

1.1 Introduction

From 1950 until the early 1970s approximately 150,000 adoptions occurred in Australia. Many of these adoptions were arranged without willing or informed consent, were unethical, dishonest and, in many cases, illegal and are therefore considered forced.

In 2012, a Senate Inquiry by the Community Affairs References Committee was conducted into the *Commonwealth Contribution to Former Forced Adoption Policies and Practices*. In March 2013 the former Prime Minister, The Hon. Julia Gillard MP, on behalf of the Australian Government, delivered a formal apology to those affected by forced adoption which “created a lifelong legacy of pain and suffering” (Parliament of Australia 2013a).

In the Australian Government response to the Senate Inquiry, several key commitments were made, including provision of \$5 million to improve access to specialist support services, peer and professional counselling support and records tracing support for those affected by forced adoption (Parliament of Australia 2013b).

Additional funding of \$5.7 million was granted through the 2016-17 Mid-Year Economic and Fiscal Outlook to continue the FASS from 2017-18 to 2020-21.

The Department of Social Services (the Department) funds Forced Adoption Support Services (FASS) for adopted people, mothers, fathers, siblings, adoptive parents, and extended family members. FASS services are provided by Relationships Australia (RA) in seven jurisdictions across Australia, with Jigsaw responsible for service provision in Qld.

Further details of the FASS program are provided in *Section 2.1*.

1.2 Review purpose

The Department appointed Australian Healthcare Associates (AHA) to conduct a Post Implementation Review (PIR) of FASS with a focus on a client needs assessment. The PIR considered the perspectives of FASS providers and clients as well as others affected by forced adoption to identify:

- How the program is progressing
- How effectively the services have been implemented.

Key evaluation questions covered seven areas of FASS:

1. Implementation of the FASS
2. Access
3. Working within the sector
4. Small grants
5. Promotion and awareness
6. Data
7. Successes, issues, and service gaps.

1.3 Methods

A mixed-methods approach involving a combination of quantitative and qualitative data sources was used to conduct the Review. Information derived from multiple data sources was then triangulated to generate a synthesis of findings and recommendations.

The main stakeholders consulted, and the mode of engagement used in each case are summarised are shown in *Table 1-1*. Consultations were undertaken between October and November 2017, with additional information sought from FASS providers and some other stakeholders in January 2018.

Table 1-1: Stakeholders consulted and mode of engagement

Stakeholder	Mode of engagement
Members of the FASS target group who had and had not used Services	<ul style="list-style-type: none">• A national survey (n=338)• In-depth consultations (n=37)
FASS providers	<ul style="list-style-type: none">• Site visits• Email and phone contact• Service model profiles and other information submitted by providers
Other stakeholders including: <ul style="list-style-type: none">• Representatives from the National Archives of Australia Forced Adoption History Project, advocacy groups and academics (n=15)• Departmental representatives including Grant Agreement Managers (GAMs) (n=8)• Representatives from state and territory post adoption services (n=5)	<ul style="list-style-type: none">• Semi-structured phone interviews

1.4 Key findings

Key findings of the PIR have been summarised in relation to each of the seven key evaluation areas.

1.4.1 Implementation of FASS

All providers reported delivering services via the 1800 number. In some cases, this number was operated by FASS staff while in others, non-FASS staff (described as being appropriately trained and/or experienced) did so. Funding and staffing differences between FASS providers influenced their capacity to make services accessible to clients. Total funding for each jurisdiction from March 2015 to June 2021 ranges from \$258,787.65 to \$3,524,289.53 (GST incl.) while staffing levels at November 2017 ranged from 0.2 FTE to 3.3 FTE. Those receiving greatest funding tended to have the highest staff FTE, and thus the greater capacity to provide services.

Instances of people with lived experience of forced adoption being involved in answering calls was also reported. This involvement yielded mixed results, ranging from empathic engagement to potential traumatisation, depending on the perspective people brought from their experiences. To illustrate, an example was cited where an operator over-identified with their forced adoption position, and sought to proselytise the caller who had a different perspective to theirs.

All FASS indicated that face-to-face services were provided as required by their clients. However, details of how clients accessed services during the six months to June 2017 highlighted that service delivery was primarily through other modes (*Section 3.3*). Given that records searching was cited by service providers as a key reason why clients accessed FASS, much of this activity could be undertaken by phone or email. Clients often had a face-to-face meeting at the beginning of the records searching process.

