

Contact from Out of Home Care (OOHC) to Open Adoption

Open Adoption in NSW has been elevated for consideration through changes made to the NSW Children and Young Person's (Care and Protection) Act 1998. Amendments to the Act proclaimed in October 2014 included the insertion of permanency principles that require open adoption to be considered ahead of placement in long term out of home care. It has major implications for practice:

“Open adoption requires us to rethink the meaning of family. Adoption doesn't simply mean adding a child; it means extending the family's boundary to include a child's birth relatives. We have found that adoptees, adoptive parents, and birth parents alike are all more satisfied when they have opportunities for contact.”
Grotevant, H.D. (2015)

Extending the boundaries of what we mean by family, as required by the new legislation, will have a direct impact on prospective adoptive parents, birth parents, frontline staff and agencies. It will mean that a new approach to contact is necessary. We need to create a positive approach to contact, which will promote a child centred culture within the adoption process.

There is evidence that well-planned, positive contact is a protective factor for children associated with positive outcomes (Fernandez & Lee, 2013; Fernandez, 2009; Farmer, Moyers, & Lipscombe, 2004). Academics and practitioners have made calls for greater contact and openness in adoption. Quinton, Rushton, et al. (1997) proposed that adoptees' sense of identity was grounded in an understanding of their origins. Contact nevertheless presents considerable challenges for workers and carers as for some children it can also lead to disruption and distress (Taplin, McArthur, & Humphreys, 2013; Sen & Broadhurst, 2011).

In the out of home care context, the view emerged that contact was also needed in care placements, and this was reflected in changes to legislation (Bullen.T et al, 2015). The most recent of these changes to the NSW Children and Young Person's (Care and Protection) Act 1998 resulting in contact orders being made for the twelve months where following this contact decisions are made through case management.

Open adoption poses both unique opportunities and challenges for achieving positive contact. Anecdotally, NSW is seeing a number of open adoption matters being contested at the Supreme Court. We are also seeing contact proposals challenged by the presiding Judge over the quality and commitment prospective adoptive parents can demonstrate to contact for the child and their birth family.

In the out of home care context, the expectations for prospective adoptive parents may be set at the time they enter the foster care system as foster carers. With recent legislative changes prospective adoptive parents entering the system can also be authorised as foster carers with a view to achieving the adoption of a child. What happens when we look at the out of home care system through the lens of prospective adoptions, what does the research tell us about what is in the best interests of children and how can we improve our work to achieve this?

Removal and the severed attachment – whether the attachment is secure or insecure – means that separation will likely be distressing and anxiety provoking (Howe, Brandon, Hinings & Schofield, 1999).

We see too often the result of this with children in the care system. Children often experience multiple placements, poor contact with birth parents, siblings and extended family, poor relationships with carers and this distress can manifest in problematic behaviours, such as aggression, delinquency and depression (Kaplan, Pelcovitz & Labruna, 1999). Children in care can experience the loss of attachment figures regularly and repeated trauma resulting in life long consequences. During this time they also lose their identity as part of a birth family that, despite their problems and limited parenting capacity, have familiar traits, characteristics and shared genealogy. Children lose the opportunity to see what strengths their birth parents have and to see those strengths and positive qualities in themselves.

Self-identity

Children need to have the opportunity to develop positive self-identity. The value of good quality authentic contact can contribute significantly to this. It is important to note that this can be achieved in a number of ways and should be unique to each child's experience, their safety and their best interest. Types of contact can include video calls, face-to-face contact, letters, gift sharing, email or telephone contact.

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There are some dilemma's here for child protection workers in the context of court proceedings. When caseworkers prepare for court they are trying to demonstrate a need for care and protection of the child. This can create a tension in how the caseworker views and assesses contact whilst trying to demonstrate or assess that a parent does or does not have good enough parenting skills to keep the child in their care.

