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# Forced Adoption Support Services: Establishing and building networks

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# Section 1

## Introduction

For many service providers, agencies and support groups working with people affected by forced adoption and forced family separation policies and practices, networking with one another for support and expertise has been an everyday part of their work. In many ways, grassroots groups, some of which have been operating for decades, have paved the way for how services in the sector can best work together. Despite this level of knowledge and experience, however, there are few public resources available for service providers about how to develop and maintain strong and successful networks with one another in this particular field.

To support improved services to their clients, Forced Adoption Support Services (FASS) funded by the Department of Social Services (DSS) have been asked to establish local networks with other post-adoption service providers, government, and non-government agencies.<sup>1</sup>

In particular, the local networks aim to engage those practitioners within the broader health, mental health and allied health sectors whose primary role is not post-adoption support (e.g., general practitioners [GPs] and mental health professionals), but who are nonetheless an essential component of an effective support system.<sup>2</sup>

Local networks are considered a vital part in ensuring that there is a continuum of care that increases the likelihood of services meeting the very broad range of needs of those affected by forced adoption and family separation (see Box 1).

This resource aims to assist FASS by providing guidance in developing and maintaining networks that are positive, sustainable and, most importantly, work to meet the needs of individuals seeking support. It is part of a suite of resources developed by the Australian Institute of Family Studies (AIFS) in partnership with DSS. The Institute has undertaken key research in the area of past adoptions, including the *National Research Study on the Service Response to Past Adoption Practices* (Kenny, Higgins, Soloff, & Sweid, 2012) and the *Forced Adoption Support Services: Scoping Study* (Higgins, Kenny, Sweid, & Ockenden, 2014). Information from those studies (including information from service providers, policy makers, and those directly affected by past forced adoption and family separation) has been included in this publication.

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<sup>1</sup> See the [media release by the Minister for Social Services](http://scottmorrison.dss.gov.au/media-releases/forced-adoption-support-services-16april2015): <scottmorrison.dss.gov.au/media-releases/forced-adoption-support-services-16april2015> and the [DSS Forced Adoption Practices](http://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices) web page: <www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices>.

<sup>2</sup> This has also been recognised through the Commonwealth's funding for the development of guidance and training on forced adoptions for health professionals.

## Box 1: Service and support needs of those affected by forced adoption and family separation

The needs of people who have been affected by forced adoption and family separation include:

- *counselling and support* for issues such as:
  - trauma;
  - post-traumatic stress disorder;
  - grief and loss;
  - problems with identity, attachment and self-confidence;
  - feelings of shame and guilt;
  - depression; and
  - anxiety;
- *gaining access to information*, including family, medical and other records;
- *obtaining support throughout the search and contact process*, including support and mediation services for making contact and developing relationships with family from whom they were separated; and
- *achieving restorative justice* through activities between victim/survivors and those who have harmed them, or agencies responsible for that harm, in order to acknowledge and atone for the wrong done, which can include truth and reconciliation processes, and resources being made available to meet the current needs of affected individuals (such as physical and mental health services to address trauma, grief and loss, and the financial costs associated with search and contact with lost family members).

### Access to support

- At some stage in their life, a person affected by past adoptions (including forced adoption and family separation) is likely to seek support from a service in relation to their adoption experience.
- An individual's level of need and their engagement with services can vary and occur at any stage of their adoption journey.
- Historically, there has been no clear or single identifiable entry point in the existing service system.

## How have people previously found support?

The main types of services that have existed to the present time, have been state/territory-funded post-adoption services. Each of those jurisdictions has its own distinct service system (generally a combination of departmental services and outsourcing to other agencies) that has developed from different organisational histories and relationships, as well as varying levels of funding available to agencies and groups.

There can also be overlaps between services as agencies often provide for a range of different client needs (e.g., adoption information services may also provide search and contact services). However, in most cases there is a predominant service offered. In general, the key service types are:

- *adoption information services*—including other services relating to past adoption, such as the Registry of Births, Deaths and Marriages;
- *search and contact services*;
- *post-adoption support services*—offering a suite of services that may include search and contact, counselling, or other mental health services; and
- *peer support and advocacy groups*—where members or participants can benefit from fellow attendees who have a common history, and can learn from others who are at different stages in their adoption journey.

In addition, services such as specialist psychiatric, psychological and/or mental health services, general practitioners and allied health services (e.g., alcohol and other drug agencies) are also accessed by those affected by forced adoption and forced family separation.

What we now know, however, is that the quality and availability of providers with appropriate knowledge and experience in this specialised field is highly variable.

This evidence has been taken into consideration by DSS when planning for a more cohesive and collaborative response to the service delivery needs of people affected by forced adoption and forced family separation. It has led to the establishment of Forced Adoption Support Services that have been encouraged to develop and/or participate in local networks.

## Why use this resource?

In the process of establishing local networks, it is essential that funded agencies consider as many relevant service types as possible in order to meet the broad and often divergent range of needs of service users.

For many service providers, engaging with and relying on longstanding relationships with their counterparts has been a part of their everyday work within the post-adoptions

sector. While these relationships may be well established and reliable, the nature of how these interactions have been operationalised may require further thought in the context of how service providers enhance the current skill base and capacity of the existing models of operation (e.g., cross-referrals).

Here, we aim to provide information that will assist in the formation of local networks in each state and territory that is both practical, as well as drawing together the evidence base that FASS will need to consider, such as:

- where their current strengths lie;
- where there are gaps that need filling;
- which professions/individuals/groups may be best placed to fill those gaps;
- against which criteria potential local network members will be assessed;
- how to formulate selection criteria and a clear selection process; and
- how to obtain the best results out of local networks.

In this Establishing and Building Networks resource guide, we also provide example materials that can be used as templates that services can build on/adapt to meet their individual requirements. These practical tools include topics such as how to promote information about the establishment of the local networks and recruitment of members (e.g., the Communications template); creating terms and conditions of membership and associated agreements; defining roles and responsibilities; how to effectively run meetings; and more complex strategies for dealing with risk and conflict. Importantly, we also provide examples of evaluation resources that can measure the overall quality of services being provided.

## The basics: Understanding networks

### *What is a network?*

A network broadly refers to a group of agencies, organisations or individuals that agree to work collaboratively or in partnership to achieve a common goal. Members often come from the same sector or area of interest/expertise, but groups may also involve stakeholders from a seemingly unrelated interest area. In the social services sector networks are often established informally, but in some cases they can benefit from more formal frameworks, such as operating under memoranda of understanding (MoU), agreements or protocols. Whether formal or informal, successful networks are built on strong relationships and trust.

### *Why are networks established?*

Networks are established as a key way of developing a more collaborative approach to working with other service providers. For FASS, networks provide an opportunity to enhance the strength of their existing informal partnerships through formalising the involvement of service providers who may not be primarily targeting post-adoption services (e.g., GPs, psychiatric and community health services), but are nonetheless essential in meeting clients' needs.

Research has shown the high levels of need and frustration with finding suitable services for affected individuals. The National Apology and commitment of funding to improve services are likely to lead to higher expectations among those who have been affected by forced adoption and family separation. FASS and local networks will need to be mindful of this in terms of what services are able to be provided.

## *Pros and cons of working within network arrangements*

While there are excellent opportunities that result from being part of a larger network, funded services may also face some challenges that can influence the effectiveness of the local networks if they are not carefully and strategically managed.

Some of the *benefits* of networks include:

- better *coordination* of local service delivery—including, for example, co-location, case management, shared expertise and knowledge;
- broader *community reach* for each member of the network—each will have different members and mailing lists, and could extend their geographical reach through partnerships or coordinated outreach to regional/rural areas;
- *shared skills and resources*—enhancing organisational credibility and bringing together people with common interests;
- opportunities to develop *multi-agency collaboration* and demonstrate this to potential funding sources who require such cooperation;
- development of ongoing relationships that promote a more complimentary approach to service provision to *overcome gaps and build on divergent strengths*; and
- *improved dissemination of information* about a particular topic to a broader range of stakeholders outside any one group.

