Children and family’s need for support

The NSW permanency reforms are aimed at providing children with stable, secure family-based care. Maintaining restoration and promoting guardianship, kinship care and adoption needs to be accompanied by evidence-based post placement support services.

In 2016, a review of the NSW out-of-home care system found the main drivers for entry into out of home care include parental socioeconomic disadvantage, drug and alcohol abuse, domestic violence, and mental health issues. The top three issues for reports to the NSW Child Protection Helpline are: physical abuse (21.2%), neglect (20.4%) and sexual abuse (16.8%).

When the NSW Children’s Court determines that children need to enter out-of-home care, their adverse experiences, prior to their removal, mean that they are likely to experience greater challenges than other children.

International studies indicate these early adverse experiences can result in a range of emotional and behavioural difficulties, leading to some children being more likely to experience physical, emotional, cognitive, educational and social development needs, and being at greater risk of poor mental health throughout their lifespan. This suggests that children who have experienced out-of-home care may benefit from access to supports, regardless of what type of legal permanency they have.

The support needs of birth families must also be considered, when children are restored home and when children will remain in permanent care. In the UK, several studies have found that providing support for birth families, to help them cope with their sense of loss and grief after the removal and permanency placement of their child, may contribute to their welfare and also to the well-being of their children.

This support can help birth families adjust and maintain positive contact with their child and the family caring for them. Current NSW policy offers limited provisions for post-permanency supports.

As part of the current reforms, it is timely to consider what types of post-permanency support are needed for children – in their birth, foster or adoptive families, including longer term support for children and their families when children are restored home. The focus of this summary is on children in permanent placements. Support needs for families working towards restoration will be covered separately. As well as the literature, this summary draws upon focus groups conducted with carers (n=30) in four locations in New South Wales in October-December 2017.

Key findings from the literature

- Availability of post-permanency support is an important consideration for the pursuit of adoption or guardianship for children in care.
- The amount and quality of support is a factor in permanency adjustment and stability.
- Early therapeutic intervention for young children may prevent negative behaviours from becoming entrenched and destructive.
- Peer support and information sharing among carers is highly valued.
- Birth families may require long-term, non-judgemental support to come to terms with the removal of their children and deal with grief and sadness.
- Birth and permanent families may need support and guidance from skilled practitioners to build positive relationship to support contact that is in their children’s best interests.
- Children’s needs change over time. The need for and access to support services should be periodically reviewed and adjusted according to child development and emergent issues.

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Overseas models of post permanency support

The Adoption Support Fund (ASF) was established in England in 2013 to provide post-adoption therapeutic support to families.\(^7\) It was initially established for children adopted from care, and was expanded to serve children on special guardianship orders and children adopted from overseas. Every local authority has a duty to offer adoption support services through an ‘Adoption Support Services Adviser.’ Families can access funding for assessment and therapeutic services, at any point from the time of placement until the child is 21 years of age, and in some cases, up to 25 years of age. As of August 2017, the fund has released £52 million, reaching 22,000 children and 18,000 families. An evaluation conducted in 2015 reported a high level of satisfaction among families who had received support from the fund.\(^8\)

The evaluation found that the most important factors for parents were:
- A good relationship with services
- Holistic assessments by skilled and knowledgeable professionals
- Regular reviews of support
- Transparency about what and how much is available.

In the USA, a four-year, nationwide prospective study conducted in 2009 of 161 adoptive families, identified factors associated with their successful outcomes. Most of these families received financial support and adoption subsidies, with only three per cent of families indicating that they did not use any post adoption services. The most common services sought by families were psychological and educational therapies, to address the child’s needs. In addition to post-adoption supports for their children, more than half of these families identified supports for themselves. This included support from other adoptive parents; 47% reported using family therapy.\(^9\)

One way to conceive of post-placement services is along a spectrum, from preventative to problem-focused to clinical/therapeutic services.\(^10\) **Level 1** is available to all and provides a means to retain contact between the department that places children in adoption and the child/family post adoption. The primary activities are events, newsletters, and facilitating peer support. **Level 2** is case-specific involving information and referral to local services and brokering to ensure needs are met. **Level 3** is reserved for crisis situations requiring quick and individualised direct services,\(^11\) which may include brief respite care, assessing events leading to the crisis and developing an intervention plan, planning for ongoing support, offering therapeutic intervention, and providing case coordination.\(^12\)

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**Low intensity**
- Helplines
- Linking or mentoring with other carers
- Networks
- Newsletters
- Self-help
- Information resources
- Support groups
- Advocacy

**Problem-focused**
- Multi-disciplinary consultancy service
- Direct work with parents—parenting skills training, advice and guidance
- Support groups for placed/adopted children

**Clinical / therapeutic**
- Crisis intervention
- Counselling / child psychotherapy
- Art/drama/play therapy
- Attachment-based therapy
- Cognitive-behavioural interventions

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A schematic of the continuum of interventions from low to high intensity
Support and interventions for children

Research conducted by Barnardos Australia, into the outcomes of over 200 children placed for open adoption in NSW since 1986, found that the majority of these children were highly vulnerable with extremely adverse early childhood experiences. Most of these children had experienced more than one form of abuse as outlined in the chart below.\(^1\)