Accountability¹ was evident through:

- A feedback and complaints systems (formal and/or informal) implemented by all providers
- Governance arrangements that included people affected by forced adoption on advisory/reference committees at three providers
- All FASS providers collected the standard DEX data requirements in line with their contractual agreements with DSS
- Quality assurance is not consistently monitored in the Small Grants program as not all funded projects are evaluated.

Accessibility² of FASS was variable and depended on:

- Rurality of service user - Face-to-face contact was more problematic for clients based in rural and remote areas
- Client cohort characteristics. In general, adoptees and mothers comprised the main client base
- Level of provider funding and therefore staffing levels
- The type of service being provided to and sought by clients as the range of services provided varied across FASS providers. While this was in part attributable to funding and staffing levels, it was also related to the extent of organisational experience in working in the forced adoption field, and staff turnover that resulted in a loss of expertise. For instance, skills in record searching capacity differed considerably across sites.
- Issues related to the promotion of FASS at jurisdictional and national level, particularly in RA sites, meant that accessibility of services may be limited by a lack of a separate identity for FASS and a perception among the cohort that RA only deals with family or marriage counselling
- The term 'forced adoption'. Some people in the FASS target group may not identify with this phrase. During consultations, for example, some mothers were ambivalent as to whether the circumstances of their separation from their child was 'forced', using language such as 'I gave my child up' to describe their experience. Likewise, given that the number of forced adoptions is unknown, many adoptees in the cohort will be unaware of whether their adoption was forced or not. Issues of eligibility and identification have led to some delays in or failure to take up services because of confusion about eligibility

Clear differences were evident in the **diversity of services** reported by the various FASS providers. However, these differences may reflect inconsistencies in how data is reported in DEX (*Section 3.10*).

¹ As defined in the National Practice Principles (*Appendix B*)

² As defined in the National Practice Principles (*Appendix B*)

The **effectiveness**³ of FASS was not objectively measured by FASS providers. While DEX provided the facility to record outcomes data through SCORE, the non-mandatory nature of the Partnership Approach (Australian Government Department of Social Services 2014) meant that SCORE data was only recorded for 62 of the total 1,410 FASS clients reported for the PIR period. However, consultations with FASS users indicated high levels of satisfaction with the services being accessed. The absence of therapeutic counselling, albeit because of the ambiguity in the Grant Agreements and Operational Guidelines and FASS providers' interpretation thereof, was seen as a key gap in the model by providers, clients and other stakeholders consulted.

The **primary difference between the AIFS FASS scoping study and implementation** was that therapeutic counselling was not provided by FASS staff in the funding period to June 2017, nor was brokerage available to cover the cost of counselling through external providers. The absence of therapeutic counselling stemmed from an understanding among FASS providers that this form of counselling was not a requirement of their funding agreements. Instead, provision of general counselling and emotional support was the norm.

Variation in services delivered largely arose from differences in funding and thus staffing levels, plus the experience level of providers. FASS providers (Jigsaw and RA (SA)) have been offering post adoption support services for 40 years and 12 years respectively and accounted for among the highest number of clients. Consistency in service provision across jurisdictions is viewed as largely unfeasible because of differences in demand, staffing and funding between jurisdictions.

DEX data indicates **the demand for services nationally** has increased over the program term growing from 22 client sessions in the first six-month reporting period (January-June 2015) to 412 in January-June 2017. A total 6,633 client sessions were delivered to 1,410 clients from program commencement to June 2017. This increase in demand for FASS services has occurred despite low levels of awareness of FASS among the FASS target group and the barriers to FASS uptake being generated by local tensions (*Sections 4.4 and 5.3*).

The length of client engagement varied between jurisdictions. Average duration of client engagement reported by FASS providers ranged from two to 12 months, except for RA (Vic) which reported one client that had been engaged for more than 900 days.

Providers reported **implementing a trauma-informed approach to service delivery**. Most FASS staff in a client-facing role had undertaken trauma-informed training or have had specific training or experience in forced adoption or trauma. Those involved in records searching tended not to have completed this training and were not generally involved in client engagement. The extent to which the following auspice staff have received training related to trauma-informed practice and the needs of the FASS target group specifically is unknown:

- Administrative staff who engage with clients by telephone or through face-to-face contact when FASS staff are not available
- Counsellors to whom clients are referred for therapeutic counselling (*Section 3.5.2*).