Some of the *challenges* that can develop within network arrangements, if not safeguarded against, include:

- *slower implementation* of services/projects due to more stakeholders being involved in planning, delivery and decision-making;
- *lack of clarity* about organisational and individual roles, expectations and priorities;
- *internal politics* between stakeholders;
- *communication failures*;
- *varying degrees of commitment* to the network;
- varying and often *divergent organisational philosophies*;
- *historical tensions* between individuals, groups and organisations;
- some *client needs not being met*, due to some service providers believing they do not have responsibility for them;
- operating within a *competitive funding environment*; and
- *lack of time and resources*.

Before embarking on establishing their local networks, it will be beneficial for FASS to consider strategies that can help minimise such risks to the overall quality of collaborative partnerships (see Box 2).

## Box 2: Successful networks

Some of the factors that are common to successful networks include:

- *Allowing time to establish trust and respect*—A relationship founded on mutual respect is more likely to survive, and can be established through regular and open communication.
- *Establishing common interests and goals*—These allow organisations to communicate in a similar language and move in the same direction over time.
- *Clearly defining everyone's role within the network*—This ensures each member's role is distinct in terms of actions and tasks, and are not restricted to, or reliant on, one individual.
- *Identifying the right people to champion relationships at the right time*—The network should not rely on one person to be the “champion” all the time. A catalyst is important in driving the network; however, all members must take ownership of its purpose, direction and maintenance.
- *Establishing formal agreements*—These may help collaboration and will make it easier to resolve potential conflicts.
- *Defining protocols for conduct and behaviour in meetings and between individual members*—These will make it easier to resolve potential conflicts between individuals, groups or organisations, and will set a standard for how people communicate.
- *Being aware of mutual strengths and gaps and sharing of skills*—This prevents any gaps in skills and allows members to understand and build on their existing abilities and knowledge base.
- *Being clear, transparent and accountable for any decisions/agreed actions.*

## Pre-establishment: Using the evidence

### *Good practice considerations*

The ultimate challenge for funded FASS is to establish local networks that enable service users to access the appropriate level of support, regardless of the type and extent of their needs or the stage of piecing together the experiences of their separation from their baby, mother, father, and other family. This needs to happen in a timely, sensitive and professional manner. In planning for the establishment of their local networks, FASS should take into consideration the evidence base that has been established regarding the current service and support needs of affected individuals,

which will then assist in assessing how they are best placed (or not) to meet those needs.

The implications from AIFS research findings were developed into five underpinning “good practice” principles and actions for service providers to consider in order to maximise the likelihood of service uptake by affected individuals. These are described in Table 1.

*Table 1: Good practice principles for better adoption service uptake*

<b>Principle</b>	<b>Description</b>
<b>Accountability</b>	Includes being transparent about the service’s historical involvement in past adoptions; developing complaints processes; being overseen by an independent body and mediator; and recording administrative data.
<b>Accessibility</b>	Includes having identifiable point-of-contact staff; flexible opening hours; easily accessed services for the remote and disabled; low-cost services; timely responses; and long-term, flexible counselling.
<b>Effective, high-quality services</b>	Includes appropriately training and supporting staff to be sensitive and able to deal with complex client needs; and providing tailored and ongoing client follow-up services.
<b>Diversity of services</b>	Includes providing a range of options for professional services (e.g., counselling, finding records, referring to trauma specialists) and peer support services; different modes of participation (phone, online, face to face); and support for other family members.
<b>Continuity of care</b>	Includes developing formal links and networking between services for sharing services or incorporating services into other agencies’ work.

Achievement of these—particularly service continuity—relies on networking between services and practitioners, and improving integrated services through liaison between organisations/agencies.

Also see our other resource, *Good Practice Principles in Providing Services to Those Affected by Forced Adoption and Family Separation* (Kenny, Higgins, & Morely, 2015), which can be used in tandem with this guide, available at <[aifs.gov.au/our-work/research-expertise/past-adoption-and-forced-family-separation](http://aifs.gov.au/our-work/research-expertise/past-adoption-and-forced-family-separation)>.

## Navigating service systems

A consistent finding in both AIFS studies (Higgins et al., 2014; Kenny et al., 2012) was the difficulty that service users and providers alike had with navigating support options available, and the need for better a system of referrals within and across agencies.

Some practitioners outside adoption-specific support services might have difficulty in broadening their focus from that of a single-treatment model. A philosophical change will therefore need to be nurtured to successfully move toward a more integrated approach to treatment. By working together, services can create networks of

practitioners, regardless of their own primary areas of focus, to overcome gaps and build on existing strengths for the benefit of all service users.

Higgins et al. (2014) acknowledged some key challenges in the current service options available that will, in part, be the responsibility of both the funded FASS and their supporting local network to overcome, through professional capacity building/enhancement. These include:

- *Lack of national-level support services*—The absence of support services that are currently offering their assistance at a national level. This is seen as a distinct barrier to many who are seeking information about lost family members across state/territory boundaries.
- *Variability in type, availability and quality of services*—Some services are specialised, while others provide more generalist services to all parties to adoption, including those involved in current adoptions.
- *Lack of long-term support*—There is a distinct lack of appropriate, accessible and affordable therapeutic service providers who can provide long-term support.
- *High and hidden costs*—While the costs associated with obtaining adoption files from relevant government departments in each state and territory have been abolished in the last two years for adopted persons, individuals still face significant expenses for searching for information pertaining to lost family members, such as certificates of birth, deaths, marriages, and changes of name. Hidden costs are common (e.g., charges for searching for information within particular brackets of time, such as 10-year periods, with each additional 10 year period costing extra), and are a significant issue for adopted individuals, mothers and fathers in particular.
- *Lack of a national register*—There is no formalised, government regulated, national contact register for people who are searching for lost family members. (However, Jigsaw Western Australia has independently established a national contact register, accessible on their website. [This is the web address of the organisation Jigsaw WA and takes you to the contact register page:](http://www.jigsaw.org.au/contact-register/pay-with-paypal/contact-register-success/) <www.jigsaw.org.au/contact-register/pay-with-paypal/contact-register-success/>).
- *Contact vetoes*—It is illegal in Qld and NSW to make contact with a lost family member if there is a contact veto in place. The use of the Internet (especially social media) to find information about an individual is increasingly common and relatively easy; however, in those states, it is an offence to make any direct approach or communicate with an individual who has registered a contact veto. This also includes third parties making an approach, such as adoption support services or other family members.
- *Geographic limitations*—There is limited availability of services for those living in rural and regional areas.
- *Dealing with long-term effects*— While a number of jurisdictions offer professional training opportunities, there is a lack of nationally agreed training options for professionals addressing the long-term effects of forced adoption and family separation.
- *Variable service coverage*—The coverage of services available varies widely by state and territory.

- *Issues with accountability*—There is a lack of consistency in accountability nationally, across service types and settings. For example, there is variability in the quality of information available about apologies by governments or individual agencies and other accountability measures in each relevant jurisdiction.
- *Discontinuous service provision*—There is limited continuity of service provision, such that those seeking information and ongoing support do not have a seamless experience.
- *Lack of impartiality and independence*—There are few (if any) existing post-adoption support services in Australia that are considered truly impartial and independent. There are some individuals who do not feel comfortable accessing services from agencies that:
  - offer services to adoptive parents;
  - are currently engaged in facilitating adoption or permanent care; and/or
  - have been involved in forced adoption practices in the past.

## *What are the essential services required to help fill the gaps?*

Table 2 summarises the service types/areas of professional expertise that have been identified as being integral to successfully meeting the needs of people affected by forced adoption and family separation. Many (if not all) will need to be targeted to enhance the current level of service capacity of funded FASS.

