

Intercountry Adoption Counselling and Guidance Services (COCA)

An original French scheme

Intercountry adoption includes diplomatic, legal, health and social aspects. Paediatricians have observed in adopted children the presence of diseases that have become rare in France, such as congenital syphilis, or were not diagnosed initially, such as tuberculosis, ringworm (tinea), scabies, parasitosis, precocious puberty, attachment disorder, and foetal alcohol syndrome (FAS). The adopted child and his/her family require adapted and specialist care. This topical observation is corroborated by developments in the intercountry adoption of older children with serious diseases. Awareness of the importance of issues relating to the health of adopted children helps improve the supervision of these children.

The need for suitable medical supervision of adopted children has been identified based on pioneering experiences conducted by paediatricians who are themselves adoptive parents, and this led to the development of the *Consultations d'Orientation et de Conseils en Adoption (COCA)* or Intercountry Adoption Counselling and Guidance Services to meet a public health need. Such supervision was extended to the pre-adoption phase by means of discussions for preparing parents for this new parenthood during the parent-child matching process, and to the post-adoption phase.

Although Intercountry Adoption Counselling and Guidance Services (COCAs) are recommended to future parents by parents' associations and departmental and government authorities, they are still not recognized officially and still lack dedicated financing. These Services help accompany children and families throughout the health supervision process that includes three key stages: the pre-adoption stage, arrival of the child, and the post-adoption stage.

The Intercountry Adoption Department (SAI) of the French Ministry of Foreign and European Affairs, in liaison with the private office of the Minister of State responsible for the Family, helped set up a working group bringing together the health and budget ministries and designed to structure the deployment of COCAs in France.

The health supervision process should help provide parents with coherent reference points to enable them to identify resource and expertise centres throughout France. It is in no way intended to marginalize or stigmatize children by labelling them as adopted children. On the contrary, it is intended to maximize their chances of integrating into their new country with their personal history being taken into consideration.

A structured process

1 – Pre-adoption: parent preparation

Health issues arise at the very start of the procedure at the time of the parent approval process. The future parents look for specific information on the country concerned, its health situation and the precautions to be taken during their journey. These steps help them understand the reality of the country they have chosen and better prepare to discover it. Advice is given by professionals in order to prepare the parents to welcome the child, as the first moments of their meeting is crucial for establishing the family bond. Many questions concerning the child's state of health and the complementary tests required are dealt with together with the attending teams. Advice is given for the parent-child "conviviality phase". This is a tricky stage as the parents are alone with the child for the first time, in the child's country, and must be capable of dealing with any situation.

How can they best prepare for that meeting? How can they tackle reality which will be a highly sensitive mix of the irrational and the emotional, while having to keep their head in the face of brute facts (child's condition, conditions of the child's abandonment).

This exchange enables the parents to take their adoption project forward and to be heard as adults, as a couple and as future parents before the arrival of the child. Pre-adoption consultations are long, they last from one hour to one hour and a half.

2 – Assistance in choosing the child, the parent-child matching process, placing future parents in contact with the child

Families require an accurate and reliable assessment of their future child's health situation. This assessment is difficult to obtain given that health systems and practices differ from one country to another. Support from professionals familiar with the situation in the field is necessary, in France as well as in the child's country of origin.

The many exchanges that take place between parents and professionals highlight the parents' isolation during those very intense moments when they are required to take a decision that commits them, as well as the child.

This need for assistance on the spot is shown by the many emails exchanged with COCA doctors, asking for advice on how to interpret medical test results, what further tests should be carried out, for explanations on the body configuration and behaviour of the child, etc. This medical assessment is carried out by means of personal emails with COCA doctors and on the spot with correspondents of licensed adoption bodies (OAA).

This way of proceeding from a distance raises many ethical, legal and moral issues, as it is very tricky to give from afar advice that may have consequences throughout a lifetime...

3 – Post-adoption: integration of the child

It is recommended to attend a first counselling session immediately on arrival of the child in order to conduct a medical check-up (inoculations, search for parasitoses, etc.) and to give parents practical information to facilitate those initial moments of life together.

Several months after the arrival of the child, parents may consult a COCA doctor to request specific expert advice, either following a number of counselling sessions with their general practitioner and if they do not know whether the disorders detected can be attributed to adoption or whether they are "normal in relation to other children".

Such support will be more particularly useful as regards educational aspects, behaviour problems and adolescence issues such as puberty, sexuality and pregnancy. Long-term medico-psychological support of this kind for children and their families may prove very useful.