³ As defined in the National Practice Principles (*Appendix B*)

1.4.2 Access

The reporting by providers of **data on target subgroups and special needs groups** was variable although it was evident that predominantly adoptees and mothers were accessing FASS. Fewer than ten clients in each jurisdiction (in most cases less than five) were recorded in the DEX data as being from the following special needs groups:

- Aboriginal or Torres Strait Islander descent
- People with a disability
- People from a CALD background.

Analysis of the qualitative responses from survey respondents who identified as being from these special needs groups, found the following as their main reasons for not using FASS:

- Not knowing about FASS
- Prior negative experience of other services
- Already using another service
- Does not feel the need for services
- Ongoing concealment of their forced adoption secret.

In the case of mothers, being unsure of their eligibility to use FASS was cited for non-usage of FASS.

For the FASS target group overall, the key barriers to accessing services were:

- Lack of awareness of FASS was seen as the key barrier to access. This was true for those who had and had not used FASS.
- Societal pressures including feelings of guilt, shame, stigma, and the need to keep the past hidden (mothers) and anger, a sense of “divided loyalties” towards their adoptive families and a fear of being labelled “ungrateful” by society (for adoptees).
- Lack of trust in the system and the “red tape” involved in record searches was an obstacle to reaching out for assistance.
- In some jurisdictions referrals for counselling and record searching were made to organisations with a perceived history of facilitating forced adoption, or to providers which had limited understanding of the perspective of those with lived experience of forced adoption.
- Misconception about the scope of FASS services and what ‘forced adoption’ means was also cited.
- Competitive trauma was evident among the FASS target group that contributed to the absence of joint mother and adoptee groups in most cases, and a sense of exclusion by other FASS group members, especially fathers.

In many cases, these barriers cited above were most acute in the RA context because of the more generic nature of their service offering than their Jigsaw counterpart. While RA services span issues such as family/relationship problems, the majority, except for RA (SA), do not have a specific focus on post-adoption. In contrast, Jigsaw is a specialist post-adoption service with more than 40 years’ experience in this area.

Many adoptees are of working age and therefore may find it difficult to access services during the 9am-5pm window.

1.4.3 Working within the sector

Overall, FASS providers reported strong collaborative working arrangements with their FASS colleagues in other jurisdictions, with relationship-building opportunities such as the FASS roundtable meetings being valued.

Collaboration largely occurred in relation to interstate clients. However, there was also evidence of other collaborations that drew on the skills and expertise of specific FASS providers.

FASS providers' capacity to build and maintain effective relationships with other service providers was context dependent, with some FASS providers hindered by tensions related to the selection of the local FASS provider. Those with long-established roles in post adoption work, generally had networks that pre-dated FASS that they continued to nurture and develop.

Small Grants provided a key mechanism through which FASS providers worked with local groups, with these grants being used to fund peer support and advocacy groups at the jurisdictional level. In some cases, small grant funding availability exceeded the funding requested by all suitable applicants. This resulted in FASS providers directly approaching organisations and assisting them to complete an application. While this points to a non-competitive process at times, it also demonstrates the proactive relationship-building activities undertaken by FASS and the capacity building opportunity this assistance afforded to small organisations.

The Small Grants were also used by FASS providers as a step towards restoring relationships with local organisations that had been unsuccessful in their bid for FASS funding and/or to moderate local tensions related to the selection process. Nonetheless, these grants and activities were not always successful in dissipating anger and frustration among stakeholders.

Opinions differed in terms of whether duplication/overlap occurred between FASS and the services offered via state/territory government funding. The view was held by some members of the FASS target group and FASS providers, that having duplication/overlap was beneficial as it provided people with a choice of services. In contrast, most forced adoption advocacy groups considered FASS to:

- Be largely replicating what already existed in most jurisdictions (namely successful interagency referral systems, networking, and information provision)
- Not be meeting the service needs earlier identified and requested by advocacy groups, in particular, trauma-informed counselling, and in some cases, financial reparation.

1.4.4 Small Grants

Nationally, from the commencement of FASS (March 2015) to June 2017, a total of 53 grants have been allocated, with a total value of \$202,902 (GST excl.). Most FASS achieved or exceeded their target of Small Grants totalling between 5% - 10% of their funding (noting that RA (Tas) are exempt from this requirement and small grants are optional for RA (NT) due to their lower funding levels).