*Table 2: Service needs of people affected by past adoption and forced family separation practices*

Adoption-specific services	Mainstream health/mental health & social services
<ul style="list-style-type: none"> <li>▪ Adoption information and record searching services</li> <li>▪ Search and contact services</li> <li>▪ Post-adoption support services (including ongoing counselling and specialist trauma services)</li> <li>▪ Peer support and advocacy groups, services and activities</li> <li>▪ Information and education services for family members of those affected</li> </ul>	<ul style="list-style-type: none"> <li>▪ General practitioners</li> <li>▪ Psychiatrists</li> <li>▪ Psychologists in agencies or private practice (funded by Access to Allied Psychological Services [ATAPS])</li> <li>▪ Counsellors and other psychotherapists</li> <li>▪ Mental health nurses</li> <li>▪ Clinical social workers</li> <li>▪ Generalist health and welfare providers (including alcohol and other drug services, gambling services)</li> <li>▪ Online and telephone counselling services</li> <li>▪ Child/family welfare workers in services funded by the DSS Family Support Program, including psychologists, social workers, family therapists, counsellors, and other welfare workers</li> <li>▪ Aged-care professionals and service provider organisations (as many mothers and fathers are now reaching their 70s and 80s)</li> </ul>

## Service requirements

- Information obtained in both AIFS studies (Higgins et al., 2014; Kenny et al., 2012) identified that individuals affected by forced adoption and family separation have specific criteria regarding what good practice looks like for them across a range of service types.
- Service users and service providers recognised a number of challenges they consider to be a barrier in meeting these requirements and, consequently, there are significant gaps between what is needed and what is available.

## *What do these services need be able to provide?*

The following set of tables describe the characteristics identified in the Institute's research of what constitutes "good" services in each of the service types currently available, from the perspective of those directly affected by forced adoption and family separation. The tables also provide an overview of what stakeholders identified as being some of the challenges they face in the delivery of such services.

**Table 3: Features of appropriate services, by service type - Information services (including identifying information and providing access to personal records)**

Characteristics of "good" services	What challenges do these services face?
<p>Good services are:</p> <ul style="list-style-type: none"> <li>delivered by trained staff;</li> <li>responsive to requests in a timely way;</li> <li>accessible through moderated websites, and/or 24-hour phone lines;</li> <li>provided with sensitivity to the needs of those seeking it (confidentiality, discretion, language used, etc.);</li> <li>relevant to the "stage of journey" of individuals; and</li> <li>provided with a range of support levels (e.g., access to a support person, both onsite and follow-up).</li> </ul>	<p>Services need:</p> <ul style="list-style-type: none"> <li>counselling services (or referrals) to be available once records are obtained—clients need support, ideally face-to-face, to deal with lack of information; if a contact veto has been put in place; how to proceed or even <i>if</i> to proceed; general emotional support; and support further down the track (e.g., when an adopted person has their own children);</li> <li>explicit protocols and consistent application, to remove the perception that there are "gatekeepers" of information who determine what information to pass on and what to withhold; and</li> <li>identification of a method to inform relatives if the person they are searching for is deceased.</li> </ul>

**Table 4: Features of appropriate services, by service type - Search and contact services**

Characteristics of “good” services	What challenges do these services face?
<p>Good services:</p> <ul style="list-style-type: none"> <li>▪ enable access to counselling and ongoing support during the search and contact journey;</li> <li>▪ provide advice and information about what to expect throughout the entire journey, not just about how to search;</li> <li>▪ use an independent mediator to facilitate searching for information and exchanging information; and</li> <li>▪ address expectations before contact is made, and provide ongoing support afterwards.</li> </ul>	<p>Services need:</p> <ul style="list-style-type: none"> <li>▪ caseworkers who are available to provide a consistent and ongoing point of contact for clients, and to be involved in the searching process, as much or as little as the client would like;</li> <li>▪ appropriate psychological and emotional counselling (or formal referral arrangements to such services) so agencies can deliver sensitive information face-to-face, such as if a contact veto has been put in place.</li> <li>▪ counselling made available to clients before, during and after connection with lost family members;</li> <li>▪ an expansion of the capacity of search and contact support workers (to reduce extensive waitlists);</li> <li>▪ independent mediators who work on an ongoing basis with all parties, do not share information without consent, can determine how fast or how slow to take each process, and helps to facilitate a proper and sustained relationship;</li> <li>▪ provision of support for other family members, including siblings and extended family;</li> <li>▪ a centralised location for search facilities;</li> <li>▪ an online central national database for automatically detecting matches;</li> <li>▪ the capacity for further research and evaluation on best practice when facilitating meetings between parties involved (e.g., what makes for successful contact/ongoing relationships);</li> <li>▪ best practice guidelines for use of appropriate terminology (e.g., some clients prefer “connection” to “reunion”); and</li> <li>▪ research on best practice support for late-discovery adopted persons.</li> </ul>

**Table 5: Features of appropriate services, by service type - Professional adoption support services**

Characteristics of “good” services	What challenges do these services face?
<p>Good services:</p> <ul style="list-style-type: none"> <li>▪ incorporate adoption-related supports into existing services (such as services funded under the DSS Families and Children Activity, or Medicare-funded psychological services);</li> <li>▪ provide options for both professional and peer supports; and</li> <li>▪ address trauma, loss, grief and identity issues.</li> </ul>	<p>Services need:</p> <ul style="list-style-type: none"> <li>▪ the capacity to provide services in a timely manner so clients can participate or withdraw from the services when necessary;</li> <li>▪ a more holistic approach, so that staff can build relationships and support clients throughout their journey;</li> <li>▪ internal supervision and support mechanisms for staff members and volunteers, as talking to grief-stricken or traumatised clients can be very intense emotionally;</li> <li>▪ the capacity to provide emotional and informal support for people who aren't ready to participate in formal counselling or therapy, as not all people affected want trauma-focused therapy;</li> <li>▪ the capacity to provide the option of (free, or subsidised) therapeutic retreats; and</li> <li>▪ the ability to foster safe and supportive environments that provide physical and emotional safety so that clients are treated with respect and understanding.</li> </ul>

**Table 6: Features of appropriate services, by service type - Advocacy and peer-support groups**

Characteristics of “good” services	What challenges do these services face?
<p>Good services:</p> <ul style="list-style-type: none"> <li>▪ offer a range of options for group composition (e.g., both individual groups for mothers, fathers and adopted persons, as well as mixed group opportunities);</li> <li>▪ train their facilitators well;</li> <li>▪ are available in regional and remote locations, not just metropolitan;</li> <li>▪ have formalised processes for receiving feedback and reviewing current practices;</li> <li>▪ collect data on service use;</li> <li>▪ ensure groups are available at accessible times, e.g., both during and after normal business hours; and</li> <li>▪ are accountable to an overseeing committee/board.</li> </ul>	<p>Services need:</p> <ul style="list-style-type: none"> <li>▪ the capacity to provide services in a timely manner so clients can participate or withdraw from the services when necessary;</li> <li>▪ a more holistic approach, so that staff can build relationships and support clients throughout their journey;</li> <li>▪ internal supervision and support mechanisms for staff members and volunteers, as talking to grief-stricken or traumatised clients can be very intense emotionally;</li> <li>▪ the capacity to provide emotional and informal support for people who aren't ready to participate in formal counselling or therapy, as not all people affected want trauma-focused therapy;</li> <li>▪ the capacity to provide the option of (free, or subsidised) therapeutic retreats; and</li> <li>▪ the ability to foster safe and supportive environments that provide physical and emotional safety so that clients are treated with respect and understanding.</li> </ul>

## Box 3: Service provider content knowledge

Stakeholders across all service types who participated in the AIFS research studies (Higgins et al., 2014; Kenny et al., 2012) emphasised the critical importance of having deep content knowledge of the history of forced adoption and family separation in order for any model of support to be effective.

The need for training, opportunities to conduct and learn from research, and evaluation of services were identified as ways in which they could obtain such knowledge. A range of other activities were also suggested, including:

- access to *free, national training* for agencies that deliver therapeutic services;
- establishing an *expert panel* to develop training packages, best practice principles, service standards and guidelines;
- improving the capacity of the workforce to *provide services and training to existing services in regional areas*, including extending training and knowledge of forced adoptions to the broader workforce, such as community health professionals, particularly in regional areas;
- developing models for *sharing resources* and facilitating training sessions among different agencies;
- conducting *research and evaluations* on which service types, and which particular interventions, are the most effective for people affected by forced adoption; and
- strategic planning and development of a *training model for post-adoption services* to extend the capacity of the workforce.

