan should be developed to maintain contact as the reunification plan is developed and implemented. If developing a reunification plan is not in the children's best interest then a plan should be made to maintain contact and the children should be guided through the grief process.

3. Weigh the possible long-term benefits of keeping the siblings together vs. potential attachment damage in the future:

Benefits experienced by the children due to placing/keeping the siblings together:

- The children do not have to experience another loss (can begin to heal.)
- The children have a shared history (sense of roots.)
- Learn to work through their problems rather than running from them.
- Feel safer in a new home when they are with their siblings.
- Better able to attach to caregivers when the sibling attachment has not been damaged.
- There are other people in the family that look like them.

* Personalize the list for these particular children.

Benefits experienced by the siblings due to separating/keeping them separated:

- They have a shared biological/ genetic history that can predict future health needs for the siblings.
- If the child(ren) is staying with a family that they have resided with for a significant period of time and have formed attachment to, their ability to attach may not be damaged.
- The children may be physically and emotionally safer remaining separated.
- The children's special needs may be better met if they are placed separately.

* Personalize the list for these particular children.

If a current caregiver wants to adopt a child(ren) in their care (but not the entire sibling group) utilize the following questions to identify the best permanent placement plan for the children.

Child

- * Does the child feel close to the caregiver?
- * Does the child give affection to the caregiver (i.e. appropriate kisses, hugs, cuddling?)
- * Does the child like to spend time with the caregiver?
- * Does the child demonstrate respect towards the caregiver?
- * Does the child communicate with the caregiver?
- * Does the child generally get along with the caregiver?
- * Does the child trust the caregiver?
- * How does the child relate to the caregiver's significant other (if one exists?)
- *

Caregiver

If both the child and the caregiver answer yes to the majority of the questions there is a strong mutual Bond.

If the parent answers yes to the majority of the questions and the child does not, it is probably best to have the child remain with the caregiver as they are demonstrating their commitment to the child in the absence of the child having formed a mutually satisfying attachment.

If both the child and the caregiver or just the caregiver answer no to the majority of the questions it is not a good placement match at this time.

- * Does the caregiver feel close to the child?
- * Does the caregiver give affection to the child (i.e. appropriate hugs, kisses, cuddling?)
- * Does the caregiver like to spend time with the child?
- * Does the caregiver demonstrate respect towards the child?
- * Does the caregiver communicate with the child?
- * Does the caregiver generally get along with the child?
- * Does the caregiver generally trust the child?
- * How does the caregiver's significant other (if one exists) relate to the child?

If both the child and the caregiver answer yes to the majority of the questions there is a strong mutual bond.

If the parent answers yes to the majority of the questions and the child does not, it is probably best to have the child remain with the caregiver as they are demonstrating their commitment to the child in the absence of the child having formed a mutually satisfying attachment.

If both the child and the caregiver or just the caregiver answer no to the majority of the questions it is not a good placement match at this time.

4. Assess the foster/ adoptive family's ability and willingness to meet all of the children's needs.

➤ Describe the family's values about siblings.

- ◆ With appropriate support services could all of the siblings remain together?
- ◆ If yes, list what services would be necessary to preserve the placement.
- ◆ Have these services been offered?
- ◆ If yes, what was the family's reaction?

Note: If the family is not willing to accept the necessary services to preserve the placement then they probably do not fully appreciate the significance of the sibling bond. This makes it unlikely that they will maintain ongoing contact if the children are separated.

5. The children's expectations and wishes regarding their placement

Note: This should be assessed independently from the caregiver's wishes by interviewing each child alone. Remember that these children are dealing with multiple loyalty and safety issues that can affect their ability to make healthy decisions for themselves. They are probably unable to take into consideration the longevity of the sibling relationship and they may base their decision solely on their current relationship with their siblings or their current caregivers. They may also be repeating messages they are hearing from their current caregivers. Their developmental age must be considered when evaluating their wishes; it is not developmentally congruent to ask children to make life-altering decisions.

Note: If it is entirely necessary that the siblings be separated/ remain separated then a viable visitation/ sibling bond maintenance plan must be created during the staffing/ meeting. It should include:

- Frequency of face-to-face visits, phone calls, picture sharing, E-mails, letters, etc. Who will coordinate/transport and who is responsible for initiating and carrying out the efforts should be specified. The names, addresses and phone numbers of the foster/adoptive homes where all of the siblings are living should be included in the plan.
- All parties need to sign the plan.
- Everyone, including the children, should receive a copy of the plan that same day.

Placement Decision Making Matrix

The SSW seeks a placement for a child in the most family-like, least restrictive setting, with the child's siblings whenever possible, that is in closest proximity to the family's home. The placement should promote continued contact with the child's family, friends, community, and other primary connections. The SSW consults with the FSOS and uses the placement decision making matrix as a guide to document legitimate reasons for not placing siblings together at the initial placement. One of the conditions must be met to justify separating siblings. The SSW documents the reasons for not placing siblings together in the case record along with the matrix. Efforts will be made to reunite siblings in the same resource home who are separated during initial placement, unless exceptional reasons exist that prevent reunification.