Small Grants are used for a range of purposes, with a broad focus on improving the capacity of the sector (including other service providers, advocacy groups and individuals), and to provide for group healing events.

FASS providers considered the capacity building potential of the grants to be particularly powerful, facilitating engagement with other services providers, peer support and advocacy groups in the sector. Some FASS providers reported that the grants have been an important way of improving collaboration with other groups.

A key risk related to Small Grants policy identified in the PIR is the lack of imperative to implement the scheme. Given that unused funds can be absorbed back into the organisation, this could potentially:

- Serve as a disincentive for FASS providers to engage in a scheme that is time consuming to administer
- Lead to inequalities in access to Small Grant funding across jurisdictions
- Reduce opportunities for capacity building at the local level.

1.4.5 Promotion and awareness

The need to increase awareness of FASS was reported by those who use FASS and those who do not. Most informants stated that the FASS suffers from poor visibility and that more marketing was needed to ensure that it reaches the people who need it the most.

With the exception of Jigsaw and RA (SA), the other FASS providers were not as well-known and their links and networks with advocacy groups and other service providers in the jurisdiction were considered by informants to be inadequately developed.

Promotion of FASS was absent on RA-affiliated homepages, thus making it more difficult for the FASS target group to access information about FASS.

The FASS target group were generally of the opinion that online advertising is not sufficient, and services need to advertise through traditional channels such as GP waiting rooms, television, radio, and flyers. Survey responses highlighted the importance of word of mouth as a means for finding out about FASS, ranking as the most cited means (cited by with 18.7% of respondents who had used FASS (n=163)). Online media followed second (14.4%). Respondents were least likely to find out about FASS by print media (0.7%) and the Forced Adoption History Website (1.4%).

1.4.6 Data

None of the FASS providers use DEX for client data management. Instead, in-house software packages are used for day-to-day data collection with the fields required to complete the Department's reporting exported into the DEX system. Four of the seven FASS providers reported using outcome measurement tools, including the DEX Standard Client/Community Outcomes Reporting (SCORE) tool. However, SCORE data for only 62 clients was reported in DEX. The non-mandatory nature of the Partnership Approach is likely to account for the low uptake of SCORE data.

All FASS providers submitted mandatory DEX data up to June 2017. Consultations indicated that none of the FASS providers enter case data directly into DEX, instead using in-house software packages and exporting the required fields to DEX.

Inconsistencies may exist in terms of data entry because of ambiguities in and/or misinterpretation of the DEX data entry guidelines. Furthermore, DEX does not capture key elements of FASS activities. For example, service provision by client group (e.g. mother, adoptee) is not captured nor are non-client activities such as collaboration/ networking with other services, administration of small grants, and attendance at FASS Roundtable meetings. Likewise, data entry instructions mean that some FASS activities are conflated e.g. emotional support and referrals onto counselling services are grouped with counselling.

Clarifying the DEX data entry guidelines and further refining DEX categories to better reflect the range of activities undertaken by FASS would greatly improve the quality of data captured.

1.4.7 Successes, issues, and service gaps

FASS users reported high levels of satisfaction with FASS services overall, with the highest levels of satisfaction evident for:

- Accessing general information (73.1% of survey respondents were satisfied/very satisfied)
- Emotional support and counselling provided by FASS (72.8% were satisfied/very satisfied).
- Considerably lower levels of satisfaction were reported with regards to access to peer support (52.7%) and referrals (56.1%).

Uptake of FASS by clients from CALD, disability and Indigenous Australian backgrounds is limited. Nonetheless, all providers sought to cater for clients from these groups and there was strong awareness of the need to provide a culturally competent service.

Therapeutic counselling services emerged as the most frequently cited service gap by informants, advocacy groups and other stakeholders. Record searching, DNA testing and peer support were also listed as gaps.

This increase in demand for FASS services has occurred despite low levels of awareness of FASS among the FASS target group and the barriers to FASS uptake being generated by local tensions (*Sections 4.4 and 5.3*).

1.4.8 Summary of key issues for service delivery

The following key issues for service delivery have been identified:

- Small staff numbers mean that some FASS are unable to have FASS staff answer the 1800 number during the specified period. As a result, administrative staff (who may or may not have trauma training and knowledge of issues specific to forced adoption) answer calls from FASS clients
- Advocacy group tensions leading to some groups not referring clients to the FASS
- Lack of knowledge/understanding of forced adoption by some FASS staff
- Recruitment and retention of skilled staff; high staff turnover and lags in training
- Lack of qualified counselling professionals to accept referrals of FASS clients
- Lack of records searching expertise

- Management of the Small Grants (limited evaluation of funding, review of value for money, or review of alignment with FASS guidelines/grant requirements)
- Limited DSS oversight of Small Grants funding/projects.