## Specialist services

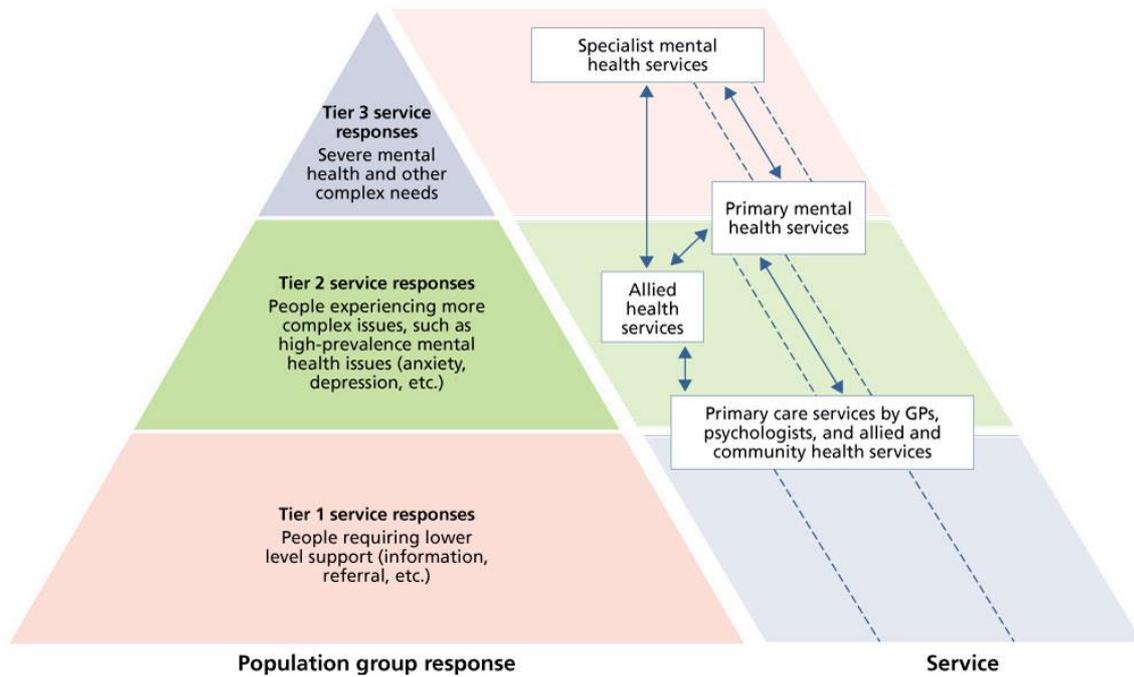
The Institute's research (Higgins et al., 2014; Kenny et al., 2012) also established that the effects of past adoption practices and forced family separation are often not recognised by GPs, mental health practitioners and broader health and welfare service providers as mental health issues. For example, only perceptible symptoms/issues such as depression, anxiety, insomnia relationship issues, and/or gambling problems are being addressed. As a result, symptoms are being treated separately and without the context to people's experiences of forced adoption and/or separation from their baby, mother, father, and family that may have caused or contributed to the presenting mental health/other emotional or behavioural issues. This can cause further harm if a person perceives that their treating professional is being dismissive of their personal history (Kenny et al., 2012).

## Box 4: Enhancement of specialist services

The service characteristics described below have been identified as being critical to the success of specialist service providers delivering appropriate and effective care to those affected by past adoption practices and forced family separation:

- having skilled and experienced psychologists, therapists, counsellors and GPs with an understanding of the long-term effects of the trauma associated with and the experiences of forced adoption for all parties involved;
- understanding how the removal of babies for illegal adoption or forced adoption and the issues of loss, grief and trauma have affected adopted persons, mothers, fathers and other family members differently;
- ensuring all mental health professionals have an understanding of the extent and diversity of past adoption issues, which allows for greater sensitivity and the ability to refer clients to appropriate services;
- employing trauma-aware practitioners to improve diagnostic accuracy;
- employing grief-informed practitioners who understand how grief affects both parents and adopted persons;
- making available therapist-facilitated group work to help affected individuals successfully reintegrate into and feel like a productive member of society again;
- providing access to long-term counselling; and
- establishing guidelines for therapists around disclosure of their involvement or experiences with forced adoption.

Figure 1 is an example of the structure of service provision to be delivered by FASS and their local networks in order to align with clients' needs. It represents the interplay between service providers and service users, as well as the level of flexibility required in any model of care that enables multiple and fluid entry and exit points to accommodate the nature of service use by affected individuals.



Source: Adapted from Victorian Department of Human Services (2007)

**Figure 1: Example of service provision structure to be delivered by FASS and local networks**

## Summary

The information contained in this resource should be used as foundational knowledge when establishing local networks, in order to enhance the likelihood of achieving effective long-term integration between services and ultimately improve service uptake.

Clearly, the information that funded FASS need to digest is a challenge in itself—there are many service and support gaps to fill. Funded services not only need to determine how local networks can assist in reducing some of the barriers to quality care that have been identified in both the AIFS research and more broadly, but also how they can provide opportunities for enhancing current capacity.

## Section 2

### Measuring success

Providing evidence to financing bodies (as well as stakeholders, service users, governing boards and other interested parties) that programs/services are in fact delivering their services in the way they have been funded to deliver them is a necessary part of organisational operations. In the context of social and human services, one of the ways in which this evidence is commonly assessed is by examining changes in the outcomes of service users. Change (positive or otherwise) is most accurately measured through evaluating the services being provided (see Box 5).

Evaluation is already “done” by most organisations to some degree (e.g., by collecting feedback from clients about their levels of satisfaction with the services they have received), although the quality of design and reliability of results can vary considerably. Nevertheless, the concept of “doing evaluation” can often create a degree of apprehension; it can be viewed as overwhelming, confusing, and just another piece of unnecessary administration that takes away from “real” work, such as providing support to service users.

Unfortunately, evaluations are too often an afterthought, triggered by the prospect of funding becoming available for a program or of a service being discontinued (i.e., a service realises there is a need to provide evidence to a financing body as to why their program is great and should receive further funding). It is therefore imperative that evaluation isn't something that is only undertaken toward or at the end of a project or program; rather, it needs to be included as part of the planning and development phases. Leaving it too late will only result in information (data) being collected in a rushed fashion, and without proper consideration of all the elements that needed to be taken into account. It is also often too late to obtain certain types of information (such as baseline client data) that could be beneficial in accurately reflecting the nature of how a program has been run.

#### Understanding evaluation

- Evaluations provide an evidence base around what works and why it did or did not work.
- Information (evidence) obtained from evaluations can be used to develop a knowledge base that validates specific treatment or support interventions that are relevant to a particular service setting or group/cohort of service users. For example: Does applying generalised trauma-based interventions actually work for those affected by forced adoptions and who are experiencing trauma-related symptoms (including complex trauma)? Or would an approach that is based on the foundations of trauma-based theories, but tailored to this highly complex group be more effective?

## Box 5: Forms of evaluation

While people from different theoretical backgrounds use a variety of terms and ways to describe and use evaluation, one of the more common forms of evaluation, derived from a program logic, is supported by undertaking three stages:

- *Process evaluation*—This stage examines *how the program was developed and implemented*. It is about finding out whether the program has done what it set out to do (such as meet targets and key performance indicators). There is a cause-and-effect aspect to process evaluations, where examining how the program was delivered is compared to whether the outcomes of the program were met.
- *Impact evaluation*—This looks at *the overall effectiveness* of a program as a whole in the longer term, including both intended and/or unintended consequences. This is the “what works and why” stage.
- *Outcome evaluation*—This stage examines whether a program *caused an effect/change* in the way it was meant to. For example, did staff who participated in a training program gain additional skills, knowledge and confidence in that area as a result of the training?

For more information about undertaking program evaluations and implementing a change management plan, see some of the Institute’s evaluation resources at: [aifs.gov.au/cfca/publications/developing-culture-evaluation-and-research](http://aifs.gov.au/cfca/publications/developing-culture-evaluation-and-research).

## Section 3

### Getting local networks started

#### *Step 1: Start small*

Equipped with an understanding of the evidence base that supports a more integrated model of service provision, and how funded services themselves view their roles within such a model, FASS are now in a position to start planning for the establishment of their local network in more detail.

#### Making initial contact

While DSS will provide overall guidance on the functioning of the local networks, a logical first step is for the managers/coordinators of funded FASS to establish contact with a representative from the key support agencies in their state/territory. A face-to-face roundtable type of invitation may be appropriate, as this will provide an opportunity for everyone to consider more broadly all the issues that can be linked to each service and whether any other agency may have an interest or be affected by the issue or services raised.