<table>
<thead>
<tr>
<th>Abuse Type Experienced</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single abuse type</td>
<td>12%</td>
</tr>
<tr>
<td>Two types of abuse</td>
<td>19%</td>
</tr>
<tr>
<td>Three abuse types</td>
<td>23%</td>
</tr>
<tr>
<td>Four abuse types</td>
<td>46%</td>
</tr>
</tbody>
</table>

The majority of children who come into care need something down the track. There’s not too many kids who I’ve had in my care that, they haven’t needed some sort of support. To go to a psychologist cost me $333 the other week because all these things are starting to come out. Now there’s no support. You do get a bit back from Medicare. Not everyone goes through trauma, they bring their kids up normal, they don’t need to see psychiatrists – not to say it won’t happen, but most children who come into care, somewhere down the track, it’s going to affect them in some way. So I think you’ve just got to have some support that if the child needs it, that you can afford to do it.”

What do carers want?

It is important to consider how families access post-permanency support. Adoptive families may be reluctant to contact their adoption agencies when they are struggling, for fear of being judged as inadequate parents. Likewise, best practices recommend against requiring adoptive, or other permanent families, to come through the child protection system.\(^\text{14}\)

NSW foster carers noted they would prefer to seek support on their own terms and as needed, rather than have oversight by agencies. As one foster carer commented: “we just want permanency and to be a normal family without caseworkers”.

“The case worker and adoption team would need to make sure that whatever services are out there that are available that:
\begin{itemize}
  \item a) you know about them
  \item b) they’ve hooked you up with them
  \item c) there is some possibly ongoing supports say 6-12 months afterwards if you need.
\end{itemize}

That you’re not going to be thrown to the sharks. That there is a period of transition making sure that whatever supports are out there in the community. It’s a lot of navigation, and they can help you navigate it, make sure it’s set up and all working, and you and the child are getting what you need to continue that.”

What do birth families need?

In the UK, several studies have found that providing support for birth families, to help them cope with their sense of loss and grief after the removal and permanency placement of their child, may contribute to their welfare and also to the well-being of their children. This support can help birth families adjust and maintain positive contact with their child and the family caring for them. The Adoption Act 2002 in England and Wales provides birth relatives with the right to request an assessment for post-adoption support. This includes assistance with understanding the legal process and their rights, having access to a worker independent from the child’s social worker, who can help them participate in discussions about contact plans, and support them to fulfil those plans.\(^\text{15}\)

The most common type of support accessed by birth relatives was emotional support (83%), and the least common was group support (33%). One-third of the sample did not access any adoption support services, for reasons including: feelings that nothing could be done to help them, feelings of depression and passivity, resistance to engaging in emotion-focused work and lack of follow-up from the agency.
For those who used services, the majority reported that they were helpful. Neil and colleagues conclude that flexible service delivery with a range of supports that meet different individual needs seemed most appropriate.15

Some of the foster carers who participated in the Institute focus groups also recommended support should be available for birth families, particularly in relation to contact and maintaining healthy boundaries. Foster carers indicated that birth parents need support in understanding the child protection system and the implications of the change to legal status for open adoption or guardianship. Foster carers commented on how difficult it was for some birth families, usually birth mothers, to maintain appropriate boundaries during contact, and that they needed strategies for how to relate to their child in a positive way.

“One of the things that kind of broke my heart in this whole process was that the birth mother had no support. She would come and she clearly didn’t know how to engage with him. And she just couldn’t manage it. It was really difficult. She did some things to him that were unacceptable to him, and his eldest brother too. Because they don’t know how to behave. We asked if a caseworker could drive her to visits and talk to her. It’s very difficult for the child so we need to be there to support the child. We need support, we need the buffer. But also, the birth parents in many cases have lost their rights to parent the child because they don’t know how to. And here they are in this environment where they’re bereaved, they’re afraid, angry, being watched, and here’s someone who they carried in their bodies and is no longer there. And they have to go it alone. And I think it’s heartbreaking and traumatising for me to see the pain that she has. I think very often that support for birth parents is completely obviated.”

When should support be provided?
Despite their preference for post-permanency supports, carers want a degree of individual control over the timing and type. In other words, they would be satisfied if support services were in place, but they wanted to be able to seek and utilise such services for their child as they saw fit. Carers also raised their need for post-permanency supports as their child matured. Carers recognised that, while young children may not require immediate intervention, older children and adolescents may require therapeutic support as they begin to make sense of their history and experiences, which are often traumatic. The need for support did not cease upon permanent placement.

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Since amendment of the Children and Young Persons (Care and Protection) Act in 2014, NSW has promoted open adoption and guardianship as permanency options for children in out-of-home care who cannot be safely restored to birth parents. A new evidence-informed model of post-placement support is needed to respond to children, adoptive, kinship and guardianship families, as well as birth families involved in permanency placements open adoptions in NSW.

References
2 FACs statistics quarterly report summary - Services for children and young people – quarter 2 2016-17
4 Saunders, L. and Broad, B. (1997). The health needs of young people leaving care, Leicester: De Montfort University.