YES	NO	POINTS of CONSIDERATION for PLACEMENT
<input type="checkbox"/>	<input type="checkbox"/>	There is an appropriate parent available to take custody of their own child.
<input type="checkbox"/>	<input type="checkbox"/>	There is an appropriate relative available to take custody of their own relative.
<input type="checkbox"/>	<input type="checkbox"/>	One or more sibling has a serious medical problem.
<input type="checkbox"/>	<input type="checkbox"/>	Separation has been requested by one of the siblings.
<input type="checkbox"/>	<input type="checkbox"/>	Reunification of siblings will disrupt a placement in which one of the siblings has formed significant attachment with the caregiver.
<input type="checkbox"/>	<input type="checkbox"/>	The case history includes sibling on sibling perpetration that is serious in nature, including serious violence or sexual abuse.
<input type="checkbox"/>	<input type="checkbox"/>	An adoptive parent is unable to care for an additional sibling.
<input type="checkbox"/>	<input type="checkbox"/>	After exhausting all efforts, there is no relative, DCBS resource home, or PCC resource home willing to accept the sibling group.

Parents and relatives taking custody of related children can be encouraged to take the entire sibling group. For the purposes of placement consideration and consideration for receipt of the relative placement support benefit, a relative includes:

- A child's natural or adoptive parent;
- A blood relative of the child including a relative of the half-blood;
- Legally adopted or natural children of the adoptive parent and other relatives of such parents;
- The alleged parent or a relative of the alleged parent may be determined a blood relative through the administrative establishment of paternity; or
- A relative by marriage of any persons listed in bullet points 2-4 above even if the marriage has ended. This is true as long as the marriage ended after the child's birth.

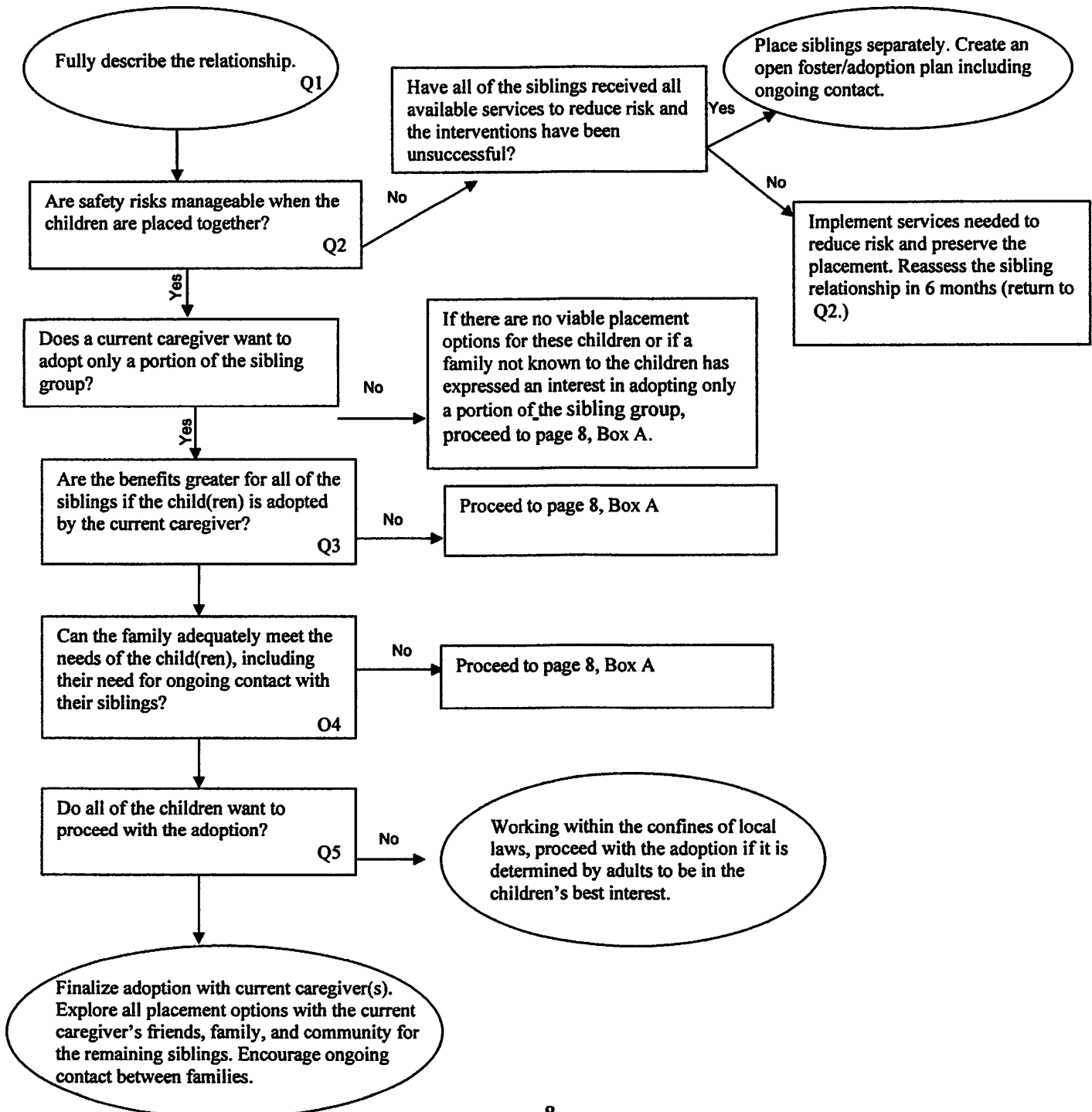
The standard does not require a degree of relatedness, i.e. within a first or second cousin, only that the relative relationship of any degree can be reasonably established.