Given a key role of the local networks is to be involved in the planning and governance of the FASS, identifying foundations on which the local networks can be built could also be included in these initial discussions. For example, key considerations regarding the potential make-up of individual network's membership include:

- member diversity;
- member decision-making authority;
- location;
- service type; and
- experience.

This process will be vital to the success of the acceptability or “buy-in” by key partners and stakeholders of the network's final structure, purpose and function. The more people feel involved and consulted from the beginning, the more likely they are to want to take part in and support the implementation of a new model of service delivery.

#### Building a foundation: Establishing a working group

Following these initial discussions with key agencies, in consultation with DSS, FASS may wish to consider inviting representatives to form an initial working group from which to plan the establishment of their local network. By “starting small”, this can provide the FASS with the space to consolidate ideas and commence planning for expansion, while at the same time not becoming overwhelmed with too many voices that may hinder progress at this important stage in the process.

As a starting point, all members of the working group will obviously have existing relationships with agencies/individuals with whom they have worked in delivering their

services. Through sharing this information, the working group can then attempt to formulate answers to a number of key questions about how they then proceed, such as:

- *What are the key objectives of the local network over the next one to three years?* Having an aim/vision that is written explicitly, and agreed to, may help create a shared purpose, and ensure that all activities are in support of the central aim(s). For example, is the main aim to educate mainstream providers to be forced-adoptions sensitive? Or is the main aim to get those who already are sensitive to communicate and coordinate their services better?
- *What skills will be required to assist the local network to achieve those objectives?*
- *Is the working group's shared list of organisations representative of the service areas identified in the FASS service agreements?*
- *Where are the gaps, both in skill sets and representation?*
- *Do any provider networks currently exist that can be tapped into to obtain more information?*
- *What resources may be needed by future members of the local network to operate effectively (e.g., administrative costs and personnel arrangements)?*
- *Are there any potential conflicts of interest in membership make-up and the role members play in the governance of the FASS?*
- *Do relevant funding bodies have any suggestions about potential membership?*
- *Who will be making the final decisions regarding membership?* Arrangements will need to be individualised to suit the funding/service agreements between funded services and DSS.

The groups from which affected individuals say they have sought services, and more importantly, those that have been useful or unhelpful, or that would benefit from the types of enhancements that participation in a local network might provide were outlined in the Institute's research (Higgins et al., 2014; Kenny et al., 2012).

## Stakeholder analysis

Drawing together this information with what has been generated through the above points of discussion, a useful next step is to undertake a stakeholder analysis, which will help to "flesh out" any other areas for consideration regarding potential membership. For example, do you need a psychiatrist and/or a representative from the Royal Australian and New Zealand College of Psychiatrists (RANZCP)? Are local not-for-profit general counselling services appropriate? Then consider why are representatives from these groups of providers necessary?

The exercise outlined in Table 7 below can be a useful way of working through some of these questions.

**Table 7: Stakeholder analysis**

Name of individual or group	Need for support	Likelihood of support
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Source: Adapted from Victorian Alcohol and Other Drug Association (VAADA) (2012)

- *In the first column*, list all the major individuals and groups that are essential to the success of the local network.
- *In the second column*, rate the level of support you need from each individual or group on a scale of 1 to 5. 5 = They must take an active part in the development and be vocal champions for the change. 4 = They must take part in the development. 3 = They need to go along with whatever is decided. 2 = It's OK if they have some objections. 1 = It's OK if they resist strongly.
- *In the third column*, list the level of support you can expect from them today. 5 = They will fully support and champion the change. 4 = They'll help some. 3 = They'll go along with whatever is decided. 2 = They are likely to complain. 1 = They are likely to resist this change openly and strongly.
- *Examine the scores*. For an effective result, you need matching scores such as 5/5, 4/4 and 3/3. These scores indicate that the support you need matches the support you are likely to receive. Mismatches are dangerous, especially 5/1, 5/2, 4/1, 4/2. All of these indicate that you need strong support but you are likely to get resistance. This tells you that these relationships need work.

Another activity that can be helpful at this early stage is to formulate a model that represents the varying levels of participation that FASS foresee network members being able or choosing to undertake. Brager and Specht (1973) developed the Ladder of Participation, which provides a continuum of participation within which organisations entering into partnerships/collaborative arrangements can work. An example of the Ladder of Participation in the context of consumer participation in the local networks is provided in Table 8.

**Table 8: Ladder of Participation for a local network community**

Degree	Participants action	Overview
HIGH	Have control	FASS asks the community to identify the problem and to make all the key decisions on goals and means. Is willing to help the community at each step to accomplish their goals.
	Have delegated	FASS identifies and presents a problem to the community, defines the limits and asks the community to make a series of decisions, which can be embodied in a plan it can accept.
	Plan jointly	FASS presents tentative plan, subject to change and open to change from those affected. Expects to change the plan at least slightly and perhaps more subsequently.
	Advise	FASS presents a plan and invites questions. Prepared to modify plan only if necessary.
	Are consulted	FASS tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so administrative compliance can be expected.
LOW	None	Community not involved.

Source: Adapted from Brager and Specht (1973)

These types of activities will hopefully assist the FASS in formulating clear purposes, objectives and philosophies underpinning the function of their local network in order to progress to developing criteria for selecting future members, as well as a process for recruitment.

## ***Step 2: Developing criteria for membership, and establishing the recruitment process***

Funded services will now need to develop a key set of criteria that will be used as a basis from which to invite potential members to their local network. FASS will have a clear understanding of their service's direction, major activities that need to be undertaken in the short to medium term, the skills that are required to undertake these activities, and any gaps that exist.

### **Transparency: Documenting impartiality and managing conflicts of interest**

Having a strategy in place for any potential candidates who currently have or have had any affiliation with services involved in adoption, both past and present, is an important component in the selection process of potential network members. The selection criteria may therefore ask people to disclose any past/present involvement with adoption services, any changes to their organisation's policies and practices to ensure

they align with the philosophies of the FASS, and state their motivations for involvement in the local network.

In addition to criteria set for specific roles within the local network, more general information that could be useful to obtain from interested parties may include:

- Why is the person interested in being a network member?
- Does the applicant have a demonstrated ability to work cooperatively with a diverse range of stakeholders?
- Does the candidate demonstrate a willingness to commit to the FASS and local network's overall philosophies and objectives?
- Does the candidate have previous experience of being a member of a board, committee or network?
- Has the candidate disclosed any conflicts of interest, potential or otherwise (such as connections, past or present, with organisations that have been associated with past forced adoptions and family separation; financial, personal or professional connections with agencies/organisations who may be seeking brokerage funding from the FASS/local networks etc.)?
- What is the capacity of their potential involvement (i.e., to what extent will they be able to contribute/take part as a network member)?
- Will they require any special support in order to become a network member (e.g., any special needs such as vision/hearing impairment, other physical disabilities)?

It may be worth considering a two-tier approach to membership, whereby direct service delivery functions are separated from more administrative/process-oriented roles of the Local Networks. Example templates are provided in Table 9, which uses the evidence base from the AIFS studies, which covers the service and support types that are needed, as identified by both service users and professionals.

**Table 9: Example local network member composition and associated responsibilities**

Network composition	Required skills/experience/knowledge
Case manager	<ul style="list-style-type: none"> <li>▪ Demonstrated experience in coordinating services for people with mental health issues, including post-traumatic stress disorder (PTSD) and complex PTSD</li> <li>▪ Strong, established links with professional, community and other health and welfare service providers (such as employment, housing, education, social and living skills training, family education services)</li> <li>▪ Experience in coordination and referral assistance</li> </ul>
Peer/advocacy group representative	<ul style="list-style-type: none"> <li>▪ Wide-reaching links/contact with service users (e.g., mailing/distribution lists)</li> <li>▪ Demonstrated networking skills and management of professional relationships</li> <li>▪ Demonstrated philosophy of respecting client choice</li> <li>▪ Experience in ensuring a balanced representation of all relevant groups</li> </ul>
Professional associations	<ul style="list-style-type: none"> <li>▪ Understanding of the complexity and diversity of issues associated with past forced adoption and family separation</li> <li>▪ Commitment to assisting in the dissemination of educational information to peers and other professional bodies (e.g., Australian Psychological Society [APS]; Royal Australian College of General Practitioners [RACGP])</li> <li>▪ Commitment to the promotion of training and professional development opportunities</li> </ul>
Medicare locals	<ul style="list-style-type: none"> <li>▪ Understanding of the complexity and diversity of issues associated with past forced adoption and family separation</li> <li>▪ Commitment to raising awareness of available training opportunities (e.g., VANISH's GP training program)</li> <li>▪ Commitment to assisting in the dissemination of educational information to peers and other professional bodies</li> </ul>
Births, deaths and marriages	<ul style="list-style-type: none"> <li>▪ Commitment to championing the need for increased levels of knowledge and sensitivity with regard to provision of personal information</li> <li>▪ Commitment to assisting in the dissemination of educational information to peers and other government bodies/NGOs involved in search and contact process</li> </ul>

Striking the balance between what skill sets the local networks need to function effectively with how many individuals/groups/bodies can actually be involved without becoming overloaded with members may be a challenge. It is important that decisions are made based on the best interests of those who will ultimately be accessing support.