Often contact is supervised in an unfamiliar, unhelpful environment where the parent and child may both feel uncomfortable, watched and judged. Supervision and observation creates an artificial situation where behaviour is likely to be affected even if it is in a natural setting (Prasad, 2011; Triseliotis, 2010).

The other issue that arises is that for the child there is a distinction made between their “bad parents” and good foster carers. Whilst younger children will not necessarily be aware, older children may start to form views, ask themselves questions that might never feel like they are answered and begin a journey of confusion related to their removal from their parents. For the caseworker too the notion of “not good enough parenting” must prevail for their concerns for the child to be alleviated by successfully securing a protection order for the child.

What does this mean for contact and how could it be different? How will the Children’s Court view a different approach to contact, where carers in the right circumstances might supervise and manage contact?

Whilst we are seeing evidence emerge that supports the benefit of good quality contact and relationships between birth parents and foster carers, we are yet to establish how early in the life of the placement this kind of quality relationship and contact should be established; what form this contact should take and how risks can be effectively managed.

Should it be as soon as the child is placed, once final orders are in place? The sensible answer to this question is that it can’t be prescribed; decisions need to be made case-by-case, matter-by-matter, child-by-child. This is challenging for everyone but the evidence is clear that foster carers have the capacity to be a support for parents. Such positive support can have significant influence on the quality of contact visits (Balsells, Amoros, Fuentes-Pelaez & Mateos, 2011) and it is important that the views of all parties involved are taken into account in decision-making about contact (Austerberry et al., 2013; Osborn & Delfabbro, 2009; Prasad, 2011).

What do we know about contact or openness in adoption?

“Adoptive parents were overwhelmingly and strikingly positive about open adoption often because they believed it was in the best interest of their child. Strikingly, no adoptive parents indicated they wished they had less openness. Any wish for a change in openness was for more contact, not less.” Segal DH (2003)

Neil et al. note that most adoptive parents showed very high levels of empathy for the child and empathy for birth relatives. This could mean that adoptive parents who have such qualities are more likely to agree to open adoption arrangements. Whilst this may be true, there was also evidence that contact itself helped adoptive parents to empathise with children and birth relatives.

Siegal notes adolescents who had contact with their birthparents maintained higher satisfaction with their contact status than those who did not. Siegal also noted adoptive parents even felt positively about contact with birthparents who had mental health or substance abuse problems, noting that birthparents did not engage in threatening behaviours during contact, and that the benefits of contact was still important for their adolescent.

Neil et al notes that face-to-face contact, even at high levels, was not found to get in the way of the development of the relationship between adoptive parents and their child.

It seems that whether it is early in placement, where the permanency pathway has not yet been determined, or when adoption orders have been granted the importance of quality contact for the child, birth parents, carers and adoptive parents cannot be underestimated. Grotevant et al. (2011) note that satisfaction with contact rather than the existence or type of contact predicate less externalising behaviour among adoptees in adolescence into emerging adulthood.

Neil et al. note the most helpful approach by agencies seemed to be one that supported and empowered participants to find an arrangement that worked for them, rather than dictating a standard approach. The quality of communication about adoption between adoptive parents and the adopted child are also imperative. Neil et al. explain that the Adoption Communication Openness (ACO) of adoptive parents is central.

How do we develop a system that encourages quality, case by case contact that promotes positive and authentic relationships that a permanency, satisfaction with contact and good outcomes for the child and their entire family?

There are many levels of change required to achieve this. The elements of change include how we recruit and train foster carers, potential guardians and prospective adoptive parents.

How do we alleviate the challenge and tensions for caseworkers trying to secure a care and protection order for a child, how quickly we can assess the safety issues for carers and children, whilst also being less risk averse?

How do we support birth parents to develop quality relationships to the best of their ability when they may not have experienced these before?

How do we assist carers, guardians and prospective and adoptive parents to look at birth parents with positive regard and recognise their strengths?

How do we work with a complete focus on permanency for a child and high levels of satisfaction with contact?

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