The mental health and socialization of siblings in care

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Abstract

The paper describes sibling-related investigations conducted within the first stage of a prospective study of the mental health of 347 children (aged 4–11) in foster and kinship care in New South Wales, Australia (the Children in Care Study). Mental health was measured with the Child Behavior Checklist and with a carer-report instrument designed to measure psychopathology specifically observed among children in care (the Assessment Checklist for Children). A large number of study factors were measured, including several confounders of sibling-related data. The analyses include: the distribution and stability of sibling placements; mental health and socialization estimates stratified by sibling placement status; and a within-pairs comparison of oldest-younger sibling dyads in shared placements. Girls separated from all of their siblings were reported to have significantly poorer mental health and socialization than girls residing with at least one sibling. Various hypotheses accounting for this gender-specific finding are proposed, with a view to being tested in the prospective stage of the study.

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1. Introduction

In our role as clinicians assessing the developmental and psychological status of children in care, we routinely consider questions about a child’s relationships with their siblings. These may be posed directly as referral questions, or they may arise from

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engagement with the child in the assessment setting. While the nature and significance of sibling relationships can be ascertained, caseworkers and clinicians are hampered by a lack of empirical information to guide their recommendations about placement and contact with siblings (Hegar, 1986; Staff & Fein, 1993; Wedge & Mantle, 1991). Indeed, recent reviews of research on children in care make no reference to siblings (Minty, 2000; Orme & Buehler, 2001; Rutter, 2000). This is somewhat surprising, given the predominance of sibling-related questions in assessment referrals, and an apparent demand for better practice guidelines.

What is known about siblings in care is largely descriptive. A sizeable number of studies have described sibling placement patterns and the stability of sibling placements (Hegar, 1986; Kosonen, 1996; Staff & Fein, 1992; Wedge & Mantle, 1991), though few have adequately controlled for the effects of multiple variables (Shlonsky, Webster, & Needell, 2003). A comprehensive analysis of the determinants of separation versus co-placement of siblings in care was recently conducted on case data of 35,216 children in California (Shlonsky et al., 2003). Identified determinants include: type of care (kinship versus foster care); the size of the sibling group; the age span of the sibling group; the timing of entry into care (i.e. together or separately); placement histories; as well as several other factors. Some of these are mirrored in the reasons agencies cite for splitting or maintaining sibling groups (Kosonen, 1996; Testa & Rolock, 1999). Other reasons cited by agencies include a lack of suitable placements, and the views of children (Kosonen, 1996). It has even been suggested that a substantial proportion of casework decisions about the placement of siblings in care are guided by reasons that are not child-related (Wedge & Mantle, 1991). In lieu of a comprehensive evidence base, guidelines for placement of siblings and related casework have tended to reflect principles of natural justice, professional judgment, the perceptions of siblings in care, or have made over-riding inferences from attachment theory (Begun, 1995; Forbes, 1977; Ward, 1984).

What do we need to learn about siblings in care, if we are to develop better guidelines for clinical and welfare practice? Two priorities are proposed. First, we suggest there is a need for a more precise understanding of the perceptions children have of their biological and foster siblings. Our clinical experience is that children in care have very diverse sibling relationships, ranging from intensely positive to abusive. Some siblings remain strongly attached to each other in spite of prolonged separation, while others demonstrate superficial relationships that are symptomatic of an attachment disturbance. Yet qualitative studies of children in care, and of adults who have left care, have tended to describe sibling relationships in homogenous terms. For example, adults who have left residential or foster care are said to emphasize the significance of their sibling relationships, to recall a strong sense of sadness over the loss of their siblings, and to have been reliant on their siblings for emotional support while in care (Kosonen, 1996; Triseliotis, 1984). Similarly, children in care have reported that they strongly value their relationships with their siblings (Kosonen, 1996), while children entering foster care at older ages (8–14 years) describe the loss of their siblings as being highly traumatic (Folman, 1998). While these findings are critically important, they do not explain variations in children’s relationships, experiences, and perceptions.

Second, we suggest there is a need to better understand the extent to which sibling relationships shape the development, socialization, and mental health of children in care, as
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