## Alternatives to membership

In the event that the number of applicants who are technically appropriate/suitable to fill a position is greater than the number of places, it may be worth considering creating one or more advisory committees that can provide expertise through a less formalised medium. For example, a consumer advisory group and stakeholder advisory group could be formed, whose members can provide specialist advice, without having to commit to attending regular meetings. Choosing a representative (perhaps on a rotational basis) from the advisory groups to report back to the local network members would ensure a sense of inclusion among advisory group members, and that their input is a valuable asset to the local networks more broadly.

## Communications strategy: Getting it right

An effective communications strategy is one of the most integral components of achieving success (i.e., obtaining sector and service user buy-in) in any new program. However, it is often overlooked as a priority in the planning and early implementation stages.

There are numerous ways of developing and implementing communications strategies; however, we recommend an approach that is aware of the sensitive social climate around the issue of forced adoption and family separation (e.g., being careful with the terminology used to describe individuals affected). The audiences and stakeholders may be varied in their cultural and linguistic backgrounds, educational attainment, socio-economic status, access to media and media consumption habits. Therefore, plain language and clarity of expression is vital to facilitate clear communication and translation when required. An inclusive and inviting tone is also essential.

Funded services will benefit from clearly defining their communication audience and objectives. Start with who you think your primary and secondary audiences will be, for example, primary audiences could be:

- staff working in post-adoption support services;
- peak bodies and post-adoption advocacy groups;
- individuals affected by past adoption and forced family separation policies and practices; and
- specialist health and welfare service providers (GPs, psychologists, psychiatrists etc.).

Secondary audiences could include:

- other government policy makers and program managers working in related areas; and
- the research community (e.g., in demographics and social policy) who are potential future users of the data.

Knowing who your audiences are allows services to then develop their communication objectives. Box 6 provides an example of the types of objectives and tangible outcomes that are relevant in the forced adoption context.

## Box 6: Communication objectives

- *Communication objective 1:* raising awareness of the newly funded FASS among stakeholders and establish early buy-in:
  - to encourage cooperation from agencies in collaborative practice (e.g., joint outreach to rural/regional areas by a variety of service providers to create a complementary suite of services to share resources and reduce costs etc.);
  - to communicate the importance of agency participation and the positive effect it will have on the overall success of the FASS;
  - to promote the function of FASS and their local networks among other relevant government departments to highlight the value of possible data linkages;
- *Communication objective 2:* reinforcing key messages throughout the recruitment phase:
  - to demonstrate the value of collaborative practice;
  - to promote the relevance of the local networks to practice, program and policy;
  - to demonstrate the importance of ongoing involvement;
- *Communication objective 3:* providing consistent reliable information through mass media and social media channels:
  - to highlight the value of the FASS and local networks and provide objective information to relevant peak bodies, interest groups and consumers;
  - to gather support from the broader community, including potential future users of the data, policy makers and program managers;
- *Communication objective 4:* providing a readily accessible point of reference for information about the FASS and associated local network:
  - to facilitate the ongoing interest of stakeholders, service users, policy makers and researchers; and
  - to promote the progress of the local networks, including improved service coordination, uptake of services, and any key findings from evaluation data etc.

## Practical considerations

Prior to initiating any communications activities, consider:

- Who is the target of your particular communication activity (e.g., people affected by past forced adoption and family separation, service providers, or both)?
- How will you tailor your messages to suit this variety of audiences?
- Through which media are you going to advertise (e.g., emails, websites, mailouts, media outlets etc.)?
- How will interested individuals be able to make enquiries (e.g., phone number, email address etc.)?
- Who will be responsible for responding to these queries?
- What will be the process for responding to any queries?

Developing an audience matrix is a useful way of pulling some of this information together in a more readily accessible format, as demonstrated in Table 10.

*Table 10: Audience matrix*

Audience	Preferred methods of receiving information	Focus
Adoption-specific services	Verbal and written materials, mass media, social media, Internet	High
Peak bodies	Verbal, electronic and printed material	High
Community support service providers	Verbal, printed and electronic material	High
Government policy makers and program managers	Verbal, printed and electronic material	Medium
Research community	Printed and electronic material, and oral presentations at conferences	Low
Consumers	Verbal and written material, mass media, social media, Internet	High

## Step 3: Recruitment

Funded services are now in a position to promote the vacancies available for local network membership. The information in any initial communication should include:

- a statement of purpose of the local network;
- the vacancies that are to be filled;
- the application process; and
- how potential applicants can get further information about what's involved.

Given the highly sensitive nature of this particular area of service provision, including historical tensions existing between current and past service providers, groups and lobbying/advocacy bodies (in the context of little acknowledgment and few resources

for addressing the high level of community need), it is essential that FASS follow a process of recruitment to their local network that is transparent, inclusive and impartial.

This can be achieved through activities such as:

- clearly defining the strategic direction and actions of the local network (e.g., on a website, brochures, etc.);
- explaining the process by which the criteria for membership has been developed;
- advertising the vacancies for membership as widely as possible and through a range of media;
- ensuring there is sufficient information readily available about the types of roles the FASS are seeking to fill;
- providing opportunities for receiving feedback with regard to any of these matters; and
- emphasising key messages by using spokespeople who are well known and respected.

It is also important for FASS to emphasise that being a network member does not necessarily mean that interested agencies/individuals will be imposed with extra workloads. Rather, involvement may be limited to areas such as streamlining processes for referrals, and communicating with partners earlier and more effectively to facilitate client interventions.

## Where to promote?

Potential outlets for promotion of the local network recruitment include:

- *established contacts* and all major service providers;
- any *formal networks* of service providers that may exist;
- *professional bodies*, both high level and those “on the ground”;
- *government websites* such as departments of social services, health, human services—those with links to current and previous work in the area of past forced adoptions;
- the *research community*; and
- *online community boards/forums* (e.g., Community Net; InfoXchange).

Appendix 1 provides an example of an introductory communications template for use by FASS across a range of media and target audiences.

## Step 5: Developing formal arrangements

It will be important for the local networks to formalise their arrangements by documenting what members agree to. These arrangements record the terms and conditions of the collaboration between the members.

Different formal arrangements will vary in how “binding” they are on their members, and it is up to each network to decide how they want to operate.

The purposes of formalising the arrangements are:

- *clarifying roles and responsibilities*, and explicitly stating what agencies/members have committed to;
- *maintaining consistency* of relationships, services and practices; and
- providing an *agreed process* for resolving any disputes.

Examples of how arrangements can be formalised are described in Table 11 below.

**Table 11: Network arrangements by type**

<b>Arrangement type</b>	<b>Description</b>
<b>Memorandum of understanding</b>	Non-binding documents that records the common intent of partners. An MoU is usually less complex and less detailed than a contract, but provides a framework and set of principles to guide the parties in undertaking a project or working arrangement.
<b>Signed agreements/contracts</b>	Binding arrangements that govern the relationship, with possible consequences for partners for non-compliance.
<b>Protocols and guidelines</b>	These contain more detail about how partners will work together and what they can expect from each other. They clarify practices already in place that may not have been formally documented.
<b>Project plans, schedules of meetings</b>	These are common project management tools, and while not binding, can be used to add legitimacy and direction to the how partners will work in future.