1.5 Recommendations to enhance service delivery

- **Greater advertising and promotion of FASS.** Given the success of the PIR in engaging members of the FASS target group who had not used services before based on one month's social media outreach, this would suggest social media is potentially a cost-effective promotion medium. Greater promotion could also increase the transparency around what services are being provided by FASS and help to dispel some of the misconceptions about its client target group. Other suggested mediums included television and radio advertising, GP clinics, community centres and seniors' publications. Promotional efforts need to consider that some of the forced adoption cohort may have low literacy levels due to interrupted education and may not have strong computer skills.
- **Greater online access to FASS** through the provision of direct links to FASS from the Department's website, rather than to RA homepages where further searching needs to be undertaken to source FASS details.
- **Provision of therapeutic counselling.** Counselling emerged as the greatest gap in the current FASS offering as only general counselling and emotional support are provided. To ensure specialist services are provided to those affected by past adoption practices and policies, these services need to be provided by specialist counsellors either within FASS or through brokerage arrangements with external providers. To achieve this, more extensive training is required in the sector. While it is acknowledged that Australian Psychological Society (APS) training was specifically developed to increase awareness of forced adoption issues, uptake of this training was less than expected and, as of June 2017, access to this training changed. Furthermore, FASS providers are generally unaware of which counsellors have completed APS training as they rely on the counsellor to notify them of their interest (*Section 3.7*).
- **Develop a clear and distinguishable FASS profile through:**
 - Revisiting the use of the term 'forced adoption' as this term is confusing for some people. This, in turn, has led to delays in or failure to take up services because of confusion about eligibility for services. This issue was raised by most of the stakeholder groups consulted. It should be noted that no alternative term was suggested during consultations and that, given the divergent views that exist in the FASS target group, finding an agreed alternative term is likely to be challenging.
 - Development of a distinct FASS identity. This is particularly needed for RA-affiliated providers where FASS is one of a broader suite of services provided. The unique contribution of FASS is often not known by the FASS target group, including those using services.
- **Review of funding allocation to ensure FASS providers have adequate resources** (including staff and training) to provide services. Discrepancies in the costs per client should be examined and funding decisions should be made based on cost of service provision and service mix per client.

- **Monitor training needs of FASS staff** to ensure a specialist service is being provided for the FASS target group; one that recognises and addresses the specific needs of the group and is not informed by generic trauma-informed principles.
- **Refinement of the Small Grants guidelines.** Greater clarity is needed in terms of what the Small Grants can be used for. A key risk related to Small Grants identified in the PIR is the potential lack of imperative to implement the scheme. Given that unused funds can be absorbed back into the organisation, this could potentially:
 - Serve as a disincentive for FASS providers to engage in a scheme that is time consuming to administer
 - Lead to inequalities in access to Small Grant funding across jurisdictions
 - Reduce opportunities for capacity building at the local level.
- **Improvements to DEX data.** The current DEX system:
 - Does not include provision for recording all activities being undertaken by FASS. These include non-client activities such as collaboration/networking with other services, and administration of Small Grants
 - Does not capture service provision by client group (e.g. mother, adoptee)
 - Data entry instructions are ambiguous and are likely to have caused data entry errors.
- **Ensure greater access to peer support**, particularly in rural and regional areas.

1.6 Concluding remarks

This PIR covered the first three years of FASS operation. Many promising initial outcomes are evident including high levels of satisfaction among FASS users with the general information and emotional support/general counselling they have received to date.

As with any new service, a number of teething issues have emerged. Of particular note are:

- The difficulties being experienced by some FASS providers as a result of the local contexts in which they work
- The gaps that exist in the provision of therapeutic counselling services and data capture, both of which are largely attributable to unclear guidelines.

As FASS enter its next stage of funding, the Department is undertaking a review of the guidelines and the opportunity exists, based on the PIR findings, to optimise FASS operations and Government expenditure in this important area. By so doing, FASS will be in a better position to be the service which helps people affected by forced adoption to heal from the impacts of forced adoption by strengthening relationships and improving well-being.