

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption/Permanency	Effective Date: February 1, 2020
	Section 5: Sibling Connections	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will, to the extent possible, attempt to place a sibling group in the same pre-adoptive home, including:

1. Any additional siblings taken into care at a later date; or
2. Any siblings of a child in a previously finalized adoption that have re-entered out-of-home care or who may be in need of a new pre-adoptive placement.

Except Where:

1. There is documentation from a Qualified Mental Health Provider (QMHP), therapist, or counselor explaining why placement together would not be in the best interest of one (1) or more of the children, and why the issues cannot be rectified by intensive family services;
2. A court ordered separation of the siblings; or
3. A sibling is in a residential placement, hospitalized, or in a juvenile detention center.

DCS will ensure that children who are not placed together have weekly face-to-face contact. See [Practice Guidance](#) for possible exceptions and policy [8.12 Developing the Visitation Plan](#) for additional information.

DCS will not accept the following reasons as justification for not attempting to place siblings together in the same adoptive home:

1. The children are placed in separate resource homes;
2. One (1) or more of the children is too young to have developed a sibling bond;
3. Sibling rivalry and/or dislike;
4. A lack of homes willing and/or able to accommodate a large sibling group; and
5. One (1) or more of the children has perpetrated on a sibling and no treatment has been sought.

When it is not possible or appropriate to place siblings together in the same adoptive home, DCS will make every effort to place a child with adoptive parents who are committed to helping the child maintain his or her sibling connections through regular visitation and phone contact.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Conduct a search for any siblings that are in separate placements;
2. Interview each sibling, if appropriate based on the child's age and developmental level, and discuss:

- a. Any concerns the child may have, and
 - b. The child's feelings about maintaining the sibling relationship, through visitation and phone contact if placement together is not possible.
3. Interview the resource parents, therapist, and other service providers to gain insight on each child's sibling relationships;
 4. Engage the Child and Family Team (CFT) and assess the needs of the child. See separate policy, [5.7 Child and Family Team Meetings](#) for additional information;
 5. Forward the recommendation of the CFT and the information gathered from the resource parents, therapist, and other services providers to his or her FCM Supervisor for review;

Note: Submit a list of pros and cons to the FCM Supervisor in the event the CFT cannot reach consensus; and

6. Document all actions, including the decision of the FCM Supervisor, into the case management system.

The FCM Supervisor will:

1. Review the list of pros and cons that have been forwarded from the FCM if the CFT was unable to reach consensus;
2. Make a recommendation based on the information received from resource parents, therapist, other service providers, and CFT members;
3. Ensure a Case Conference or staffing with the regional Adoption Consultant is scheduled, if applicable;
4. Provide assistance and guidance during [clinical supervision](#) to ensure all documentation is complete and in accordance with best practice; and
5. Ensure all documentation is entered into the case management system.

PRACTICE GUIDANCE

Sibling Visitation

Siblings should be placed together, but if they are not placed together, a [Visitation Plan](#) should be implemented to ensure the siblings are having face-to-face contact on a regular basis.

Sibling visitation should be promoted for every child who is placed in out-of-home care, including visitation when all siblings are not in out-of-home care. However, weekly face-to-face contact between the child and his or her siblings may not be possible or appropriate for a child:

1. Placed in one (1) of the following:
 - a. Residential placement,
 - b. Hospital, or
 - c. Juvenile Detention Center.
2. Who has entered out-of-home placement due to a serious safety risk posed to that child by a sibling, and a court has not yet ruled on the appropriateness of the sibling visitation; or
3. When a court has ordered the siblings shall not have contact with each other.

When face-to-face contact does not occur between the child and his or her siblings, alternate forms of contact should be considered. See policy [8.12 Developing the Visitation Plan](#) for additional information.

FORMS AND TOOLS

[Visitation Plan](#) - Available in the case management system

RELATED INFORMATION

The Importance of Placing Siblings Together and Maintaining Connection

The bond between siblings is often the longest lasting relationship most people have, and these bonds help children develop their own unique personal identity throughout their lives. Biological siblings share the same genetic makeup; this becomes very important as children move into resource and adoptive families where they may differ in physical and cultural experiences, as well as, differences in medical predisposition, talents, and intellectual capabilities. When siblings are placed together, they are less likely to feel isolated, and they are able to share experiences and familiar family history. The complex bonds linking brothers and sisters are universal and among the most important in life. These relationships form the blueprint for later relationships with peers, friends, marriage partners, and their own children. A sibling is the only person who knows how things were in both the family of origin and the subsequent history of foster care placement. Integration of the child's past experiences, along with future experiences will help in the child's development and understanding of his or her own identity. When siblings cannot be placed together, the ability to maintain contact with each other may help alleviate the emotional impact of removal for each child.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.