Comments:

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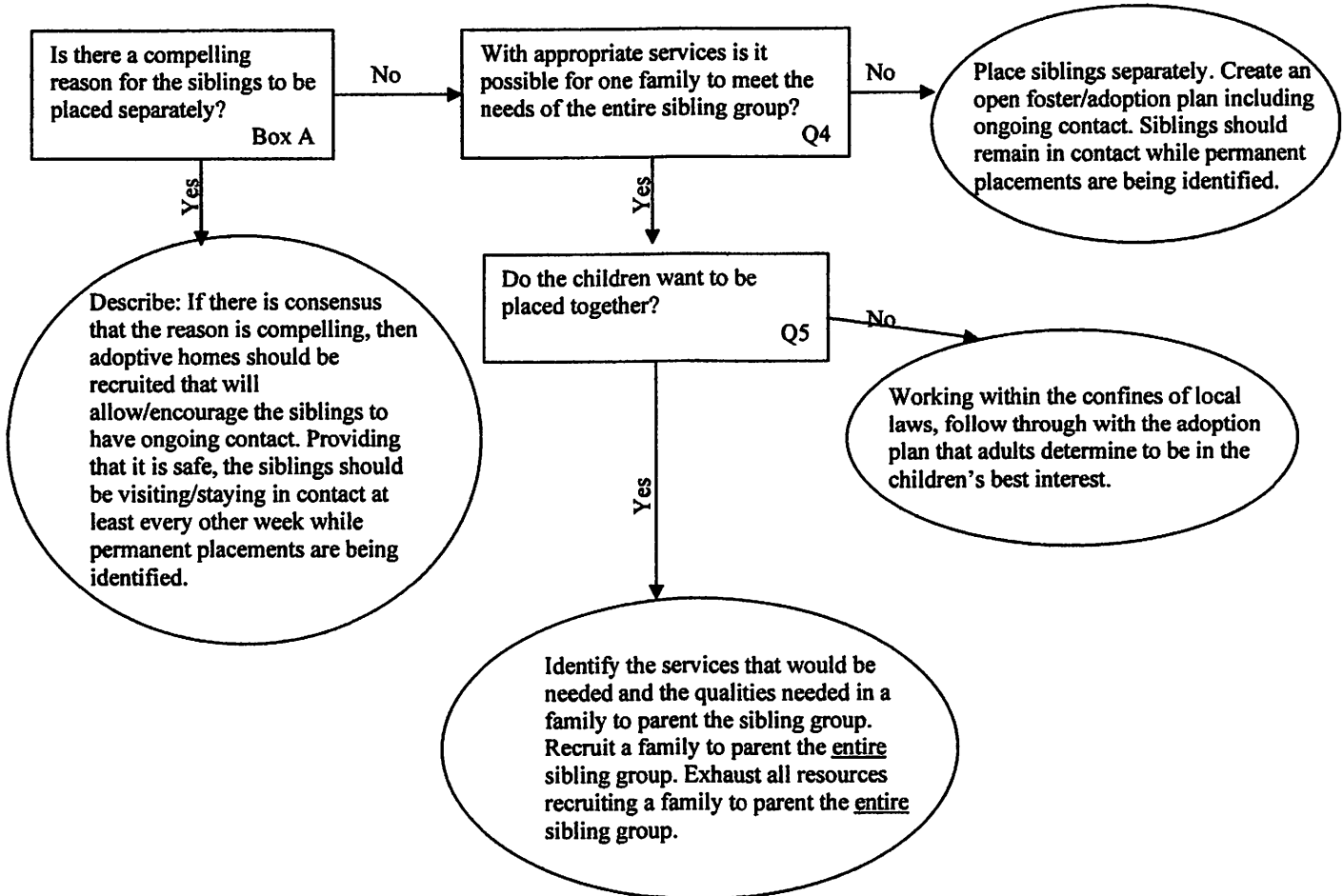
NOTE: This matrix is to be utilized in conjunction with the questions provided to guide your discussion.



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Continued...



Note: If a compelling reason in the children's best interest does not exist, then they should not be separated. The most common examples of compelling reasons include:

- Sexual offending behavior that has not been responsive to therapeutic interventions
- Extreme physical aggression toward siblings that has not been responsive to therapeutic interventions.
- Current caregiver wants to adopt the child(ren) in their home but not the entire sibling group. The child(ren) in the home have a strong mutual bond with the caregiver. Services were offered to support the caregiver in providing for all of the available siblings but the caregiver declined the services.

Copies of this document may be made but not altered.