Regardless of the type of formal arrangement, the following are a list of suggested topics that should be agreed to and documented by members in some way:

- commencement and duration of network;
- aims and objectives;
- guiding principles;
- agreed project/operations/services/accountabilities;
- membership;
- meetings and delegates;
- reporting;
- review/monitoring/evaluation;
- communication;
- staff; and
- dispute resolution.

## Contract alternatives

If organisations do not wish to be contractually bound, then they should consider an MoU or another non-binding arrangement. If organisations do decide they want to formalise the agreement, then a formal contract is the way to go (for this, the partners will most definitely need legal advice). Even if members decide to use an MoU, it is still suggested they seek legal advice.

Examples of the types of situations where an organisation may enter into an MOU that is not intended to be legally binding are when:

- recording an understanding between two or more agencies to identify programs and target groups for the delivery of programs to joint clients; and
- promoting cooperation and further developing a positive relationship between two agencies, and encouraging interaction between respective staff, including through interagency meetings, publications and client-service collaboration.

Each MoU should include an express statement to the effect that the MoU is not intended to create legally binding obligations on the parties.

It is beyond the scope of this resource sheet to detail all the ways in which agreements between agencies can be formalised, but model MoUs and other agreements are available from the [ACT Council of Social Services](#) (2013) at:

<[www.actcoss.org.au/publications/Publications\\_2013/0213PUB.pdf](http://www.actcoss.org.au/publications/Publications_2013/0213PUB.pdf)>

## Section 4

### Making the network successful

While formal arrangements can clarify a network's objectives, the effectiveness of a network often relies on the degree to which individuals can work together, maximise consensus and minimise issues (e.g., disputes, lack of focus/direction, accountability).

It is imperative that FASS plan for how to respond to service users who present with needs that may not be an area of strength for the network (such as formalised referral arrangements). Network members also need to consider the different skills and resources of their partners to determine how they can work best to support one another on an ongoing basis in areas such as:

- *training/professional development* for staff and other members to address clients' issues more effectively;
- *tailoring services* across the network so they are relevant to the "stage of journey" of clients and ensuring these services are ongoing;
- *streamlining* communication, administrative processes, and referrals through formal arrangements; and
- *providing timely responses* to clients and one another.

The following section outlines some key practices that networks should consider implementing to facilitate better day-to-day functioning of their network.

#### *Resolving disputes*

Sometimes effective functioning may be disrupted by disputes between members (for example, based on personality conflicts, discipline or ideological differences).

However, it is important to make the distinction between an actual dispute as opposed to individuals holding different views about a decision they feel is best for their network to make on a particular issue. An effective network canvasses the views of each member, takes into account all the relevant information/data available, and then decides in accordance with its decision-making policies.

If a dispute arises, members should act in good faith to resolve the situation as soon as possible. If the dispute cannot be settled on an informal basis, an independent mediator should be appointed. Thus, it is important for the network to have a dispute resolution policy in place to deal with these situations, and members should act in good faith to resolve the situation as soon as possible. A dispute resolution policy will define what constitutes a dispute between members, and the procedures to avoid and resolve disputes.

A model dispute resolution policy is available from the [Department of Environment and Primary Industries \(2014b\)](#) at [www.depi.vic.gov.au/\\_\\_data/assets/pdf\\_file/0007/190933/2014-c-DISPUTES-01-MP-v3.60-April-2014.pdf](http://www.depi.vic.gov.au/__data/assets/pdf_file/0007/190933/2014-c-DISPUTES-01-MP-v3.60-April-2014.pdf).

## *Good conduct by members*

Disputes are not the only reason for the effectiveness of a network to be impaired, as the conduct of members can also have a negative effect. Accordingly, it is important to consider having a code of conduct policy that would outline how members will conduct themselves. This may include directions regarding:

- acting with honesty and integrity;
- acting in good faith, fairly and impartially;
- respecting and caring for others;
- trusting in the professional intentions of others;
- using information appropriately;
- acting in a financially responsible manner;
- exercising due care, diligence and skill;
- demonstrating leadership;
- declaring and/or avoiding conflicts of interest; and
- being respectful during decision-making processes and debate.

A code of conduct should support the building of a healthy working culture among members (e.g., mutual respect and collegiality) and also recognises the need for constructive discussion and debate.

A model code of conduct policy is available from the [Department of Environment and Primary Industries \(2014a\)](#) at [www.depi.vic.gov.au/\\_\\_data/assets/pdf\\_file/0003/190920/2014-a-CODE-01-MP-v3.60-April-2014.pdf](http://www.depi.vic.gov.au/__data/assets/pdf_file/0003/190920/2014-a-CODE-01-MP-v3.60-April-2014.pdf).

## *Conducting effective meetings*

The key to conducting effective meetings involving numerous stakeholders is making sure that they have a clear purpose and agenda, are managed by a skilled chairperson, and that all members are prepared for each meeting (including understanding the content and decisions to be made).

Some key tools that may assist in achieving this include:

- *Developing a meeting conduct policy.* This sets out how meetings will be conducted, and covers topics such as:
  - relevant obligations of members;

- purpose of meetings;
- who has responsibility for tasks like: chairing, recording key themes or decisions, communicating outcomes, following up on actions, and setting times for future meetings;
- principles about conducting meeting with respect, courtesy, and balance; and
- defining accountability for decisions as they are made.
- *Agreeing on meeting etiquette:* This may include common sense matters like:
  - arriving on time;
  - preparing for the meetings purpose, content and decisions ahead of time;
  - learning to accept viewpoints that differ from one's own;
  - appreciating the agenda has been agreed and the meeting needs to be run according to that agreed agenda;
  - considering other network members' views with respect and consideration; and
  - making contributions to discussion and debate.
- *Conduct of meeting procedures:* Planning and record keeping documents must be kept that will make clear when the network will meet and what they will discuss and make decisions about. These include:
  - annual meeting schedules;
  - quorum requirements;
  - meeting agendas;
  - minute taking;
  - passing motions;
  - action items; and
  - public participation.

Other practical tips for running effective meetings are described in Table 12.

**Table 12: Recommendations for effectively running meetings**

Procedure	Role of chair/facilitator
<b>Clarifying the meeting's purpose and agenda</b>	<ul style="list-style-type: none"> <li>▪ The chair needs to determine the meeting agenda in consultation with participants, and it needs to be distributed to all participants for their input ahead of the meeting. The only items that should be on the agenda are those that further the meeting's purpose. It may also be worth putting time allocations next to the agenda items depending on their importance.</li> <li>▪ In developing the agenda, consider what decisions (strategic, procedural, administrative) need to be made at the next meeting. It may be worth alternating procedural and planning meetings given their different requirements and purposes.</li> </ul>
<b>Presiding over the meeting</b>	<ul style="list-style-type: none"> <li>▪ Define the purpose of the meeting and clarify the meeting rules. This can be set up by developing an agenda in consultation with attendees and in discussing the ground rules/procedures before the meeting starts.</li> <li>▪ Remain neutral and do not become too involved in debates over issues.</li> <li>▪ Keep the meeting on track. It is up to the chair to rein in any participants who are taking the meeting away from its purpose.</li> <li>▪ Keep the purpose of the meeting in the forefront of everyone's mind. The chair can deal with disruptions and get the meeting back on track through statements such as: "Thank you [person] for raising that, but your issues are not able to be covered by this meeting in the time we have. Can we return to the issue if we have time at the end or, if not, make an out-of-session time to discuss it further? Thanks".</li> </ul>
<b>Resolving deadlocks</b>	<ul style="list-style-type: none"> <li>▪ For each agenda item or issue, summarise the discussion/debate and put the item to the group for a vote/resolution. If it appears it can't be resolved at that point, it is important to stop the discussion and provide further options to return to the matter. This may include: extending the meeting, refer it to a working group for a report, or setting up another meeting to decide the matter.</li> <li>▪ Where the network is not achieving previously agreed actions, the chair should try and encourage members to take ownership of tasks and record the allocation of responsibilities.</li> <li>▪ Conclude the session on a positive note and summarise the key decisions and actions, and to whom they are allocated.</li> </ul>

## Section 5

In Section 3, we introduced the principles of evaluation and the importance of taking into consideration the longer term benefits of creating an evidence base for both current practice and future interventions that become available to service users through the established FASS and local networks. As a practical guide, this section provides one example of implementing evaluative measures from the outset of FASS establishing their local networks. We also provide a change management assessment tool that may assist funded services in monitoring the success of this process.

### Monitoring and evaluation

The Plan, Do, Study, Act (PDSA) tool is a tested change management instrument that can be used to address most processes that need to be implemented or changed. It is presented as a cycle, recognising that evaluating any program/system needs to be viewed as an ever-evolving process, where learnings are reflected upon and changes made accordingly on an ongoing basis.

The four steps of the PDSA cycle are described below.

#### *Step 1: Plan*

- What is the objective of this cycle?—What is the end result that you want to achieve? Decide on the tasks/activities that you need to get there.
- What is the goal?—For example, to have a local network that is representative of the service providers identified as being essential to meeting the needs of those affected by past forced adoption and family separation.
- What data sources are needed?
- What measures are going to be used to assess if you are achieving the goal?
- How often will you monitor the workings of the local networks?

#### *Step 2: Do*

- Try out the test on a small scale; for example, trial it with the initial working group.
- Implement the plan—Document problems and unexpected observations.

#### *Step 3: Study*

Analyse the results and compare the results with your goal:

- Were the results you were hoping for achieved?
- Was there a different outcome to what had been planned? Why/why not?
- What needs to be done differently/kept the same?

## *Step 4: Act*

Determine if the test was successful or the plan needs to be revised:

- If the test was successful, how will you implement the plan on a wider scale?
- If it was not successful, what needs to be changed (based on what you have learned)? Should you continue to search for other root causes?

Table 13 provides a step-by-step overview of using the PDSA tool to monitor and evaluate the establishment and maintenance of local networks.

Table 13: Guidelines for using the Plan Do Study Act (PDSA) cycle

Process	Questions	Generate ideas	Gain consensus	What to do before the next step
<b>Plan</b> Identify an opportunity and plan for change.	How can we get to where we want to be? What do we do first? What's the best way to do it?	May include ideas on: <ul style="list-style-type: none"> <li>▪ how to solve the problem;</li> <li>▪ how to implement solutions; and</li> <li>▪ how to monitor &amp; evaluate the trial improvement</li> </ul>	Agree on a design and implementation plan for a trial improvement Agree on criteria for evaluating the trial	Brainstorm possible improvements. Analyse strengths and weaknesses. Establish criteria for selection. Establish timelines and a plan for monitoring and evaluating the trial.
<b>Do</b> Implement the change on a small scale.				Document problems and unexpected observations.
<b>Study</b> Use data to analyse the results of the change and determine whether it made a difference.	Have we implemented the trial improvement correctly? Have we followed the monitoring plan? Are we improving? What are we learning?		Agree on effectiveness of trial.	Evaluate improvement trial using established criteria. Compare results with desired state. Check for new problems. Decide to implement change system-wide or return to root cause analysis to search for other sources of variation.
<b>Act</b> If the change was successful, implement the plan and continuously monitor results. If the change didn't work, start the process again.	Should we implement system-wide change? Does management support the change? If not, should we continue to search for other root causes?	Develop ideas for planning system-wide change. (Implement action based on what you learned in the study step. If the change did not work, go through the process again with a different plan, using what you learned in the study step.)	Agree to a new plan for system-wide change. Agree to return to root cause analysis and start the process again.	Prepare to report results of the project. Communicate results throughout the organisation. Continue to monitor.

Source: Adapted from VAADA (2012)

## Resistance Assessment Survey

The Resistance Assessment Survey (Table 14) is a good tool to use to monitor resistance that may be experienced during the implementation phase of the local networks.

*Table 14: Resistance Assessment Survey*

Areas of resistance	Description	Rating
Lack of understanding of the purpose & drivers of the changes	Lack of understanding of the purposes of the Local Networks Lack of awareness of the need for the FASS and associated Local Networks	
Sense of losing control	Individuals/groups/agencies do not feel they have had appropriate input. Resistance is likely to increase if not resolved.	
Lack of support from different levels within the community	Individuals/groups think that the likelihood of community support is low. Acceptance is difficult to secure.	
Perception of a real threat to existing/longstanding services (including job security, future funding, continued relevance)	Increased resistance where the belief is held that the change (i.e. FASS and Local Networks) will cost more at a group/service/individual level than what will be gained.	
Concerns about lack of skills & knowledge	Increased likelihood of resistance where groups/services/individuals do not feel they have an adequate skills or knowledge base.	
High level impact on daily work loads	Can lead to feelings of mistrust and alienation.	
Lack of time to absorb changes	Consideration must be given to the ability of individuals/services/groups to assimilate changes.	
High level of uncertainty	Uncertainty can lead to negative reactions from those impacted by the change.	
Adverse changes to key working relationships	Resistance may result if there is a sense that change may adversely affect the way individuals/groups/services relate to others or who they work with or report to.	
High level of past resentments and dislikes	Individuals/groups/services may distrust or dislike sponsors or change agents or have had negative experiences around change.	
Lack of incentives & rewards	Freedom is not provided for mistakes to be made. Positive feedback for accomplishing changes is encouraged.	

Notes: Ratings are assigned on a scale of 1 to 5. 1 = strongly disagree, 2 = disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree.

Source: Adapted from Queensland Government (2008)

## Other resources

Victorian Council of Social Services (VCOSS) [Partnership Practice Guide: Guide 3. Sustaining the Partnership](#):

<[www.vcooss.org.au/documents/VCOSS%20docs/HSPIC/00911\\_vcoss\\_partner\\_guide\\_3\\_WEB.pdf](http://www.vcooss.org.au/documents/VCOSS%20docs/HSPIC/00911_vcoss_partner_guide_3_WEB.pdf)>

[Governance for community organisations](#): <[www.dhs.vic.gov.au/for-business-and-community/not-for-profit-organisations/governance-community-organisations](http://www.dhs.vic.gov.au/for-business-and-community/not-for-profit-organisations/governance-community-organisations)>

[Not for Profit Compliance Support Centre](#): <[www.nfpcompliance.vic.gov.au](http://www.nfpcompliance.vic.gov.au)>

[Committees of management responsibilities and good practice guidelines](#): <[www.depi.vic.gov.au/forestry-and-land-use/managing-land/managing-crown-land/committee-of-management-guidelines](http://www.depi.vic.gov.au/forestry-and-land-use/managing-land/managing-crown-land/committee-of-management-guidelines)>

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- Victorian Department of Human Services. (2007). *Dual diagnosis: Key directions and priorities for service development*. Melbourne: Victorian Department of Human Services.
- Victorian Alcohol and Other Drug Association. (2012). *Capacity building and change management: A guide for services implementing dual diagnosis processes*. Melbourne. VAADA.

# Appendix 1

## Example introductory communication

[To be used as email, letter to managers/coordinators of post-adoption, peer, search and contact services, other relevant audiences]

Dear [insert name]

[Insert organisation name] has recently been providing support services to those affected by past adoption and forced family separation policies and practices contracted by the Commonwealth Department of Social Services since March 2015. The funding is enabling people affected by forced adoption/family separation practices to benefit from specialised support.

To help ensure that individuals seeking support are provided with appropriate, ongoing and coordinated care, funded Forced Adoption Support Services will be developing a forced adoption / forced family separation Local Network, which will bring together a broad range of service providers. These include support/advocacy groups, mainstream providers, post-adoption specific providers and other relevant professionals. The Local Network may be invited to participate in the planning and governance of the Forced Adoption Support Service.

We are currently seeking individuals to register their interest in becoming members of the Local Network in (insert state/territory). A formalised selection process will be undertaken in selecting members.

For information about what's involved, the types of positions available and the application process, you can visit our website at (insert), or alternatively, email (insert) or phone (insert).

To help promote the recruitment of members to the Local Network we would greatly appreciate it if you could:

- put information in relevant material for staff and clients (such as newsletters and intranet), including a link to our web page (insert)
- forward information to other contacts you have who may be relevant and interested in Local Network membership.

In the meantime, you are welcome to contact us to discuss any questions you may have about our request, or further details about the establishment of the Local Networks.

Contact details:

Insert name:

Phone:

Email:

Website: