

Forced adoption support services scoping study

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Report for the Department of Social Services
by the Australian Institute of Family Studies

February 2014



Australian Government

Australian Institute of Family Studies

Acknowledgements

The authors would like to thank the Department of Social Services and the Forced Adoptions Implementation Working Group for their advice and direction on the methodology for the project and, in particular, the Chair of the Working Group, Professor The Honourable Nahum Mushin, Adjunct Professor of Law, Monash University, for his support and guidance on methodology.

The authors would also like to thank colleagues at the Australian Institute of Family Studies for their valuable comments on the earlier drafts. In particular, our thanks go to Aaron Dohnt (usability testing), Sez Wilks (administrative support), Carol Jean and Gillian Lord (literature searching), Lan Wang and Lauren Di Salvia (editing), and to Kelly Hand for her support throughout the project.

Most importantly, we are grateful for the contributions of more than 100 service providers who gave of their time, intellect and creative ideas through consultations, participation in workshops and written submissions. Given that many of these people are also personally affected by forced adoptions, we acknowledge the significant personal insights they have brought, and trust that we have been faithful to the essence of their perspectives. We are most appreciative of the many agencies that helped facilitate the workshops by offering the use of meeting rooms in their organisations.

Views expressed in this publication are those of individual authors and may not reflect those of the Department of Social Services, the Australian Government or the Australian Institute of Family Studies.

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Page No.	Post-Publication Additions
105 Table 13	Add: <div> <div>Anglicare Victoria Adoption and Permanent Care Teams</div> <div>Not-for-profit organisation Providing adoption-related Services</div> <div> <ul style="list-style-type: none"> Adoption Information Services, including access to Adoption records; counselling and outreach services for eligible applicants Relinquishment Counselling Service Advice and arrangement of Permanent Care, healthy infant and special needs Adoptions </div> </div>
105 Table 13	Services included by VANISH to include: <ul style="list-style-type: none"> Counselling Services
107	Add after third dot point: Table 13 indicates that VANISH provides counselling services. VANISH provides a small face to face and telephone counselling service to all members of the adoption circle in the metropolitan and regional area of Victoria. Each counsellor is clinically trained and professionally supervised and aims for best practice in service delivery. The VANISH counselling service is strengths based and recovery focused and recognises the lifelong complexities of adoption experience. Counselling sessions can vary from single sessions to long term work. VANISH also provides a secondary consultation service to counsellors who have undertaken the VANISH two day training 'Looking through the Lens of Adoption' in working with loss and trauma, as well as to other professionals in the community.
107	Add sentence at the end of paragraph commencing "VANISH works closely with...." It is acknowledged that the comment relating to the absence of a specific support for mothers was based on perceptions from a limited number of stakeholders and should be understood within that context.
142	Add under the heading 'Brokerage funds': VANISH offered a Counselling Brokerage Program during 2010, 2011, 2012. Since mid-2013 VANISH has offered a face-to-face and telephone counselling service for metropolitan and regional service users.

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Abbreviations

AASW: Australian Association of Social Workers
ABC: Australian Broadcasting Corporation
ACF: Australian Childhood Foundation
ACPMH: Australian Centre for Posttraumatic Mental Health
ACT: Australian Capital Territory
AEC: Australian Electoral Commission
AFIS: Adoption and Family Information Service
AIFS: Australian Institute of Family Studies
AIHW: Australian Institute of Health and Welfare
AIS: Adoption Information Services
ALAS: Adoption Loss Adult Support Group
APS: Australian Psychological Society
ARCS: Adoption Research and Counselling Services
ARi: Adoption Research initiative
ARMS: Association of Relinquishing Mothers (in Victoria). Association Representing Mothers Separated from their Children by Adoption (In South Australia and Western Australia)
ART: Assisted reproductive technology
ATAPS: Access to Allied Psychological Services
BDM: Births, Death and Marriages
CBT: Cognitive-behavioural therapy
CDSMC: Community and Disability Services Ministers' Conference
COAG: Council of Australian Governments
CPD: Continuing professional development
DHS: Department of Human Services
DNA: Deoxyribonucleic acid
DoH: Department of Health
DSM: Diagnostic and Statistical Manual of Mental Disorders
DSS: Department of Social Services
EEG: Electroencephalograph
EMDR: Eye movement desensitisation and reprocessing
FaHCSIA: Department of Families, Housing, Community Services and Indigenous Affairs (Now Department of Social Services)
FAQ: Frequently asked questions
FIND: Family Information Network Discovery
FRC: Family Relationship Centres
FSP: Family Support Program (administered by the Australian Government Department of Social Services)

GP: General practitioners
ISS: International Social Service
KTE: Knowledge translation and exchange
NASASV: National Association of Services Against Sexual Violence
NGO: Non-government organisation
NHMRC: National Health and Medical Research Council
NSW: New South Wales
NT: Northern Territory
OOHC: Out of home care
PARC: Post Adoption Resource Centre
PASQ: Post Adoption Support Queensland
PASS: Post Adoption Support Services
PD: Professional development
PTSD: Post-traumatic stress disorder
Qld: Queensland
RACGP: Royal Australian College of General Practitioners
RANZCP: Royal Australian and New Zealand College of Psychiatrists
RASA: Relationships Australia South Australia
ROADS: Records of adoptions
SA: South Australia
SSRI: Selective serotonin re-uptake inhibitors
STARTTS: NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
Tas.: Tasmania
UK: United Kingdom
VADCAS: Vulnerable and Disadvantaged Client Access Strategy
VANISH: Victorian Adoption Network for Information and Self Help
Vic.: Victoria
VVCS: Veterans and Veterans Families Counselling Service
WA: Western Australia
WAEC: Western Australia Electoral Commission
WASH: White Australian Stolen Heritage
WESNET: The Women's Services Network

Executive summary

The Australian Government response to the recommendations of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices (the “Senate Inquiry”) was announced by the then Prime Minister, the Hon. Julia Gillard, when she apologised on behalf of the Australian Government to people affected by forced adoption or removal policies and practices on 21 March 2013.

The government response stated a scoping study would be conducted to provide guidance in relation to the:

- establishment of specialist support and counselling services;
- availability of peer-support groups;
- extension of current family tracing and support services; and
- extension of state and territory Find and Connect information services to include adoption service providers.

In July 2013, the then Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (now the Department of Social Services) commissioned the Australian Institute of Family Studies to undertake the Forced Adoption Support Services Scoping Study (the “Scoping Study”).

The purpose of the Scoping Study is to develop options for service models that will enhance and complement the existing service system to improve support for people affected by forced adoption and removal policies and practices. The Scoping Study is not about making specific recommendations as to which organisation(s) should be resourced to provide services to those affected by forced adoption.

Scoping Study methods

The Scoping Study has built on the information that was provided in the Institute’s *Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices* (Kenny, Higgins, Soloff, & Sweid, 2012) as the basis of the scoping work conducted with service providers in the current study—to understand the best models for meeting people’s needs. In addition, the findings within the Senate Community Affairs Reference Committee final report on forced adoption have been extensively referenced. The study also extends an earlier review of the Australian research on the impact of past adoption practices published by in April 2010 (Higgins, 2010).

The Australian Institute of Family Studies (AIFS) undertook the following activities to inform the findings of the Scoping Study:

- a literature review to synthesise previous research on forced adoptions and the impact they have had on people, including any long-term effects and their current service and therapeutic needs, as well reviewing best-practice models for meeting those needs;
- mapping the services currently available for people affected by forced adoption and analysis of the strengths,, promising practices, weaknesses, barriers and gaps;
- environmental scan of service delivery in other related welfare/human service areas;
- consultations with service providers across all states and territories, both adoption-specific and generalist health and welfare providers; and

- development of evidence-based national service model options that will complement and enhance the existing services and fill gaps to better meet the needs and expectations of those affected by forced adoption practices.

Key findings of the Scoping Study

The effects of forced adoptions are, in many instances, long term. The most common impacts of forced adoption are psychological and emotional, and include:

- depression;
- anxiety-related conditions;
- complex and/or pathological grief and loss;
- post-traumatic stress disorder (including complex PTSD);
- identity and attachment disorders; and
- personality disorders

Counselling and mental health care services can perform a range of functions for those affected by forced adoptions, including:

- a way of providing concrete reparation;
- support for general difficulties, often described as “ongoing trauma”, which can be experienced continuously, periodically (in response to external events, or “triggers”), or at “random” and include clinical diagnoses such as depression, anxiety, and PTSD;
- help clients deal with emotions such as grief, loss, guilt or loneliness;
- support clients with forming and maintaining positive relationships with others, including partners and subsequent children, with family and relationship breakdowns, and with parenting difficulties;
- support clients construct a positive personal identity;
- provide support for clients dealing with feelings of loss, abandonment and grief;
- provide support for clients presenting with physical health issues (including disabilities), and substance abuse; and
- provide support for clients presenting with mental health problems or trauma “triggered” by contact/reunion processes.

Trauma

There is growing recognition of the increased potential for trauma for those who have been subjected to forced adoption and removal policies and practices, and the value of a “trauma-informed” or “trauma-aware” approach to service delivery. Best practice suggests that service providers should approach all clients as if they might be trauma survivors. It is important that an integrated approach is taken when treating trauma survivors with multiple conditions.

A trauma-informed service provides:

- a safe and supportive environment that protects against physical harm and re-traumatisation;
- an understanding of clients and their symptoms in relation to their overall life background, experiences and culture;
- continued collaboration between service provider and client throughout all stages of service delivery and treatment;
- an understanding of the symptoms and survival responses required to cope; and

- a view of trauma as a fundamental experience that influences an individual's identity rather than a single discrete event.

Restorative justice

Findings from the Senate Inquiry and the AIFS National Study identified that rather than direct compensation schemes, restoration activities could focus on providing resources to meet the current needs of those affected. Restoration activities could include:

- addressing trauma and other mental health consequences through evidence-based therapeutic interventions;
- repairing the injuries caused to relationships, especially between sons/daughters and parents;
- providing opportunities for truth-telling, storytelling and acknowledgement; and
- overcoming shame and recognising past actions through public activities and community awareness campaigns.

Good practice principles

The following good practice principles apply to service organisations, agencies and groups involved in the provision of forced adoption support services, including information services (those providing identifying information and access to personal records), search and contact services, post-adoption support services, therapeutic services and peer services.

Accountability

- Transparency about an organisation's past or current involvement with adoption on the website, in brochures and in the first sessions (professional groups—including social workers, doctors, and other welfare workers—that may be perceived as “compromised” by potential service users need to address this mistrust and rectify past errors so that they can deliver the most effective service possible).
- Formalised complaints processes in place that are known and readily available to service users.
- Organisation overseen by an independent governing body (board/committee).
- Independent mediator facilitating information searches and information exchange.
- Administrative data recorded—including referrals and service uptake.

Accessibility (including affordability)

- Identifiable staff to be point of contact.
- Flexible hours of operation.
- Services to remote locations or those unable to physically access the service on site.
- Low cost or free services. Meeting the ongoing needs of those affected by forced adoption should not be contingent on their capacity to pay for services. Obtaining information, making and/or maintaining contact with lost family members is a significant aspect of healing and recovery for some. Costs associated with these activities should be considered within the same context as any mental and physical support needs.
- Timely responses to requests.
- Ability to provide counselling and support in ongoing or longer term, flexible manner.

Efficacy and quality of service interventions

- Well-informed staff who understand the issues associated with adoption.

- Sensitivity to the needs of those seeking services (in terms of confidentiality, discretion, language used, etc.).
- Staff across all service types and settings appropriately trained regarding adoption issues.
- Ongoing training/professional development opportunities available to staff.
- Clearly articulated conceptual underpinning of the agency/service’s model of service delivery.
- External clinical supervision available to staff.
- Ability to address issues associated with grief and loss, trauma, identity, shame, guilt, rejection, emotions of anger/hurt, difficulties in maintaining friendships or close relationships with family (attachment issues), anxiety, and self-confidence problems.
- Services tailored to relevant “stage of the journey” of individuals.
- Management of clients’ expectations at commencement of support relationship, particularly in relation to search and contact.
- Support and follow-up from the agency involved provided on an ongoing basis.

Diversity

- Services include telephone support, specialist face-to-face counselling, intermediary services to assist individuals approaching lost relatives, assistance in accessing adoption records, and access to trauma-specific specialists.
- Options for both professional and peer supports.
- Range of options for participation (i.e., mixed, mother/adoptee-specific, etc.).
- Range of support levels (e.g., access to support person—on site and follow-up).
- Support, education and information for the other family members is readily available.
- A supply of agencies that are independent from any past adoption practices so that clients are not negatively affected in their recovery journey or by experiences with the service system.

Continuity of care

- Service has formalised links or arrangements with other relevant services for referral or shared care arrangements where own service can’t meet the full range of presenting needs of service users.
- Adoption-related supports are incorporated into existing services and referral networks (such as Family Support Program-funded services, or Medicare-funded psychological services).
- Regular networking activities organised both within and external to adoption-specific agencies.
- Awareness-raising of the impacts and history of past adoptions is prioritised.

Current service system

Consideration of any changes to the current service system for meeting the needs of those affected by forced adoption and removal policies and practices need to take into account the current adoption and out-of-home care systems in Australia. Evidence-based decision-making is of paramount importance.

Stakeholders felt that there is currently a strong pro-adoption lobby, with the focus often about “ownership” of the child, not what is in the child’s best interest. Some of the specific concerns raised by stakeholders included:

- the lack of consideration of the available evidence relating to the longer term impacts of adoption in the current adoptions environment;
- legislative changes to overseas and local adoptions prior to the implementation of the recommendations of the Senate Inquiry;
- attempts to increase the number of babies “available for adoption” in some jurisdictions;
- the assumption that “open” adoptions solves all the problems for adoptees;
- the difficulties in maintaining or enforcing contact with birth families, and the reality that contact diminishes extensively over time; and
- the lack of need for adoption where permanent care orders can provide the stability that children/young people need.

Service delivery models that can respond to the diverse needs of people affected by forced adoptions need to include a range of services that:

- are attuned to the complex symptoms, needs and responses of all those directly affected;
- can provide services across a range of health domains—including mental and physical health, and relationship, social and economic wellbeing;
- can provide intensive and ongoing psychological and psychiatric counselling; and
- can provide flexible and individually focused care.

Support services need to be trauma-informed, aware of grief and loss, and attuned to attachment disruption so that they can:

- complete a thorough assessment and screening process of each client to establish an appropriate treatment plan, which will depend on the individual needs and circumstances of each person;
- be aware of and refer clients to trauma-specific services—for example, trauma-focused psychotherapy interventions;
- provide a service that is understanding and non-judgemental of the needs and necessary coping behaviours that were required of the trauma survivor to function in everyday life; and
- reduce the risk of re-traumatisation among clients.

Options

From the findings of a review of the published literature, an environmental scan of service systems and conceptual models for service improvements in related areas, and findings from the stakeholder workshops and individual consultations, we have developed some detailed lists of options for consideration. The options prioritise coordination and connectivity of existing services and capacity building, rather than creating new services. This will increase the likelihood of sustainability into the future and lay a solid foundation for improved referral pathways.

A. Enhancing mainstream services

Within mainstream health/mental health and social services, the following have been identified by stakeholders as groups of professionals that should be the target of service enhancements:

- medical general practitioners (GPs);
- psychiatrists;
- psychologists in agencies or private practice (including ATAPS providers);
- counsellors and other psychotherapists;

- mental health nurses;
- clinical social workers;
- child/family welfare workers in services funded by the Department of Social Services' Family Support Program and other Australian Government agencies—including psychologists, social workers, family therapists, counsellors, and other welfare workers;
- social support and human services funded by the state and territory governments; and
- aged care professionals and service provider organisations (as many mothers and fathers are now reaching their 70s and 80s).

B. Expand, enhance and build capacity in existing post-adoption support services

Within existing post-adoption specific support services, the following have been identified by stakeholders as agencies or service types that should be the target of service enhancements:

- state/territory-funded Adoption Information Services;
- peer-support groups;
- agencies providing supports for people searching for or making contact with family (including formal intermediary services); and
- the government agencies with whom these other services intersect (e.g., Births Deaths and Marriages registries (BDM), Australian Electoral Commission, state child protection departments, Australian Government Department of Human Services (DHS) and Department of Health).

C. Developing new—and improving existing—resources for professional development and training

For all service providers and agencies covered under A and B options above (i.e., mainstream health/mental health and social services, as well as existing post-adoption specific support services), the following resources, training materials and opportunities for professional development were suggested:

- specific training of post-adoption workers, and general awareness and sensitivity training for broader service providers;
- resources for agencies such as developing Good Practice Guidelines, evaluation resources, etc.;
- regular conferences for post-adoption practitioners, which are also open to mainstream practitioners who find themselves working with people affected by forced adoptions;
- empathy/sensitivity awareness training for officers in information agencies—particularly BDM; and
- brokerage funding, or grants scheme to enhance capacity of existing agencies and support groups.

D. Increasing accessibility and coordination through development of a national web portal

Options canvassed in workshops and consultations included community-based service hubs, one-stop-shops, case management, and a national website. The literature recommends case management for clients who are experiencing severe symptoms, particularly when their symptoms inhibit them from functioning in everyday life or attending scheduled appointments. For these clients, case management helps to aid the effective organisation and delivery of

services. Service hubs or one-stop-shops are an option for addressing the fragmentation problems of the current service system; however, due to costing constraints, they would be difficult to implement. An alternative option may be the “gateway” approach, where specific centres are established to act as “gateways” to appropriate services, providing information, advice and referrals. This option facilitates access to the services and information that clients need from a central service centre.

The most consistently supported option was a national web portal, which would:

- provide integration, enhance referral pathways and reduce duplication in service;
- promote evidence-based practice through development and dissemination of resources;
- be a “virtual” one-stop-shop; and
- centralise resources, databases and points of contact.

For such a web portal to be effective (both in terms of developing content, having it “acceptable” to stakeholders, and keeping it maintained), it needs to be housed in a suitable environment and appropriately resourced. Functions such as increasing accessibility and translating research into meaningful information to meet the needs of practitioners are known as “knowledge translation and exchange” (see Section 9.1).

E. Community awareness and action

One of the major findings of the AIFS National Study, the Senate Inquiry and the current Scoping Study in relation to the current service and support needs of those affected by forced adoption, was the certainty that this would never happen again—a guarantee provided in the National Apology for Forced Adoptions. However, the current national discussion regarding the streamlining of processes for inter-country adoptions, and state-based legislative changes to increase the number of children from the out-of-home care (OOHC) system who are “available for adoption” has featured prominently throughout this study and directly relates to the consideration of how to most effectively meet the support needs of those affected by forced adoption.

There are inherent contradictions in what has been committed to as part of the government’s response to the findings of the Senate Inquiry (including increasing community awareness of forced adoption and removal policies and practices) and current inter-country adoption policies and practices. Further, any such progress in this matter is occurring before the recommendations of the Senate Inquiry have been fully implemented.

Specific considerations for the current government that stakeholders in the Scoping Study identified include:

- Increasing community and professional awareness of the transferability of practices of the past and their potential long-term impacts to the current adoptions (local and inter-country) arena in Australia, and that this awareness is transferred into action legislatively.
- Ensuring that any legislative changes are informed by evidence, not the motivations of parties with vested interests (e.g., new adoption programs—including privatisation of adoptions).
- Reviewing the appropriateness of allocating funding for provision of services to those affected by forced adoptions to organisations who are also involved in current adoptions.
- The act of adoption is permanent and lifelong, and the implications of altering the identity of a child through modified birth certificates perpetuates the falseness of a child’s biological and social history.

Strategies for implementation

Across these five broad areas for enhancing and expanding services, there is a range of different strategies for how to implement these. In the table below, we outline six strategic options that draw together suggestions raised by stakeholders during consultations.

Strategic options for enhancing and expanding services

Strategy	Similar area of service delivery	Domain of influence
1. Local post-adoption networks	Family Law Pathways Network	Enhance quality, coordination, flexibility, and diversity of post-adoption support services
2. Grants to expand existing services focused on outreach; training; and increasing capacity to meet demand	Funding for Family Law Pathways Network to provide training, networking events	Enhance existing services Expand services
3. National web portal	For individuals: Forgotten Australians, Stolen Generations For professionals: Family law, child protection, sexual assault, family violence, family relationships, ACPMH, etc.	Accessibility and coordination Training Resources
4. Knowledge translation and exchange (KTE)	Many areas of child/family welfare work rely on the work of KTE agencies to improve access to research and resources in order to facilitate evidence-informed quality service delivery	Information sharing; resources; coordination for adoption-specific services Access and quality of mainstream services
5. New national services, such as: <ul style="list-style-type: none">▪ Contact database▪ DNA testing & matching▪ International searching	Find & Connect Link Up	Expand services
6. Expand membership, and formalise role of the National Committee of Post-Adoption Service Providers or establish other coordinating body	Most service delivery areas have a strong, national body or committee that provide a coordinated voice and liaison point, set standards, etc. (e.g., NASASV, WESNET)	Training, standards, coordination

1 Introduction

The then Department of Families, Housing, Community Services and Indigenous Affairs (now the Department of Social Services) (“the Department”) has commissioned the Australian Institute of Family Studies (AIFS) to undertake the Forced Adoption Support Services Scoping Study (the “Scoping Study”). The study was conducted between August 2013 and February 2014.

The purpose of the Scoping Study is to develop options for service models that will enhance and complement the existing service system to improve support for people affected by forced adoption and removal policies and practices. The Scoping Study:

- maps the current support available for people affected by forced adoptions;
- determines how the system currently meets the needs of those affected;
- identifies any gaps in the service system; and
- provides service model options for how to complement the existing services to improve the support available to those affected.

AIFS have undertaken the following activities to inform the findings of the Scoping Study:

- a literature review to synthesise previous research on forced adoptions and the impact they have had on people, including the long-term effects and people’s current service and therapeutic needs, as well as reviewing best-practice models for meeting those needs;
- consultations with service providers across all states and territories;
- a map of the services currently available for people affected by forced adoption practices and analysis of the strengths, promising practices, weaknesses, barriers and gaps;
- an environmental scan of existing service delivery models that have levels of transferability to the forced adoptions arena; and
- the development of evidence-based national service model options that will complement and enhance the existing services and fill gaps to better meet the needs and expectations of those affected by forced adoption practices.

The study builds on the work AIFS undertook with the National Research Study on the Service Response to Past Adoption Practices (“AIFS National Study”), the results of which were released on the AIFS website on 17 August 2012 in the research report *Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices* (Kenny, Higgins, Soloff, & Sweid, 2012).

It also extends an earlier review of the Australian research on the impact of past adoption practices published by the Department in April 2010, *Impact of Past Adoption Practices: Summary of Key Issues From Australian Research* (Higgins, 2010).

1.1 Terminology and language

Forced adoption is an incredibly sensitive topic of discussion, with the ability to trigger past trauma. Therefore, consideration must be given to the terminology and language used in reference to forced adoption. Many of the terms used in the literature can be perceived as “value-laden” (Kenny et al., 2012), and in reading the submissions of people affected by adoption made to the Senate Community Affairs References Committee in the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices (“Senate Inquiry”), it is clear that the preferences to terminology used can differ depending on the experience of the person. This report relies on the terminology used by the Senate Inquiry in

their final report (Senate Inquiry, 2012). The Senate Inquiry's choice of language and terminology provides an unbiased approach while clearly differentiating between parties when necessary, as explained in the Senate report:

Wherever possible in this report, the committee has used the term “mother” to refer to a person who has given birth to a child. However, in situations where further clarity is needed, it has used the terms “natural mother” and “adoptive mother” to make a distinction between these parties. Similar distinctions are drawn between “natural fathers” and “adoptive fathers”, and “natural parents” and “adoptive parents” where necessary. (Senate Inquiry, 2012, p. 3)

The committee has used the terms “baby” and “child” when describing adoption processes concerning babies and children. However, when referring to people who were adopted and are now adults, the committee has used the term “adopted person”. (Senate Inquiry, 2012, p. 3)

As recognised by the Senate Inquiry, some readers may not be satisfied with the language of this report; however, the authors believe that the terminology used both provides consideration to individuals and remains comprehensible for the wider audience.

Terms we use wherever possible:

- forced adoption and removal policies and practices;
- illegal removal policies and practices that led to adoption and/or institutional care;
- mothers and fathers;
- adopted individuals,

The Scoping Study includes discussion relating to the experience of trauma for many individuals affected by forced adoption. There are varying terms used in the broader literature surrounding trauma-specific service interventions, including treatment options. Wherever possible, we use terminology that is consistent with the language of specific treatment interventions (which are described in Chapter 4). For more general discussion in the context of the scoping study, “trauma-informed” is considered the most appropriate term to be used for services that are aware of the potential for trauma, training in trauma-based treatments, and/or who are sensitive to the needs of clients affected by trauma. However, this does not imply that all people with an adoption experience are traumatised, or that this is the only kind of harm that can be experienced (see Chapter 4 for further discussion of this issue).

In this report, when we make reference to different types of mental health treatments/interventions/modalities, the mental health workforce and mental health professionals, we use the terminology expressed by stakeholders during the consultations. We acknowledge that this might lead to some apparent inconsistency and may not reflect the language of government departments or specific mental health initiatives. For example, stakeholders often referred to “Medicare-funded” psychological services. These services are funded by the Commonwealth Department of Health's *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative*. We are aware that psychologists are not the only providers of Better Access services.

2 Background

This chapter presents a brief history of forced adoption practices in Australia and the resulting state government and Australian Government senate inquiries that have led to the realisation of this study.

2.1 *History of forced adoption*

During the mid to late twentieth century (1940s to 1980s), it was common practice for babies of unwed mothers to be adopted by married couples. At its peak in 1971–72 there were almost 10,000 adoptions in Australia (Australian Institute of Health and Welfare [AIHW], 2010; 2013). Adoption laws enacted during this period authorised social workers to determine which mothers were “unfit” to raise children and which couples were “fit” to adopt these children (Quartly, Swain, & Cuthbert, 2012). In most cases, these adoptions were “closed adoptions”, where the original birth certificate was sealed and a revised birth certificate was issued establishing the child’s new legal identity with their adoptive family (Kenny et al., 2012).

At hospitals and maternity wards across the country, young unwed mothers were denied any knowledge of their child, including name, gender and location. Many of the infants were taken from their mothers at childbirth as a result of extreme pressure and coercion that they experienced from social workers and hospital staff. This was especially common from the 1960s to the mid 1970s as the approach of a “clean break” for mother and child was thought to provide the best outcome for both (Goodwach, 2003). It has now been recognised that the separation of a child from its mother in this manner was neither moral nor legal (Gillard, 2013). The adoptions that occurred in this way have been termed “forced adoptions”. In the late 1970s and through the 1980s and 1990s, legislative, social and economic changes occurred. These changes gradually began to alter adoption practices, shifting away from the secrecy of forced adoptions. Forced adoption, as noted by the Senate Inquiry, is now understood as “a peculiar twentieth century phenomenon” (2012, p. 3).

The past practices of forced adoption have resulted in lifelong consequences for the majority of those directly involved, particularly for mothers and adopted persons, but also for other family members (Higgins, 2010). Evidence from a recent study into forced adoption practices revealed that the ripple effect of these closed adoption practices spread to other family members and subsequent children (Kenny et al., 2012). Many of those affected by forced adoption policies and practices continue to struggle with ongoing mental, physical and social health problems as a result of their adoption experiences. There is now evidence of the wide-ranging psychological impacts including grief and loss, self-identity issues, anxiety and depression disorders, and symptoms of post-traumatic stress disorder (PTSD) (Kenny et al., 2012).

There has been limited research on these experiences and impacts outside of the *Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices* (Kenny et al., 2012), published by the AIFS. While this lack of research may be attributed to the nature of forced adoption as a recent “phenomenon”, it is also a result of the stigma that has been associated with pregnancy out of wedlock and the secrecy surrounding closed adoption and its practices. These issues, combined with practitioners having limited understanding of how forced adoption has impacted on those affected, have discouraged many individuals from seeking treatment and support.

Over the past three decades, increasing pressure on state and federal governments from organised groups of mothers and adopted people has led to two state inquiries (in Tasmania and New South Wales) and a Commonwealth inquiry. These same groups of people affected by

forced adoption were also instrumental in lobbying for apologies from hospitals and state institutions. As a result of the findings from the state inquiries and the mounting pressure from affected groups, reports of the experiences and impacts of mothers and adopted persons began to be acknowledged through apologies offered by hospitals and state governments.

But I think that society is built on our collective actions and that just as they say an unexamined life is not worth living, an unexamined society can never learn from its mistakes ... Perhaps the time has now come to face the fact that many of the babies given up for adoption—supposedly freely given to more deserving or suitable homes—were actually taken in a spirit of meanness and a moral judgement propped up by dishonesty. But I don't think it is so much a matter of apportioning blame as it is one of society accepting responsibility. (Parliament of NSW: Legislative Council Standing Committee on Social Issues, 2000, Submission 134)

2.2 *State inquiries into forced adoption*

Tasmania

In 1999 the Parliament of Tasmania's Joint Select Committee held an inquiry into forced adoption practices. The inquiry was largely in response to petitioning from two peer-support services: Adoption Jigsaw and Origins (Parliament of Tasmania Joint Select Committee, 1999).

The Committee found that forced adoption practices have had significant adverse affects on mothers, stating:

- (1) Evidence presented to the Committee indicates that the past practices in the administration and delivery of adoption and related services in Tasmania has had a significant personal effect on the witnesses and respondents to this Committee. The services offered to birth parents from 1950 to 1988, particularly those relating to the taking of consents, were undertaken at a time when societal views and pressures were very different from today.

In hindsight, it is believed that if knowledge of the emotional effects on people was available during the period concerned, then parents may not have pushed for adoption to take place and birthmothers may not have, willingly or unwillingly, relinquished their children. Witnesses and respondents, who include some adopted children, would not therefore be experiencing the pain and suffering which continues to influence their lives.

- (2) On the basis of conflicting or insufficient evidence, the Committee could not make any definitive finding as to unethical and/or unlawful practices that denied birth parents access to non-adoption alternatives for their child.

That is not to say such practices did not occur. Due to a lack of records and the death of some potential witnesses, it is not possible to come to a conclusion that any practices were unethical given the background of community standards and departmental procedures of the time.

There were seven recommendations from the Committee, which included offering independent counselling services free of charge, removing fees associated with accessing documents relating to adoption and improving access to the medical history of the birth family. The Tasmanian state government announced no formal response to these recommendations.

New South Wales

On 28 May 1998 the Social Issues Committee conducted an inquiry on behalf of the New South Wales (NSW) Legislative Council.

The final report for the NSW inquiry was published on 8 December 2000 in a report titled *Releasing the Past* (Parliament of NSW: Legislative Council Standing Committee on Social Issues, 2000). In this report the Committee acknowledged that:

Many past adoption practices have entrenched a pattern of disadvantage and suffering for many parents, mostly mothers, who relinquished a child for adoption particularly in the 1950s, 1960s and 1970s. (p. xiv)

The report included a chapter on “The lasting effects of adoption”, which recognised the psychological and physical impacts that resulted from forced adoption practices. Another chapter titled “Measures to assist people affected by past adoption practices”, acknowledged the need for the delivery of support services to assist those suffering from the lasting effects of adoption (Parliament of NSW, 2000). The report also presented a list of 20 recommendations. These recommendations included:

- providing state funding to enhance the services available, by increasing access to services for those in regional/rural areas, and developing resources and training kits;
- reviewing the contact veto provision in the *Adoption Act 2000*;
- waiving the fees and costs associated with the provision of adoption information by the state;
- collaborating with state and territory to improve the consistency of adoption information legislation and procedures across Australia;
- issue a statement of public acknowledgement that the adoption practices were misguided and encouraging services involved in these practices to issue a public apology; and
- establishing a public education campaign.

New South Wales government response

In response to the findings from the *Releasing the Past* report, the NSW government acknowledged the lasting impacts of forced adoption on the parties involved. Furthermore, the government granted funding to the Benevolent Society’s Post Adoption Resource Centre (PARC) to engage a counsellor to train and support staff in rural and regional areas of NSW; to develop resources such as a training guide that can be used by regional and rural counsellors; and to develop an online forum (chat line) to assist in networking and supporting professionals. A further grant was provided for the collation and publication of the experiences of mothers. The government supported the review of the contact veto, relevant legislation and the way that adoption information is accessed (Parliament of NSW, 2001).

2.3 Commonwealth Contribution to Former Forced Adoption Policies and Practices Inquiry

On 19 October 2010 the Premier of Western Australia delivered a parliamentary apology on behalf of state institutions for the practice of forced adoption, stating, “what happened was wrong, we need to acknowledge and state it as wrong” (Fenech, 2010). Following the Western Australian apology, on 15 November 2010, the Commonwealth Senate referred to the Community Affairs Reference Committee an inquiry into the former practices of forced adoption. The terms of reference of the Senate Inquiry were:

- (a) the role, if any, of the Commonwealth Government, its policies and practices in contributing to forced adoptions; and
- (b) the potential role of the Commonwealth in developing a national framework to assist states and territories to address the consequences for the mothers, their

families and children who were subject to forced adoption policies. (Senate Inquiry, 2012, p. 1)

The Senate Inquiry received an overwhelming response to its request for submissions. The large volume and complexity of the submissions resulted in two extensions before the final report was delivered on the 29 February 2012. The Senate Inquiry report presented its view that the Commonwealth had played a limited role in the forced adoption policies and practices, but that the Commonwealth should consider taking a “lead role in addressing their consequences” (2012, p. 281).

Findings from the Senate Inquiry

The report put forward a list of 20 recommendations into the former forced adoption policies and practices in Australia including a national apology to be delivered by the Commonwealth Government, the development of a national framework to address consequences of former forced adoption, and increased funding for relevant support services. (See Attachment A for all 20 recommendations put forward in the Senate Inquiry report.)

Responses to the Senate Inquiry

State apologies

Following the release of the Committee’s final report, apologies for forced adoptions were provided by governments in all remaining Australian states as well as the ACT:

- South Australia—18 July 2012
- Australian Capital Territory—14 August 2012
- New South Wales—20 September 2012
- Tasmania—18 October 2012
- Victoria—25 October 2012
- Queensland—27 November 2012.

National Apology

At the forefront of the Australian Government’s response to the Senate Inquiry’s recommendations, was a national apology to the people affected by former forced adoption and removal policies and practices. The National Apology for Forced Adoptions (the “National Apology”) was delivered on 21 March 2013 by the then Prime Minister, the Hon. Julia Gillard, on behalf of the Australian Government. (For full responses to all of the recommendations put forward by the Committee see Attachment B.)

Notably the apology recognised the long-term impact of adoption and its wide reaching repercussions, and committed to facilitating access to the support needed by those affected. There were a number of aspects in particular that relate to current impacts and service responses:

We know you have suffered enduring effects from these practices forced upon you by others. For the loss, the grief, the disempowerment, the stigmatisation and the guilt, we say sorry. (Gillard, National Apology, para. 7)

We recognise that the consequences of forced adoption practices continue to resonate through many, many lives. To you, the siblings, grandparents, partners and other family members who have shared in the pain and suffering of your loved ones or who were unable to share their lives, we say sorry. (para. 12)

To redress the shameful mistakes of the past, we are committed to ensuring that all those affected get the help they need, including access to specialist counselling services and support, the ability to find the truth in freely available records and assistance in reconnecting with lost family. (para. 17)

Australian Government response to the Senate Committee recommendations

Along with the National Apology, and as part of the Australian Government's response to the Senate Inquiry, the Australian Government announced the allocation of \$11.5 million over the next four years to assist those affected by former forced adoption practices. This included:

- \$5 million to improve access to specialist support services, peer and professional counselling and supported records tracing for those affected by forced adoptions;
- \$5 million to:
 - develop guidelines and training materials for mental health professionals to assist in the diagnosis, treatment and care of those affected by forced adoption practices; and
 - increase capacity under the Access to Allied Psychological Services (ATAPs) program, for general practitioners to refer those affected by forced adoption practices with a mild to moderate mental disorder to mental health professionals who deliver focused psychological strategies services; and
- \$1.5 million for a website and exhibition by the National Archives of Australia to record the experiences of those affected by forced adoption and increase awareness and understanding of these experiences in the community.

Forced Adoption Support Services Scoping Study

Recommendation 8 of the Senate Inquiry report stated:

The committee recommends that the Commonwealth, States and Territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices. (Senate Community Affairs References Committee, p. xii)

The Australian Government specifically noted in their response to this recommendation, that a scoping study would be undertaken “of the services currently available and gaps in the service system for those affected by forced adoption”. The purpose of the Scoping Study is to provide guidance in relation to the:

- establishment of specialist support and counselling services;
- availability of peer-support groups;
- extension of current family tracing and support services; and
- extension of state and territory Find and Connect information services to include adoption service providers.

In August 2013, AIFS commenced the Forced Adoption Support Services Scoping Study, commissioned by the Department. The current document is the report on our findings.

Summary

During the mid to late twentieth century (1940s to 1970s and 1980s in some cases), it was common practice for babies of unwed mothers to be adopted by married couples.

Many of the infants were taken from their mothers at childbirth as a result of the extreme pressure and coercion that they experienced from family, social workers and hospital staff. These practices have been recognised as being unethical, immoral, and often illegal.

There have been two state inquiries and one Commonwealth Senate inquiry into forced adoption practices.

All three inquiries have found that the practices led to long-term impacts on mothers and adopted people as well as fathers, siblings and other family members.

As a result of the Senate Inquiry findings, a national apology was given by the then Prime Minister on 21 March 2013.

The Australian Government allocated \$11.5 million, to June 2017, to provide further support to those affected by forced adoption and removal policies and practices.

The Australian Government commissioned the Australian Institute of Family Studies to conduct a scoping study on the support services available to those affected by forced adoption practices.

3 Study methodology

The methodology of the Scoping Study comprised five distinct components:

- conducting a **literature review** to synthesise previous research on forced adoptions and the impact they had on people, including long-term effects and their current service and therapeutic needs, as well as reviewing best-practice models for meeting those needs;
- conducting nationwide **consultations** with key stakeholders;
- **mapping the services** currently available for people affected by forced adoption practices and analysing the strengths, promising practices, weaknesses, barriers and gaps;
- **scanning the environment** for other models of service delivery that may have applicability in the context of forced adoptions service support options; and
- **developing evidence-based national service model options** that will complement and enhance the existing services and fill gaps to better meet the needs and expectations of those affected by forced removal policy and practices.

3.1 Literature review

One of the purposes of the literature review was to build on the review conducted by AIFS in 2010 (Higgins, 2010), which identified that forced adoption practices have the potential for lifelong consequences for those affected, specifically women and their now adult children, as well as others, such as their families, the father, the adoptive parents and their families.

In particular, the review seeks to:

- examine the existing evidence from the the AIFS National Study (Kenny et al., 2012), regarding the impacts of forced adoption and identify current service and support needs of those affected;
- supplement the evidence from the AIFS National Study by systematically reviewing the relevant Australian and international literature, both descriptive and critical;
- identify the range of services/interventions appropriate for those affected by forced adoptions;
- examine models/systems of care that are utilised in other areas of trauma-informed and related practice that may be appropriate and transferable to those affected by forced adoptions;
- determine how such systems of care have been created to address other community needs and what can be learned in the current study context in developing models/options of care;
- synthesise the findings into a conceptual map of how the needs of those affected by forced adoptions fit together within identified theoretical frameworks.

3.2 Stakeholder consultations

One of the main components of the Scoping Study was the design and conduct of workshops and consultations with relevant services and individuals providing support to those affected by forced adoptions—as well as with agencies and individuals with experience in service delivery models for related areas (with individuals who have experienced significant interpersonal trauma or mental health consequences from events, particularly those that carry shame, secrecy or stigma).

Incorporating the findings from the systematic literature review and relevant information from the AIFS national study (specifically, components of effective service and support models as

identified by participants directly affected by forced adoption), a platform of best-practice principles was developed from which to deliver a series of half-day workshop-style consultations with service providers across all Australian states and territories.

3.3 Service mapping

To supplement the findings of the literature review in relation to the service and support needs of those affected by forced adoptions, an investigation of the current service options available has been undertaken.

A systematic approach was applied to identifying the range of services and supports available in each state and territory to those affected by forced adoptions. This was achieved through:

- extraction of relevant data from the AIFS National Study (Kenny et al., 2012), which identified specific services/support options for those affected by forced adoptions;
- a web-based search of adoption-specific and related services; and
- consultation with existing networks (including relevant participants from the AIFS National Study).

3.4 Environmental scan

Scoping of other health and welfare models of intervention whereby “continuity of care” and “shared care” is viewed as best practice was identified as being of benefit to this study.

We conducted a thorough online search and used our professional networks across a broad range of service-delivery fields in the social/welfare arena to identify relevant models and key learnings that might be transferable to better meeting the needs of those affected by forced adoption and removal policies and practices. For example, the use of integrated care models whereby the skills and expertise of a range of adoption-specific and generalist services can be combined to provide a “continuum of care” for service users, providing them with a range of experience and expertise that is appropriate and adaptable according to their presenting needs.

3.5 Service options/models for implementation

Workforce development and capacity building is a major consideration for this study. Findings from the AIFS National Study identified that the predominant issue faced by individuals affected by forced adoption practices was that there were not enough services available to adequately and appropriately meet their needs, and when services were available, the professionals often lacked knowledge about adoption-specific issues. Furthermore, service providers who participated in the study said that many clients were not aware of the services available to them, and those who were aware often found that the cost of accessing the services made long-term involvement prohibitive.

Synthesising the results from the varying components of the study has provided valuable information as to how the capacity of the existing workforce may be enhanced.

A note on the terms of reference

The terms of reference for the scoping study were largely focused on the services providing targeted support to people affected by forced adoption. Therefore, the service mapping has not focused on mainstream mental health services. There was minimal consultation with mental health stakeholders outside specific forced adoption support services, and no consultation with individual service providers of Commonwealth-funded mental health services such as ATAPS.

Commentary on the nature of these services is derived from information provided by the adoption-specific services.

Importantly, the purpose of the Scoping Study was not to explicitly identify organisations or services to receive additional government funding. Our aim was to provide the government with a report that reflects the identified needs and the responses from stakeholders that address these needs, then present options for both enhancing existing services and addressing unmet needs.

4 Literature review

The aim of this review is to conduct a thorough search, and deliver an informed presentation of the current literature on the impacts, service models and approaches for people affected by forced adoption and removal policies and practices. The review also seeks to determine if there is any existing literature on emerging practices, services and interventions in the treatment of those affected by the impacts of forced adoption.

In particular, the review builds on the work completed by Higgins (2010) and synthesises the existing evidence available from both the AIFS National Study (see Kenny et al., 2012), and the response from the Senate Inquiry (2012) to identify the current support needs of those affected.

To supplement any gaps in the literature, the review also examines the treatment options for people who have experienced other types of traumatic events, such as child sexual abuse or domestic/family violence, recognising the increasing demand for the application of trauma-informed therapies/treatments/supports/services in the context of treatment interventions for those affected by forced adoptions.

4.1 *Framework of the literature review*

There is a considerable amount of primary literature on the long-lasting impacts of adoption in the form of biographies and written submissions to inquiries; however, there is a significant gap in research on the impacts and support service needs of people affected by forced removal policies and practices that resulted in adoption, in both the Australian and international literature. The most comprehensive and most recent study on the impacts of forced adoptions, including forced adoptions, is the *Past Adoption Experiences: National Research Study on the Service response to Past Adoption Practices* (Kenny et al., 2012) published by AIFS. The AIFS National Study has contributed significantly to the design and framework of this report and its accompanying literature review, as have the findings and recommendations of the Senate Inquiry report.

About the National Research Study on the Service Response to Past Adoption Practices

On behalf of the Australian Government and endorsed by the Community and Disability Services Ministers' Conference (CDSMC) on 4 June 2010, the then Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (now DSS) commissioned AIFS to undertake the National Research Study on the Service Response to Past Adoption Practices (AIFS National Study). The aim of the study was to identify the long-term impacts of forced adoption practices and to determine the current support and service needs of affected individuals, including the need for information, counselling and reunion/connection services. In addition, the study aimed to identify the extent to which affected individuals had previously sought support from services and the types of services and support that were sought.

In commissioning the AIFS National Study, the Department intended that the findings be used for developing best-practice models or practice guidelines for the delivery of support services for individuals affected by forced adoption practices. The study included a wide group of those with adoption experiences, including mothers and fathers separated from a child by adoption, adopted persons, adoptive parents, wider family members (to look at "ripple effects"), and those servicing their current needs (counsellors, psychologists and other professionals).

The study incorporated mixed methods (online surveys; a reply-paid survey; in-depth interviews; and focus groups), integrating results from across the different elements of the study. It utilised and built on existing research and evidence about the extent and impact of forced adoption experiences.

More than 1,500 individuals across Australia participated in the study, comprising 505 mothers, 823 adopted persons, 94 adoptive parents, 94 other family members, and 12 fathers. Follow-up individual interviews and focus groups included more than 300 participants, in 19 locations across all states and territories. It also included survey responses from 58 service providers about their views on the current needs and service models for those affected by forced adoption practices.

Consistent views of participants across the range of respondent groups identified the following actions were a priority in order for the service and support needs of those affected by forced adoptions to be adequately addressed:

- acknowledgment and recognition of forced adoption practices (including the role of apologies and financial resources to address current service and support needs);
- raising community awareness of and education about forced adoption practices and their subsequent effects;
- providing specialised workforce training and development for primary health carers, mental health and broader health and welfare professionals to appropriately respond to the needs of those affected;
- reviewing the current search and contact service systems, with a commitment to develop improved service models;
- improving systems for accessing information currently held separately by different organisations in each state and territory;
- reducing the costs and improving accessibility of mental, behavioural and physical health services; and
- ensuring that lessons from forced adoption are learned from and translated where appropriate into current child welfare policies, and that adoption-specific services are created or enhanced to respond to current needs of those affected by forced adoption.

Literature search

The literature search began with a digital literature search using combinations of key search terms across all the databases available through the Australian Institute of Family Studies' EBSCO subscription, which includes search engines such as Academic Search Premier; Australia/New Zealand Reference Centre; E-Journals; PsycARTICLES; Psychology and Behavioural Sciences Collection; PsycINFO; SocINDEX; Women's Studies International. Additional searches from external sources (university libraries) were used to identify relevant literature for this review.

To ensure relevance to the current understanding of forced adoption and current service delivery, the literature search was limited to literature that was published between 2000 and 2013. The literature search was approached in three stages:

- Stage 1: Existing forced adoption support service models in Australia;
- Stage 2: International forced adoption support service models;
- Stage 3: Trauma-informed support service models.

Stage 1: Existing forced adoption support service models in Australia

The first stage of the literature search focused on Australian search databases from the EBSCO subscription. Key search terms derived from the findings of the AIFS National Study were used to search the digital database for research, evaluations and reports on existing support services available to those affected by forced adoption. The key search terms used were: adoption and counselling; adoption and motherhood; adoption and quality of services; adoption and secrecy; adoption and social services; biological family and adoption; closed adoption; forced adoption; past adoption; and post-adoption services.

The search generated more than 200 results. Many of the sources were duplicates, and after the duplicates were eliminated, the results were reviewed for relevance. The majority of the sources were related to the history of adoption and the impacts of adoption in Australia, and were therefore of limited applicability. No directly relevant sources on service delivery models to those affected by forced adoption were found. The result of this literature search clearly demonstrates the lack of current research and literature on the support service needs of people affected by forced adoption.

Stage 2: International forced adoption support service models

The next stage of the search was to expand the databases to include international literature on post-adoption services related to closed or forced adoption practices. The key search terms applied in stage one were used again to search the relevant databases available through the AIFS database subscriptions for the time period of 2000 to 2013. The databases used to search for international literature included:

- Informit;
- SocIndex;
- PsychInfo;
- Google scholar;
- Social Care Online; and
- Cochrane library of systematic literature reviews.

The search generated a number of references; however, most of the results were concerned with the history of adoption and current adoption rather than support services for those affected by forced adoption. No relevant international literature that discussed support services and service models was found.

A source identified to be of some relevance was the research conducted by the Adoption Research initiative (ARi) in the United Kingdom; however, as detailed below, its applicability to the Australian context of the current Scoping Study is limited.

The Adoption Research initiative (ARi) has conducted some key research on post-adoption support services for birth relatives in the United Kingdom (Neil, Cossar, Lorgelly, & Young, 2010). However, the emphasis of the study was on birth families' experiences with support services and the impact of support services for recent adoptions. At the time the study was conducted, the majority of participants had experienced adoption in the past two years, and in many cases the child was adopted 1 to 3 years after their birth. While there are similarities in support needs among birth families who have experienced adoption, the circumstances of people who experienced forced adoption are unique and the resulting impacts are different, particularly in terms of long-term symptoms and the effects of trauma.

A second study conducted by the ARi (Neil, Cossar, Jones, Lorgelly, & Young, 2011) focused on support services for adoptive families and birth families involved in agency-supported post-adoption contact. Again, the focus of the study was on recent contact after adoption. The mean length of time that children had been with their adoptive families was 4.8 years. Therefore, when contact is made the adopted person is still a child. For people who have experienced forced adoption, the adopted persons are now adults, and in some cases they only discovered that they were adopted during their adult life. These cases are likely to have different emotional and therapeutic needs that require support from services because of the amount of time that has passed since the adoption took place.

Stage 3: Trauma-informed support service models

With no relevant results on forced adoption support service models or evaluations, the next stage of the literature search examined the components needed to deliver a support model, in particular trauma-informed services. This direction was informed by the AIFS National Study and the Senate Inquiry report, as there is an increasing awareness of the link between trauma and the experiences of forced adoption (Higgins, 2011; Kenny et al., 2012; Parliament of NSW: Legislative Council Standing Committee on Social Issues, 2000; Rickarby, 1995; Senate Community Affairs References Committee, 2012). In particular, the literature was reviewed for relevance and examined to determine whether it might be transferable when developing a model for people affected by forced adoption (e.g., the applicability and evidence base for online therapy, group therapy).

Three categories of search terms were used in combination:

- *service-related terms*: services, support, treatment, models, group therapy, peer support, counselling, online or web counselling, telephone counselling;
- *trauma-related terms*: interpersonal trauma, post-traumatic stress disorder (PTSD), trauma-informed, complex-trauma, trauma-aware, trauma and depression/grief; and
- *experience-specific terms*: child sexual abuse, rape, domestic violence, and family violence.

This search generated hundreds of results, which were screened for relevance and applicability with consideration to the treatment of trauma-related symptoms such as PTSD. The results of this stage of the literature search are presented in a later section.

Having presented the results of the literature search, the review will now discuss the findings in the published literature, according to the distinct aims of the review:

- examining the impact of forced adoptions, including long-term effects;
- examining the utilisation of support services by those affected by forced adoption;
- examining the current service and therapeutic needs of those affected;
- reviewing practice interventions that are appropriate for meeting those needs; and
- examining potential modes of delivery for such interventions.

4.2 The effects of forced adoptions

A significant finding of the AIFS National Study was the level of engagement with some kind of formal support in relation to the experience of adoption, particularly for mothers and adopted persons, indicating the ongoing effects that this life event have had.

The literature examined in this review most predominantly highlights the psychological impacts of forced adoptions, which are often significant and long-term. The AIFS National Study (Kenny et al., 2012) and the Senate Inquiry (2012) identified that the most common

psychological symptoms among mothers, adopted persons and fathers included attachment issues, identity issues, grief and loss, depression, anxiety and post-traumatic stress disorder (PTSD) symptoms. Furthermore, Rickarby (1995) noted in his written submission to the NSW Parliamentary Inquiry that pathological grief, personality damage, and psychiatric disorders such as PTSD, anxiety disorders, dissociative disorder, and alcohol and other drug dependency disorders were common reactions among large numbers of mothers who experienced forced separation from their child.

Although much of the literature on the impacts of forced adoption has focused on the grief and loss experienced by the mothers and adopted individuals, it is becoming increasingly accepted that the forced adoption experiences of many mothers and fathers has resulted in similar stress responses typically associated with those who have been exposed to trauma, such as depression, anxiety and PTSD (Higgins, 2011; Kenny et al., 2012; Parliament of NSW: Legislative Council Standing Committee on Social Issues, 2000; Rickarby, 1995, n.d.; Senate Community Affairs References Committee, 2012). Some adopted persons are also experiencing similar stress responses, either as a result of their adoption experiences or because of childhood abuse or neglect growing up. An emerging approach, therefore, for treating people who experienced forced adoption, particularly mothers, is by contextualising their experiences through a trauma-informed lens.

The following sections provide a more detailed description of the psychological responses to forced adoptions as reported in the literature reviewed for this study.

Depression

Mothers, in particular, and some adopted persons have reported that they are suffering from the effects of either severe depression or ongoing depressive symptoms (Kenny et al., 2012; Senate Community Affairs References Committee, 2012). Findings from the AIFS National Study identified that almost 30% of adopted persons and 46% of mothers were likely to have a moderate or severe mental disorder at the time of study participation (as measured by the Kessler Psychological Distress Scale [K10]) (Kenny et al., 2012). Many adoptive parents also believed that mental health disorders including depression were evident in their adopted child (Kenny et al., 2012).

For mothers, their depression is further complicated by the prevalence of pathological grief, and, for many, the coexistence of PTSD symptoms resulting from the traumatic circumstances in which the separation from their child took place. Depression is one of the most common comorbid disorders for PTSD (Briere & Scott, 2013).

Rickarby (1995) noted that some mothers are experiencing major depression, which is often triggered by commemorative days such as birthdays or from close contact with other children. Major depression is a severe depressive disorder, where severe depressive symptoms are experienced for most of the day for at least two weeks at a time (Rickarby, 1995). People experiencing major depression or depression that is directly related to trauma are also at increased risk of suicide (Briere & Scott, 2013; Rickarby, 1995). There were numerous accounts by the participants in the AIFS National Study and those who made submissions to the Senate Inquiry of both their own experiences of suicidal ideation and/or suicide attempts, as well as reporting that members within the adoption community known to them had taken their own lives.

Grief and loss

The Senate Inquiry (2012) heard from a significant number of submitters who expressed how they had carried with them for many years, unresolved feelings of grief and loss. It was also a common theme among respondents in the AIFS National Study (Kenny et al., 2012).

Adoption by its very nature is centered on the concept of loss. Mothers, fathers, extended family members, adoptive parents and adopted persons all experience loss through adoption. Adoptive parents can experience loss prior to adoption—for example, through infertility or failed pregnancy. Mothers and fathers experience the loss of a child that they are genetically connected to, as well as the opportunity to fulfill a parenting role (VANISH Inc., n.d.). Adopted persons can experience the loss of not only their mothers and fathers, but ties to their extended family members, family tradition, the family name and their genetic identity (Goodwach, 2003). As one submitter to the Senate Inquiry (2012) explained:

Given away at birth, I was stripped of my innate identity, my intrinsic heritage and formally given a new name and family. I grew up with a profound sense of duality—of being part of a family and yet very much separate from them. (p. 78)

The loss for adopted persons can remain unresolved, because they know that they have been raised separately from their family of origin, a family that they are biologically connected to (Robinson, 2002). Furthermore, the loss experienced by adopted persons becomes more complicated because they are often expected to feel grateful for their losses, “lucky” to have been brought up in a good home (Smit, 2002).

Robinson (2007) suggested that although fathers and other family members grieve the loss of children through adoption, for each their grief encompasses its own qualities; for example, fathers feeling powerless to do anything, and that they had no choice or voice at the time of the adoption. However, the grief may not be the same as the grief experienced by mothers, who formed a bond with the unborn child during pregnancy and gave birth to the child. The mother often feels responsible for the separation and therefore feels responsible for the loss itself. In most cases, the mother also lost the approval of her parents, and, as a result, felt that she lost a sense of her own goodness and a part of herself (Goodwach, 2001); further, it is now well established that this own sense of “goodness” was marred by the loss of approval of the broader community as a whole (Kenny et al., 2012).

Pathological grief

Individuals who do not undertake the normal grieving process are susceptible to pathological grief—the result of an abnormally prolonged grieving process that has maladaptive impacts (Bloch & Singh, 2010). Rickarby (1995) suggested that pathological grief underlies many of the other damages experienced by mothers subjected to forced removal policies and practices.

The continued silence and shame that many mothers and fathers were forced to live with after separation from their child, and not feeling as though they were entitled to grieve, precluded the normal grieving process and has resulted in pathological grief for a large number of mothers and fathers affected by forced adoption. Further, the grief associated with adoption is often unresolved and the loss is not recognised by others, particularly when the adoption is shrouded in secrecy. As one mother who participated in the AIFS National Study explained:

What can you grieve that you never saw/touched/held? How can you grieve something that you were told to forget as though it never happened? (Kenny et al., 2002, p. 62)

Doka (2002) referred to grief of this kind as “disenfranchised grief”, because the grief cannot be “openly acknowledged, socially validated or publicly observed” (p. 5). Doka (2002) also noted

that disenfranchised grief can occur when the relationship is not recognised, the loss is not acknowledged or the griever is excluded from the need to mourn. Robinson (2002) suggested that mothers who have lost children through adoption fit all of these criteria.

A mother separated from her child through forced adoption experiences a grief that is disenfranchised in several ways:

- The shame and secrecy surrounding the adoption forced mothers to suppress their grief.
- The issuing of a birth certificate with the adoptive mother's name on the certificate is public denial of the relationship between the birth mother and child, as well as the existence of the mother and therefore her loss.
- There was no community or, in many cases, family support or recognition that mothers had suffered a loss.
- There were no socially accepted rituals to promote productive grieving for mothers who had lost a child through adoption.
- Mothers were expected to see the adoption as a positive event because they were told, "they were doing what was best for the baby", which therefore invalidated their grief.
- Mothers were expected to "get over it" and subsequently felt weak that they were unable to "move on with their lives" (Robinson, 2002; 2007).

Coles (2008) highlighted that although fathers did not form a bond with the unborn baby in the same way that mothers did during pregnancy, fathers also suffer from a form of disenfranchised grief due to many of the reasons noted above.

For adopted persons in the AIFS National Study, the experience of silence was also identified as impacting on the capacity to grieve; grief over lost connections to family, identity and, for many, the realisation that the family who had raised them had not always been honest with them about their adoption (Kenny et al., 2012). As two participants explained:

I have a number of adopted friends and all feel unable to be truthful for fear of hurting both sets of mothers/parents. It is a taboo area for discussion. My sister and I will not be able to publicly voice our experiences truthfully until our parents are deceased. (p. 119)

For adoptees, we have largely had to remain silent until we are in a room on our own. If we say what we really think, we run the risk of being rejected by our adoptive parents and being seen as ungrateful. (p. 119)

As a result, long-term pathological grief can influence an individual's ability to maintain and form long-term relationships, and alter a person's personality (Rickarby, 1995; Young, 2004).

Anxiety

It is evident that adopted persons, mothers and some fathers affected by forced adoption have or are continuing to experience symptoms associated with panic disorder, generalised anxiety and other anxiety disorders (Kenny et al., 2012; Senate Inquiry, 2012). Anxiety symptoms and disorders are common responses among people who have been exposed to trauma (Briere & Scott, 2013).

Mothers may be experiencing anxiety as a result of the traumatic process of being forced to relinquish their child, from the breach of trust they experienced from institutions, social workers and in many cases their own families, or as a result of the high amount of stress that they are likely to experience on anniversaries or commemorative days such as Mother's Day and Christmas.

Adopted persons are likely to be experiencing anxiety symptoms because of the psychological effects resulting from the trauma of early separation and feeling as though they were “abandoned” at birth. These anxiety symptoms can manifest in later relationships, affecting an individual’s ability to form or maintain relationships, and can be intergenerational.

Post-traumatic stress disorder (PTSD)

It is common for people to develop PTSD following exposure to a traumatic event.¹ The AIFS National Study (Kenny et al., 2012) identified that PTSD symptoms were evident in many mothers and fathers affected by forced adoption. Although only a small number of fathers participated in the study ($n = 12$), almost all showed some symptoms of PTSD. Sixty-four per cent showed severe PTSD symptoms and 37% were likely to have PTSD. More than half of the mothers who participated in the study were likely to meet the diagnostic criteria for PTSD based on their responses at the time the study was completed. Only one in five mothers in the study had few PTSD symptoms (Kenny et al., 2012).

PTSD definition and symptoms

Post-traumatic stress disorder was initially developed as a way of recognising the adverse reactions of trauma experienced by veterans of the Vietnam War. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), trauma is the experience of being exposed to a stressor involving actual or threatened death, injury or sexual violation (American Psychiatric Association, 2013). PTSD is the result of exposure to a traumatic stressor leading to:

- intrusion symptoms—for example, flashbacks, traumatic nightmares, intrusive memories;
- avoidance—for example, avoidance of trauma memories and related thoughts or feelings;
- negative alterations in cognition and mood—for example, distorted negative beliefs of self and the world, excessive blame, detachment; and
- alterations in arousal and reactivity—for example, irritable or aggressive behaviour, self-destructive or reckless behaviour, concentration problems (American Psychiatric Association, 2013; Nemeroff et al., 2013).

The symptoms need to persist for greater than 1 month, causing distress or functional impairment not due to medication, substance use or any other illness (American Psychiatric Association, 2013).

The DSM definition has, however, been criticised by many clinicians because the requirement that a traumatic event must involve the threat of death or injury is considered too narrow (Anders, Frazier, & Frankfurt, 2011; Briere & Scott, 2013), and it does not capture the broad range and types of traumatic experiences or distinguish the differences between types of trauma (Sanderson, 2010). Because the DSM definition fails to include threat to psychological integrity as a traumatic event and does not consider “highly upsetting but not life-threatening events” to be traumatic, Briere and Scott (2013) argue that the extent of actual trauma in the general population is profoundly underestimated. Although people directly affected by forced adoption, particularly mothers, do not meet the DSM criteria for trauma as “life-threatening”, they have reported similar stress reactions and responses that are consistent with the broader literature on PTSD (Kenny et al., 2012).

While traumatic experiences are relatively common among the general population, many people who have been exposed to traumatic stressors are able to go on with their lives without

¹ For more information refer to the Australian Centre for Posttraumatic Mental Health, <www.acpmh.unimelb.edu.au>.

developing PTSD (van der Kolk & McFarlane, 1996). Similarly, not all mothers separated from a child through adoption have experienced traumatic responses. However, some people centre their lives on the traumatic event, and experience “involuntary intrusive memories” as a way of responding to the experience (van der Kolk & McFarlane, 1996, p. 5). Although many people who experienced forced adoptions have been able to live their lives without developing PTSD or associated symptoms, there is evidence to suggest that many have been severely affected by their adoption experiences and these experiences have continued to impact on their lives (Kenny et al., 2012; Senate Inquiry, 2012).

Complex PTSD and symptoms

An area that is often debated in the literature is whether separate diagnostic criteria for PTSD and complex PTSD should be recognised in the DSM definition. Researchers identified that the effects of certain types of trauma, such as child sexual abuse, were, although post-traumatic, significantly different from PTSD (Courtois, 2008).

Complex PTSD may be the result of chronic interpersonal trauma and generally develops from exposure to stressors that are:

- repetitive or prolonged;
- often interpersonal in nature, involving harm or abandonment by responsible adults;
- occurs at developmentally vulnerable times in a victim’s life; and
- results in symptoms including dissociation, emotional deregulation, relationship difficulties, affect regulation, identity issues and somatic distress (Briere & Scott, 2013; Courtois, 2008).

Although complex trauma is not formally recognised as a separate entity in the DSM definition, the term “complex trauma” is frequently used in the mental health and service provision fields as a way of identifying the range of symptoms that are experienced but not covered by PTSD, particularly when the trauma has an ongoing element (Wall & Quadara, 2014). While most frequently applied to the setting of child abuse or neglect, complex trauma may be applied to people affected by forced adoption because the trauma involved was:

- highly interpersonal in nature, involving maltreatment by institutions in a position of trust and authority;
- many mothers were rejected by their families who failed to protect and support them;
- the traumatic experience occurred for many mothers at a young age during a particularly vulnerable time;
- many mothers were continually re-traumatised by the thought that their children who were adopted grew up thinking they were not wanted; and
- repeated re-traumatisation through the experiences of everyday life from having lost a child, such as birthdays, seeing other mothers and their children in the street, or revisiting hospital environments or general practitioners (i.e., the professionals who were often involved during the pregnancy, birth and subsequent separation from their son/daughter).

The initial traumatic experiences of those affected by forced adoption is not prolonged or repeated in the way that childhood abuse or domestic violence victims experience repeated trauma; however, the potential for re-traumatisation throughout everyday life events such as birthdays or visits to a general practitioner, which many people would perceive as normal day-to-day activities, is very high, thereby forcing people to re-experience their traumatic event. For example, many participants in the AIFS National Study (Kenny et al., 2012) and submitters to the Senate Inquiry (2012) reported that the birthday of the child from whom they were separated was a particularly hard time, often forcing them to relive the events of the trauma. Similarly, a

general practitioner who has limited or no knowledge of the experiences of people affected by forced adoption increases the risk of re-traumatisation by dismissing the specific needs of those affected or failing to connect the symptoms to trauma.

Attachment issues

Children who fail to establish secure attachments to caregivers in infancy and early childhood may develop ongoing attachment issues that persist into later life and can manifest as personality disorders, abnormal relationships with others and a disturbed sense of self (Bloch & Singh, 2010). Furthermore, adopted persons are at an elevated risk of suicidal behavior that may be the result of attachment issues or early trauma (Keyes, Malone, Sharma, Iacono, & McGue, 2013).

The AIFS National Study (Kenny et al., 2012) and the Senate Inquiry (2012) reported that attachment issues, including identity problems, feelings of abandonment, low levels of self-worth and problems forming and maintaining relationships, were common themes among adopted persons. These issues were not contingent as to whether or not the adopted person had a positive or negative experience growing up with their adoptive families (Kenny et al., 2012). Many adopted persons continue to live in fear of abandonment. As one submitter to the Senate Inquiry (2012) recounted:

As for me, being separated from my parents and being brought up by strangers left me with identity confusion, a sense of not fitting, of being a fraud, an inability to maintain relationships and a belief that I was unlovable. (p. 78)

The impaired capacity to form and maintain relationships due to their adoption experience was an issue for many mothers who participated in the AIFS National Study. This highlights the complexity of attachment-related issues for this cohort. Both anecdotal and quantitative evidence reported in Kenny et al. (2012) provides further understanding of many mothers' difficulty in forming attachments with subsequent children and partners. Significantly, this impaired capacity was so extreme for some that they never went on to have further children or engage in a relationship. As one mother described:

The only way I could move on was to suppress any maternal feelings. I was so successful that as a result I do not have any other children. (p. 63)

Summary

There is increasing recognition of the potential for trauma for those who have been subjected to forced adoption policies and practices, and of the value of a “trauma-informed” or “trauma-aware” approach to service delivery.

The impacts of forced adoptions are in many instances, long-term. The most common effects of forced adoption are psychological and emotional, and include:

- depression;
- anxiety-related conditions;
- complex and/or pathological grief and loss;
- post-traumatic stress disorder (including complex PTSD);
- identity and attachment disorders; and
- personality disorders.

4.3 Service utilisation

There is limited evidence existing outside of the AIFS National Study (2012) and the Senate Inquiry report (2012) that specifically targets service utilisation by those affected by forced adoptions. This section of the literature review presents information regarding the use of services by those affected by forced adoptions as described most predominantly by Kenny et al. (2012).

The AIFS National Study (Kenny et al., 2012) reported varied experiences from the respondent groups in both the type of service used and levels of satisfaction with that service. The most predominant service types reportedly used by study participants were information, search and contact services, peer-support groups, and formalised counselling from a private provider. The study found:

- more than half of adopted persons and almost 70% of mothers had used information and/or search/contact services;
- mothers and adopted persons also used support from peers and one-to-one psychological counselling;
- fathers had little support from formal services;
- some relied on support groups and others relied on search and contact services only; and
- other family members most commonly accessed formalised counselling services, as well as informal support from family and friends.

Information, search and contact services

Numerous services exist nationally that provide assistance for people affected by past adoptions to access their adoption records. In addition, short-term counselling on the receipt of adoption information, and assistance with search and contact may also be provided.

For participants in the AIFS National Study who had used such services, varying levels of satisfaction were reported. While 76% of mothers in the study who had tried to find information about their son/daughter from whom they were separated said that they had used the services of an information or contact/reunion agency, less than 20% indicated that this type of service was one they had used as a source of support. Although most of this latter group found these services to be either somewhat helpful or very helpful, qualitative accounts of the use of

information, search and contact services more generally, showed high levels of dissatisfaction with such services.

Almost 90% of adopted individuals in the study had tried to find information about their families; however, just over half (53%) indicated they had used information and/or search and contact services. The experiences of using these service types were generally more positive than those of the mothers in the study, however there were still significant issues reported by participants, some of which are highlighted below.

The Senate Inquiry (2012), the AIFS National Study (Kenny et al., 2012) and the NSW Parliamentary Inquiry (2000) outlined a number of barriers for those trying to access information, including:

- cost—having to pay for information and copies of documentation about their own birth or the birth of their children;
- long delays in obtaining adoption information;
- difficulty in navigating the search and contact “system” (or systems), particularly when conducting searches in other states or territories;
- encountering negative staff attitudes, inexperience, and lack of sensitivity and professionalism (suggesting significant workforce training and development is needed); and
- lack of support for individuals trying to access records and lack of ongoing counselling support or guidance throughout the search and contact process, and afterwards—for example, before, during and after the reunion or connection.

The Senate Inquiry (2012) noted that this lack of support works against an individual’s rights to know information about their own family. They concluded:

Complicating factors surrounding access to information can include uncertainty about when and where the adoption took place, and the situation where an adopted person has two birth certificates that are sometimes not accessible to those conducting the search. (p. 273)

The Senate Inquiry report (2012) recommended that the Commonwealth extend the existing program for family tracing and support services to include adoption records and policies, with organisations such as Link Up Queensland and Jigsaw used as a blueprint (see p. 273).

Counselling and mental health care services

According to the literature, counselling and mental health care services can perform a range of functions for those affected by forced adoptions:

- a way of providing concrete reparation;
- support for general difficulties, often described as “ongoing trauma”, which can be experienced continuously, periodically (in response to external events, or “triggers”), or at “random” and include clinical diagnoses such as depression, anxiety, and PTSD;
- help clients deal with emotions such as grief, loss, guilt or loneliness;
- support clients with forming and maintaining positive relationships with others, including partners and subsequent children, with family and relationship breakdowns, and with parenting difficulties;
- support clients construct a positive personal identity;
- provide support for clients dealing with feelings of loss, abandonment and grief;
- provide support for clients presenting with physical health issues (including disabilities), and substance abuse; and

- provide support for clients presenting with mental health problems or trauma “triggered” by contact/reunion processes.

Specialist post-adoption support services offer a range of services including counselling; however, the most common type of formalised support used by mothers as reported in the AIFS National Study was that provided by a registered psychologist or psychiatrist (29.1%) or a social worker or counsellor (22.2%). Just less than one-fifth of participating mothers reported the use of a registered adoption support service (18.6%). Adopted persons were likely to have used the support of a registered psychologist or psychiatrist (25.4%), relatively equally to that of an adoption support service (23.7%). Similar numbers of participants indicated obtaining support from a social worker or counsellor—around 21%. Of the mothers who had received support from a registered psychologist or psychiatrist, they were likely to have found these services to be either very helpful or somewhat helpful, and similar results were found for the smaller number of participants who had used a registered adoption support organisation for support. With high levels of formalised support services used among adopted individuals in the study, it was more commonly reported that services were somewhat helpful, rather than very helpful in most instances (Kenny et al., 2012).

Both the AIFS National Study and the Senate Inquiry identified that specialist training in adoption-specific grief and loss counselling for mental health professionals as an important service provision need for supporting people affected by forced adoption.

Peer support

Peer-support groups are typically run and facilitated by members who have had a personal experience of forced adoption. The types of services that may be included are regular group meetings, online forums, information sharing and advocacy.

The Senate Inquiry (2012) provides a succinct definition of peer supports in the context of past adoptions:

Peer support groups are often formed amongst people with a shared experience of having endured particular suffering. These groups are attended and often facilitated by individuals who have experienced the same or similar trauma to those seeking help. Members have a special connection through their shared testimonies and can relate to each others’ life-story in a unique way that they feel counsellors and other trained professionals are not able to. Support groups also facilitate the giving of useful and practical advice borne out of real-life experiences and the wisdom of others who are on a similar path to healing. (p. 226)

Around one quarter of mothers who participated in the AIFS National Study reported that they had used a support group, and most were likely to have found the emotional support they received as being very helpful. Adopted individuals reported much lower levels of use of support groups—just under 13%, but similar to mothers, they found the emotional support provided in this setting to be predominantly very helpful.

Kenny et al. (2012) reported:

Many respondents from across the different participant groups saw the value of peer support. It can be a safe space where there are others with shared experiences. However, some of the issues people have had were if there were competing interests or needs within the group (particularly if both “birth” parents and adoptees were in the same group), the lack of regulation, quality of facilitation, and the distance of venues. (p. 177)

Both the Senate Inquiry (2012) and the findings from the AIFS National Study (Kenny et al., 2012) acknowledged that there is a role for peer support in the delivery of a service model for people affected by forced adoptions. The NSW Parliamentary Inquiry (2000) also noted the importance of support groups in offering a valuable service for people looking for support among those who have shared similar experiences.

However, in examining the role of peer support in the support service network, the Senate Inquiry (2012) concluded that:

Some individuals are greatly assisted by peer support groups, and others are not. The committee believes that, for counselling purposes, government funding should be made available only to qualified counsellors. It believes that it may be appropriate to fund peer support groups for other activities, such as information-sharing, documenting of experiences, or assistance with information searches and memorial events. (p. 231)

Service and support needs

Having examined some of the experiences of those who have used support services to assist with the impacts of past adoptions, messages that were identified by the different respondent groups in the AIFS National Study (Kenny et al., 2012) in relation to their current service and support needs are summarised below.

Mothers

The key areas of service provision needs identified by **mothers** were:

- access to appropriate and targeted **mental and physical health services** to deal with the consequences of trauma and other ongoing impacts of their adoption experiences;
- opportunities to **tell their story**;
- venues and forums for **connecting with others affected by past adoptions**—including peer-support options;
- **assistance with making contact with family**—such as access to “Find & Connect” or similar style services staffed by trained and experienced professionals;
- access to **targeted and specialised counselling** to assist with responses to making contact or trying to establish a relationship with their son/daughter from whom they were separated by adoption;
- **ongoing counselling** provided by trained professionals that targets the specific needs of mothers including issues associated with *trauma, identity as a mother, attachment, grief, loss, guilt, and loneliness*; and
- access to **information about their child’s birth**, including hospital/maternity home records, and original birth certificates.

Adopted persons

The key areas of service provision needs identified by **adopted persons** were:

- **access to their own information**, such as original birth certificates (preferably through a national, centralised system) and medical histories of their family of origin, regardless of contact/information vetos;
- **opportunities to tell their story** to increase public and service professional awareness of their particular experiences and subsequent needs;

- venues and forums for **connecting with other adopted persons** as a means of validating and normalising their experiences;
- **assistance with making contact with family**—such as access to “Find & Connect” or similar style services staffed by trained and experienced professionals;
- **supportive counselling while making contact**, trying to establish a relationship with families of origin and navigating the complexities of such newly established relationships; and
- **ongoing counselling** provided by trained professionals that targets the specific needs of adopted persons, including issues associated with identity, attachment and abandonment.

Fathers

The key areas of service provision needs identified by **fathers** were:

- opportunities for their **voices to be heard** about their experiences, given the often overlooked/neglected recognition of their place in the adoption circle;
- opportunities to **connect and engage with other fathers** who were disconnected from children through adoption;
- establishment and promotion of **peer-support groups** for fathers in order to encourage engagement;
- **supportive counselling** to assist with responses to making contact or trying to establish a relationship with their son/daughter from whom they were separated by adoption;
- **assistance with making contact with family**—such as access to “Find & Connect” or similar style services staffed by trained and experienced professionals; and
- **making records accurate**—including retrospective inclusion of their names on their child’s original birth certificate.

Other family members’ perspectives

The key areas of service provision needs identified by **other family members** were:

- support to help them deal with **traumatised family members**;
- assistance and support with contact and reconciliation with “the lost” relative;
- **public acknowledgement** and greater awareness of past practices and their impacts; and
- **improved access to information** about the family of origin—for example, medical history.

Service providers’ perspectives

The key areas of service provision needs identified by **service providers** were:

- **financial support** for the development and conduct of training, materials and resources in adoption-specific issues, and to improve access to counselling services for people affected by past adoption practices;
- **greater awareness of the underlying issues** caused by past adoption experiences and the services available;
- **greater awareness in the media, government and related agencies** to validate the experiences of those affected by past adoption practices; and
- **the development of a system-wide network** that connects people to counselling services, support services and related services.

The following section will now examine the literature as it pertains to treatment interventions that may be considered appropriate in addressing the psychological and emotional needs of those affected by forced adoptions.

4.4 Psychological treatment interventions for those affected by forced adoptions

As identified in the literature, difficulty arises in treating people affected by forced adoption because of the diverse needs and wide range of symptoms experienced by mothers, fathers and adopted persons. While recognising these diverse needs, the evidence examined shows the predominance in the literature of the psychological and emotional impacts of past adoptions.

Accordingly, trauma-focused interventions are becoming increasingly recognised as an imperative area of consideration for many affected by forced adoptions. This section will therefore begin by providing a more detailed examination of trauma-focused theory and associated interventions, supplemented by a brief overview of the treatment interventions appropriate for managing other psychological symptoms that were presented in Section 4.2.

Trauma-informed approaches

The literature on treatment approaches for people who have been exposed to trauma focuses on PTSD, because it is the dominant framework through which mental and social health responses and reactions to trauma are understood (Wall & Quadara, 2014). As described above, more than half of the mothers and the majority of fathers who participated in the AIFS National Study had symptoms associated with PTSD (Kenny et al., 2012). Approaching treatment through a PTSD framework acknowledges that trauma *may* be prevalent, that it *may* be the underlying cause of many of the related symptoms that people are presenting with, thereby allowing the clinician to make a proper assessment and diagnosis, while at the same time, acknowledging and legitimising the experiences of all people affected. Sanderson (2010) noted that the failure to connect symptoms to trauma can make survivors feel as though they are abnormal, leading to stigmatisation and re-traumatisation.

The trauma experienced by people affected by forced adoption is unique. There is no doubt that PTSD symptoms are evident among many people affected, and in some cases the symptoms are severe, which also suggests that a portion of people may be experiencing aspects of complex PTSD. It is important to recognise that the needs of individuals suffering from complex trauma may require altered treatment methods or more long-term counselling because the psychological effects they are dealing with may be more severe or have been ongoing for quite some time.

Practice example: Trauma-informed services for survivors of child sexual abuse

An example of the parallels existing between survivors of complex trauma that enables the impacts of forced adoption to be more clearly contextualised, is found in a report by the Australian Institute of Family Studies that has examined the therapeutic needs of adult survivors of child sexual abuse (Quadara, Higgins, Nagy, Lykhina, & Wall, 2013). It is beneficial to identify the needs of complex trauma survivors such as adult survivors of child sexual abuse because of:

- the similarities in the symptoms and impacts exhibited in people affected by forced adoption; and
- the prolonged and repeated nature of the trauma of forced adoption that many mothers experienced that is similar to adult survivors of child sexual abuse.

The short-term effects of survivors of child sexual abuse outlined in Quadara et al. (2013)—anxiety, depressive symptoms and disorders, PTSD, insecure attachments to others, disruptive behaviour and social withdrawal—are consistent with the responses of many of the individuals who experienced forced adoption. The long-term effects of people affected by forced adoption and adult survivors of child sexual abuse are also similar, particularly in the areas of mental, emotional, social and quality of life effects. Because many of the effects are long-term, the report identified that intensive and sustained interventions across a range of different domains—mental and physical health, relationship, socioeconomic wellbeing—are required, particularly when the abuse has been ongoing.

Another significant similarity in the experiences of and the effects on adult survivors of childhood sexual abuse and those affected by forced adoption practices is the hidden nature of both these traumatic events. Many victims of child sexual abuse experience feelings of shame and embarrassment, and ultimately don't seek treatment because of these feelings. Survivors of hidden trauma often withdraw from others for fear of exposure, which ultimately delays the recognition and treatment of trauma. Because of societal views of the time and the stigma associated with pregnancy out of wedlock, many mothers who experienced forced adoption were made to keep their experiences a secret, a secret perpetuated for many to the present day. They had no support or acknowledgement from the community or, in most cases, their family.

Support options

Quadara et al. (2013) outlined a comprehensive model to meet the needs of adult survivors of childhood sexual abuse that involved both specialist and non-specialist service sectors, based on evaluation of a variety of interventions, trauma models and what adult survivors of child sexual abuse identified as required support needs. In particular, the report noted the importance of service providers adopting a trauma-informed approach to their service provision, and that because many of the effects are long-term, intensive and sustained interventions and support services across a range of different domains of wellbeing are required.

No single type of intervention was found superior in their review, although group interventions, either alongside or combined with individual therapy, were thought to have the most positive outcomes. For example, Briere and Scott (2013) noted that numerous studies have identified that a support network is “one of the most powerful determinants of the ultimate effects of trauma” (p. 24). In terms of trauma recovery, this highlights the importance of the therapeutic relationship in trauma treatment (Briere & Scott, 2013).

A comprehensive service system for specialist services working with adult survivors of child sexual abuse should:

- have a sound understanding of the trauma type (e.g., child sexual abuse), including the range of diverse symptoms and its impact on emotional, mental, physical and social health;
- demonstrate how a particular service targets specific trauma responses—for example, depression, anxiety, PTSD;
- provide clients with an evaluation of emerging and best-practice treatments of trauma;
- engage highly skilled practitioners who are prepared to participate in specialist training and development;
- provide long-term therapeutic interventions; and
- understand the differing impacts of trauma for individuals from different cultural backgrounds and be able to provide culturally appropriate interventions (Quadara et al., 2013).

Role of non-specialist services

Non-specialist or generalist services—GPs, alcohol and other drug services, physiotherapists, and mental health services—play an important role in terms of meeting the needs of child sexual abuse and trauma survivors by providing referral advice, information and other medical support for trauma-related, but not specific, symptoms (Quadara et al., 2013). However, because of the potential emotional, mental and physical instability of trauma survivors, Quadara et al. concluded that in order to be trauma-informed, non-specialist services should:

- have an understanding of trauma and its impacts on mental and physical health, as well as everyday life and functioning;
- provide all staff with a basic understanding of the impacts of trauma;
- provide specialist training to direct care staff on the impacts of trauma, and evidence-based and emerging best-practices for the treatment of trauma;
- undertake appropriate screening for signs of trauma; and
- establish procedures and policies to avoid re-traumatisation—for example, creating a safe place, respecting the client’s history, gender or cultural differences, and minimising the need for invasive tests or asking the client to continually repeat their “story” (Quadara et al., 2013).

Ongoing support

Any service system that is developed for people affected by trauma needs to apply the same comprehensive elements for both specialist and non-specialist services involved in the delivery model (Quadara et al., 2013). Intensive and sustained interventions are also required for people affected by forced adoptions, not only because of the complexities of their experiences and the similar lifelong and diverse impacts that were described in Quadara et al., but also because of the range of support needs that people affected by forced adoptions are likely to require on their recovery journey. For example, people that decide to participate in search and contact will need ongoing support throughout the entire process—from seeking information through to the mediation, contact and forming and maintaining relationship stages—because unsuccessful or less than optimal outcomes can occur at any stage along the journey.

Recognising trauma symptoms

A number of submissions to the Senate Inquiry and participants in the AIFS National Study (Kenny et al., 2012) expressed frustration with their experiences of health services and practitioners. Mothers, in particular, felt that counsellors and other professionals were not aware or were dismissive of the experiences of forced adoption practices and the effects that their forced adoption experiences had had on their lives. Because people affected by forced adoption present at general practitioners with a range of physical and mental health issues, such as chronic pain, insomnia or depressive symptoms, a trauma history may not be immediately recognised. This can compromise an accurate diagnosis, the development of an effective treatment plan and ultimately impede recovery. Furthermore, trauma survivors are often reluctant to voluntarily disclose that they have been exposed to trauma (Briere & Scott, 2013). Service providers, therefore, often have no way of determining whether a client has experienced trauma or not. Best practice suggests that services should treat all clients as if they might be trauma survivors, not only because it is a respectful way to interact with all clients, but also because it is an approach that is also appreciated by people who have not been exposed to a traumatic event (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005).

Importantly, the literature suggests it is necessary to include a thorough trauma-informed assessment to identify the areas of psychological need and physical problems that may require medical attention. An assessment is essential for both evaluating the risk to self and others, and identifying key areas of needs and the severity of potential disorders in order to establish an appropriate and individualised treatment plan. This will enable services to determine whether they are best placed to provide an adequate response to the service user, and make appropriate referrals accordingly.

We note however, that there is a tension between the need for a trauma assessment to be undertaken, and the practicality of who is best placed to do so; further, there is a risk that repeated assessments might be re-traumatising in themselves, in that service users are being asked to re-tell their stories in detail on multiple occasions, rather than being given therapeutic interventions that have been demonstrated to be effective in reducing trauma symptoms.

Trauma-informed services

Trauma-informed services are underpinned by an understanding and knowledge of trauma and the impact it has on the lives of clients receiving services (Harris, 2004). Trauma awareness among staff and clients is one of the key principles of a trauma-informed service. Training and education of staff members across all system levels, including direct care staff, support staff and administrators, is crucial if a service wants to be trauma-informed in their delivery. Harris and Fallot note, “with just a brief introduction to trauma dynamics, all of the personnel at a service agency can become more sensitive and less likely to frighten or re-traumatise a consumer seeking services” (cited in Guarino, Sares, Konnath, Clervil, & Bassuk, 2009, p. 23). The literature recommends that services employ a core set of general principles when treating survivors of trauma, based on trauma awareness, trust, safety, person-centred care, choice, collaboration and empowerment (Kezelman & Stavropoulos, 2012).

A trauma-informed service provides:

- a safe and supportive environment that protects against physical harm and re-traumatisation;
- an understanding of clients and their symptoms in relation to their overall life background, experiences and culture;
- continued collaboration between service provider and client throughout all stages of service delivery and treatment;
- an emphasis on skill building rather than managing symptoms;
- an understanding of the symptoms and survival responses required to cope;
- a view of trauma as a fundamental experience that influences an individual’s identity rather than a single discrete event; and
- a focus on what has happened to a person rather than what is wrong with a person (Kezelman, 2011; Kezelman & Stavropoulos, 2012).

Services that fail to employ a trauma-informed approach risk isolating people in need of support, experiencing higher dropout rates or retriggering trauma reactions that result in re-traumatisation (Elliot et al., 2005). Furthermore, a growing body of research reports that better outcomes are associated with programs that integrate trauma awareness into their design and delivery (Kezelman, 2011; Quadara et al., 2013). An awareness of trauma allows for appropriate support, diagnosis and referral advice to be provided, which is particularly important when clients require support from trauma-specific interventions.

Trauma-informed principles need to be applied to all services involved in the delivery model for people affected by forced adoption, although they may be articulated differently depending on

the type of service organisation (Elliot et al., 2005). This includes non-specialist services such as information and records services, because people who have experienced trauma may not respond well when receiving sensitive information. In the context of forced adoptions for example, receiving little or no information, or discovering that a contact veto has been put in place can trigger trauma responses for the person seeking the information. If those delivering these services are aware of the impacts of trauma, the common triggers of re-traumatisation, and that a population of people accessing their services are likely to have experienced trauma, they are better equipped to deliver potentially re-traumatising information appropriately. It also facilitates consistency across the organisation.

Trauma-specific services

Trauma-specific services directly address the impacts of trauma and facilitate recovery through specialised counselling and interventions (Arthur et al., 2013). These services are delivered by professionals who are well trained in dealing with trauma issues. Some examples of trauma-specific services include trauma-focused cognitive behavioural therapy (CBT), eye-movement desensitisation and reprocessing (EMDR), and psycho-educational groups about trauma and its impacts. There is no single intervention to best treat all trauma symptoms. Each symptom or condition has a best-practice regime for treatment. For example, PTSD is best treated with cognitive behavioural therapy, exposure therapy (where clients are supported in facing actual sources of fear/trauma/anxiety to extinguish anxiety and/or learn new coping strategies) or EMDR (Bisson, Ehlers, Matthews, Pilling, Richards, & Turner, 2007; Kar, 2011), and may require a course of psychopharmacology. Combination therapy, combining numerous psychotherapies, may provide optimal outcomes in some circumstances (Briere & Scott, 2013). However, it is the client's individual needs and circumstances that determine which and when particular treatment choices are used (Arthur et al., 2013). Only skilled clinicians should facilitate treatment, and a careful evaluation must precede treatment.

Additional therapeutic sessions are likely to be required in complex or chronic cases, where PTSD has resulted from prolonged or repeated trauma. More time is needed to establish a trusting therapeutic relationship between therapist and client. Therapists should place more emphasis on teaching emotional regulation skills before gradually introducing clients to exposure therapy (Forbes et al., 2007).

It is common for people who have been exposed to trauma to experience more than one psychiatric disorder (Foa, Keane, Friedman & Cohen, 2009). Multiple comorbid psychiatric conditions can complicate treatment and recovery for clients. Treatment, therefore, is typically undertaken in a hierarchical approach:

1. biological conditions;
2. psychological conditions;
3. substance misuse;
4. psychiatric conditions such as depression, anxiety and PTSD; and
5. psychiatric conditions such as personality disorders (Bloch & Singh, 2010).

It is important that an integrated approach is taken when treating trauma survivors with multiple conditions. Rather than treating each symptom separately without recognising the underlying cause (i.e., the traumatic experience), patients can end up with a number of treatment plans and have to see a range of different professionals (Quadara et al., 2013). Subsequently, there is growing awareness for the benefit of service settings that offer integrated counselling for mental health, substance abuse and trauma (Cocozza et al., 2005).

For example:

- The central form of treatment for depression includes CBT and psychopharmacology (i.e., combining anti-depressant medication with various counselling techniques (or “psychotherapies”) (Bloch & Singh, 2010). Psychotherapy alone is usually adequate in mild depression (Bloch & Singh, 2010). Treatment for depression requires a thorough evaluation, including a risk assessment, because those at high risk may require immediate compulsory treatment.
- Treatment for pathological grief includes CBT and psychopharmacology (Bloch & Singh, 2010). Robinson (2002) suggests that an important step in any treatment for the grief of mothers affected by forced adoption needs to include an acknowledgment of the enormity and complexity of their loss.
- Various psychotherapies can be used to treat anxiety disorders; however, CBT is the gold-standard treatment. A supportive relationship between therapist and patient is important for reassurance, explanation, guidance and encouragement. Stress management or relaxation therapy, such as meditation and yoga, can also be an effective adjunct to therapy. Medication is sometimes required, depending on the specific type of anxiety symptoms or disorders (Bloch & Singh, 2010).

Summary

Best practice suggests that service providers should approach all clients as if they might be trauma survivors.

Service providers are advised to undertake a thorough trauma-informed assessment to identify the areas of psychological need and physical problems that may require medical attention.

Training and education of staff members across all system levels, including direct care staff, support staff and administrators, is crucial if a service wants to be trauma-informed in their delivery.

A trauma-informed service provides:

- a safe and supportive environment that protects against physical harm and re-traumatisation;
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Trauma-specific services are delivered by professionals who are well-trained in dealing with trauma issues. Treatment is typically undertaken in a hierarchical approach:

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Specific trauma-based interventions

The review will now present a range of specific trauma-based interventions that have been described above that may be considered appropriate as part of the delivery of support in relation to those affected by trauma as a result of forced adoption.

Psychoeducation

Psychoeducation refers broadly to the education offered to those experiencing psychological symptoms (Briere & Scott, 2013). It may include education about their condition, symptoms, common myths, treatment options, resources available, and self-help options to aid recovery,

and is usually given during initial treatment sessions (Harvey, Bryant, & Tarrier, 2003). Psychoeducation is an important part of trauma therapy because it provides patients with information that can help them understand their traumatic experience, legitimise their reactions and responses to that event, and provide a rationale for treatment (Harvey et al., 2003).

Methods of delivery include the provision of:

- verbal information (most common);
- handouts;
- recommended books;
- websites;
- self-help manuals; and
- other resources (Briere & Scott, 2013).

An advantage of verbal information provided during individual consultations, is that it is often more specific to the patient's individual circumstances and provides the opportunity for misunderstandings to be addressed (Briere & Scott, 2013). Psychoeducation can be delivered as part of individual therapy, in therapist-led group therapy programs, peer-support programs or online. An advantage of psychoeducation being delivered in a group environment is that the information can also be delivered or supported by the personal experiences and reflections of peers who share similar experiences, which may have a more powerful effect on the other group members than material delivered solely by a therapist (Briere & Scott, 2013).

Individual therapy

Individual therapy involves a consultation between a therapist and a client. An advantage of individual therapy is that the therapist can design therapy around the patient's specific needs, manage the difficulties involved with the therapy, monitor the progress of the client and address any problem areas that may discourage improvement or result in setbacks to treatment (Connor & Higgins, 2008).

Cognitive-behavioural interventions

Cognitive-behavioural therapy (CBT) is recognised as an effective treatment for many psychological conditions.

There are two components of CBT:

- cognitive therapy—targets exaggerated or irrational thoughts of self, others and trauma itself, and replaces them with a more balanced interpretation of events; and
- behavioural therapy—targets maladaptive behaviours and replaces them with more functional behaviours (Bloch & Singh, 2010).

Cognitive-behavioural interventions are typically delivered through individual therapy, but they have also been proven successful in both group settings and online counselling models.

CBT interventions are an effective treatment for resolving a wide range of trauma-related psychological symptoms (Bloch & Singh, 2010), and for chronic and prolonged trauma survivors (Cloitre et al., 2011). It has been proven effective even when used for short durations and can be delivered through a variety of settings (Bloch & Singh, 2010). Importantly for people affected by forced adoption, research suggests that delay in treatment does not adversely impact on the outcome. CBT still offers significant benefit to the patient even when there has been a significant delay from the traumatic event to treatment (Cloitre et al., 2011; Ehlers, Clarke, Hackmann, McManus & Fennell, 2005). **CBT is ineffective in treating personality**

disorders. Therefore, other therapies are likely to be needed for adopted persons who have developed personality disorders resulting from attachment issues, as well as for others whose experiences of forced adoption have resulted in personality disorder-related symptoms.

Exposure therapy

Exposure therapy is an important component of behavioural therapy and it is used as a first-line treatment for PTSD and anxiety (Rothbaum, Meadows, Resick, & Foy, 2004; Bloch & Singh, 2010). It involves exposing the client to the traumatic event in a safe environment, often via imaging, and monitoring their reactions to that event (Johnson, 2009). **Exposure therapy can be distressing in the short-term, and is therefore not recommended for those with a severe mental illness or suicidal clients.** Client dropouts are also likely to occur in patients undergoing exposure therapy (Johnson, 2009).

Eye movement desensitisation and reprocessing (EMDR)

EDMR is a relatively modern form of psychotherapy. It involves the recall of traumatic events or images while engaging in a distracting task such as eye movements or hand taps. This technique aims to minimise the distress caused by trauma-related thought (Ponniah & Hollon, 2009). The theoretical basis of EDMR is poorly understood; however, it has been postulated that EDMR functions as a mode of exposure therapy, with eye movements acting as a distraction to dampen and prevent upsetting reactions (Barrowcliff, Gray, MacCulloch, Freeman, & MacCulloch, 2003).

Rothbaum, Astin, and Marsteller (2005) undertook a meta-analysis and found both CBT and EDMR were effective interventions for rape victims experiencing PTSD symptoms. No significant differences in outcome were found between trauma-focused CBT and EDMR. **Overall, the literature supports EMDR as a relatively effective model for reducing post-traumatic stress symptoms and is considered to be as equally effective as exposure-based therapies** (Bradley, Greene, Russ, Dutra, & Westen, 2005; Seidler & Wagner, 2006). The Australian Centre for Posttraumatic Stress (2007) recommends CBT and EDMR as appropriate treatments for PTSD. Furthermore, these treatments are effective in improving people's broader quality of life (Forbes et al., 2007).

Psychodynamic therapy

Psychodynamic therapy aims to provide the client with insight into how past experiences may be affecting their current personality and psychological symptoms (Bloch & Singh, 2010). Coates (2010) suggested that **psychodynamic psychotherapy might be most beneficial for trauma survivors presenting difficulties with relationships and connectedness with others.** This may be an appropriate component for therapists working with the adopted persons who were affected by forced adoption practices, particularly if they are presenting with attachment issues and problems forming and maintaining relationships with others.

Psychodynamic therapy is time consuming and often requires prolonged treatment duration. It is therefore likely to be more costly and less practical for treating large numbers of clients. However, **it is the gold standard treatment for personality disorders** (Bloch & Singh, 2010).

Neurofeedback

Neurofeedback provides real-time audio or visual recording of the client's brainwaves via an electroencephalograph (EEG). The feedback is combined with training programs to try to alter the patient's brainwaves. It relies on the concept that specific brainwaves in parts of the brain

are associated with psychological conditions and training allows the patient to assert some control over these brainwaves to improve their condition (Sadock & Sadock, 2007).

Neurofeedback has been proven effective in treating trauma symptoms including anxiety, PTSD, depression and drug dependency (Baehr, Rosenfeld, & Baehr, 2001; Hammond, 2007; Moore, 2000; Othmer & Othmer, 2009; Peniston & Kulkosky, 1991).

Neurofeedback consists of two stages:

- assessment—a thorough history and EEG recording allows subsequent treatment to be tailored to the patient's needs; and
- training—while experiencing thoughts or undertaking tasks, the patient is taught to control the frequency of their brainwaves, reducing their problematic symptoms. Depending on the patient's conditions, certain brainwave frequencies are targeted.

Neurofeedback should be used as an adjunct to traditional psychotherapies. It requires individual therapy of prolonged duration. A suggested regime includes 20 sessions of 1-hour duration, with a certified therapist (Hammond, 2005). Neurofeedback is a high cost therapy. However, it has been argued that the effects are more long lasting for certain conditions.

Mindfulness and acceptance-based therapy

Mindfulness and acceptance-based interventions are a variation of CBT intervention, which involves the client cultivating a non-judgemental and curious awareness of oneself in the present moment (Bloch & Singh, 2010). Clients are encouraged to become more accepting of distressing moods and thoughts. There is a growing body of evidence that indicates mindfulness and acceptance-based interventions are associated with a decrease in symptom measures for a range of disorders and conditions, including depression and anxiety (Vollestad, Nielsen, & Nielsen, 2012). However, CBT remains the gold standard treatment of anxiety disorders and depression for most patients (Vollestad, Nielsen, & Nielsen, 2012).

Supportive therapy

Supportive therapy typically involves listening, reassurance, suggestion and encouragement in order to improve the client's everyday functions and to increase their awareness of their own strengths and vulnerabilities (Bloch & Singh, 2010). It is an option for clients who are not ready to participate in exposure-based therapies but need support to control and manage trauma reactions in a safe environment (Johnson, 2009). Some element of supportive therapy is involved in all psychotherapies.

Psychopharmacology

Psychopharmacology refers to the use of medications to treat psychological symptoms. The mainstays of treatment for anxiety symptoms including PTSD are antidepressants, benzodiazepines, mood stabilisers, adrenergic blocking agents and anti-psychotics (Briere & Scott, 2013). **Psychopharmacology may be required as an adjunct treatment for certain clients who prove incompatible to trauma-focused therapies or are experiencing particularly severe symptoms** (Gaskell, 2005 cited in Ponniah & Hollon, 2009), including severe depression (Foa et al., 2009; Briere & Scott, 2013). **It should not be used as a first-line treatment for PTSD in preference to trauma-focused psychotherapies** (Forbes et al., 2007). Selective serotonin re-uptake inhibitor (SSRI) antidepressants should be the first choice for practitioners prescribing medication for the treatment of PTSD in adults (Forbes et al., 2007).

There are at least three potential benefits to the use of psychopharmacology in treating PTSD: improved PTSD symptoms; treatment of comorbid disorders; and a reduction of associated

symptoms that interfere with daily function and psychotherapy (Friedman, Davidson, Mellman, & Southwick, 2004).

While there is evidence for the use of psychopharmacology as an adjunct to psychotherapy, there are a number of limitations to psychopharmacology, including:

- poor compliance with the prescribed drug regime;
- distrust of authority—this may be a particular problem for mothers with distrust of authority figures, including medical staff, following the traumatic events surrounding the birth and removal of their baby;
- over-medication;
- anxiety—acute treatment may increase anxiety symptoms;
- over-sedation—patients may compensate, becoming hypervigilant to counter the effects;
- sleep disturbance;
- impaired memory processing; and
- substance abuse—high prevalence of illicit substance use in PTSD sufferers may prove dangerous in combination with prescription medications (Briere & Scott, 2013).

Group therapy

Individual therapy alone is not enough for complete healing to occur among trauma survivors. Group work is needed to help trauma survivors reintegrate into society again.

Group therapy is one of the most common modes of delivery for treating trauma-related symptoms. The appeal of group therapy for trauma survivors is that they can come together in a safe environment to share traumatic material and learn positively from each other, when “coping with a disorder marked by isolation, alienation and diminished feelings” (Foy et al., 2004). There are four broad categories of group therapy:

- cognitive-behavioural therapy groups;
- psychodynamic groups;
- supportive groups; and
- psychoeducational groups (Foy et al., 2004; Sloan, Bovin, & Schnurr, 2012).

Researchers have recommended that in treating trauma, rather than using group therapy alone, better results are achieved by using structured group therapy in conjunction with some form of individual therapy (Connor & Higgins, 2008; Johnson, 2009). Early individual assessment allows therapy to be targeted to the client’s specific needs while ongoing group therapy provides benefits such as support from peers, validation of experiences and reduction in stigma and isolation associated with trauma (Beidel, Frueh, Uhde, Wong, & Mentrakoski, 2011; Briere and Scott, 2013; Chard, 2005; Connor & Higgins, 2008). Based on a review of the literature and evaluation of a small pilot of a combined individual/group therapy program, Connor and Higgins (2008) recommended that initial treatment should involve individual therapy on its own, so the client can become familiar with therapy and the therapist, and to address some of the initial therapeutic phases (i.e., psychological stability), followed by group therapy several weeks later.

Cognitive-behavioural therapy (CBT) groups

CBT groups address each client’s trauma experiences through exposure and cognitive restructuring techniques to reduce symptoms and improve self-control and quality of life

(Johnson, 2009). CBT groups teach coping skills to improve wellbeing and reduce the client's trauma symptoms.

Psychodynamic groups

Psychodynamic groups help clients learn about how the trauma has influenced their lives and their sense of self and others, with a focus on confronting the issues that resulted from the traumatic experience (Sloan, Bovin, & Schnurr, 2012). Psychodynamic groups are typically unstructured in terms of the discussion of trauma content (Sloan, Bovin, & Schnurr, 2012).

Supportive groups

Supportive groups focus on addressing life issues and ways of coping rather than on formal skill building (Johnson, 2009). There are two types of supportive groups—therapist-facilitated support groups and peer-facilitated support groups. Supportive groups are generally open groups, with less formal content. This allows people to join or drop out of the group at any time. Support is therefore available to individuals throughout different stages of their trauma recovery (Sloan, Bovin, & Schnurr, 2012).

Psychoeducational groups

Psychoeducational groups provide information on common trauma symptoms and how they can be managed, as well as information regarding available treatment options (Sloan, Bovin, & Schnurr, 2012). Psychoeducational groups are generally used as a way to introduce clients to therapy. Only a few sessions are needed (Sloan, Bovin, & Schnurr, 2012).

While the underlying structure and formations of these groups differ, they share similar features:

- restrict membership to those who have experienced the same type of trauma;
- acknowledge and validate the traumatic exposure;
- normalise traumatic responses;
- utilise the presence of other trauma survivors to eliminate the notion that the therapist cannot be helpful because he or she has not shared the experience; and
- adopt a non-judgmental position towards the necessary behaviour for survival at the time of trauma (Foy et al., 2004).

The literature that has evaluated the effectiveness of CBT groups typically suggests favourable outcomes in reducing PTSD symptoms in comparison to the wait-list control (Bisson et al., 2007; Foy et al., 2004; Sikkema, Ranby, Meade, Hansen, & Wilson, 2013; Sloan, Feinstein, Gallagher, Beck, & Keane, 2013), and that group treatment is superior to no treatment in reducing trauma symptoms (Kessler, White, & Nelson, 2003). An examination of 20 published studies on group therapy clinical trials for adult trauma survivors concluded that **the current literature provides consistent evidence that “group psychotherapy, regardless of the nature of therapy, is associated with favourable outcomes in a range of symptom domains”** (Foy et al., 2004, p. 168). Some studies have shown that group therapy programs are effective in reducing some of the long-term symptoms of trauma (Morgan & Cummings, 1999; Talbot, 1997). Patient satisfaction with group treatment and perceived benefit from treatment is generally high, which highlights the importance of other non-specific benefits to group therapy such as increased social contact (Sloan et al., 2013).

Group therapy considerations

The recommended group size for CBT groups and psychodynamic groups is four to nine members (Foy et al., 2004; Sloan et al., 2012). Unstructured groups, such as supportive groups or psycho-educational groups, can accommodate larger group sizes. CBT groups generally have fewer members to maximise the learning environment for the development of specific skills—for example, managing PTSD symptoms and coping skills. On the other hand, a group that is too small can affect the non-specific benefits of other members if dropouts were to occur (Sloan et al., 2012).

A patient's suitability for participating in group therapy also needs to be correctly evaluated otherwise they risk jeopardising the benefits of group therapy for the other members or retriggering trauma reactions.

There are important factors to take into account when considering patient appropriateness for group therapy:

- Composition of group members—avoid a single member of the group from standing out (e.g., gender, type of trauma experienced, or in the case of forced adoptions, mixing mothers and adopted persons).
- Patients that are severely depressed, have severe cognitive impairment or don't feel comfortable in group settings may not benefit from group therapy.
- Less stable patients or those reluctant to accept the rationale for personal trauma processing may not benefit from group therapy.
- Clinicians should consider current substance use and personality traits of patients that may be disruptive to other group members.
- Patients with restrictive schedules may not be suitable—a limitation of group therapy is the need to accommodate all schedules of group members.
- If group therapy is deemed an appropriate approach, the most suitable type of group therapy also needs to be assessed (Foy et al., 2004; Sloan et al., 2012).

The advantages of group therapy are that it:

- provides a safe and supportive environment, which allows clients to rebuild trust;
- empowers clients and validates their experiences;
- reduces the stigma and sense of isolation that comes with trauma;
- normalises symptoms;
- enables group members to be more open to feedback from each other rather than the therapist because group members have shared similar experiences;
- can maximise limited staff resources; and
- may be a cost-effective option—however, no studies have examined the cost effectiveness of group treatment for PTSD (Barrera, Mott, Hofstein, & Teng, 2012; Foy et al., 2004; Sloan et al., 2012; Tucker & Oei, 2007).

However, there are some limitations of group therapy:

- group therapy may not be an appropriate model for all patients;
- confrontations may occur between group members;
- improvement rates may differ among group members, discouraging those who are slower to experience improvements; and
- it can be difficult to construct a schedule that suits all group members—which could increase rates of missed sessions.

Role of peer-facilitated supportive groups for people affected by forced adoptions

There is limited literature evaluating supportive groups for the treatment of trauma-related issues. Therefore, it is hard to know whether, and under what circumstances, supportive groups are effective in addressing the needs of people affected by past traumatic experiences. However, Foy et al. (2004) reviewed three studies that were designed to evaluate supportive group therapy among adult survivors of childhood sexual abuse and survivors of domestic violence, and reported decreased anxiety and depressive symptoms and improved self-esteem.

What is evident is that therapist-facilitated supportive groups share similar advantages and disadvantages to CBT and psychodynamic group therapy, as well as providing an alternative to exposure-based therapies. One of the key benefits of therapist-facilitated support groups is that they provide an encouraging space for informal skill building, a sense of community for “otherwise isolating chronic conditions and circumstances” and “often the ‘glue’ that hold the overall treatment package together, providing the cohesion that increases patients’ comfort with more demanding therapies” (Foy et al., 2004, p. 158).

Both the findings from the AIFS National Study (Kenny et al., 2012) and the Senate Inquiry (2012) acknowledged that there is an important role supportive groups can play as an adjunct to conventional individual and group interventions for those affected by forced adoptions. However, the Senate Inquiry (2012) recommended that for counselling purposes, funding for supportive groups should only be available for therapist-facilitated support groups. Other activities such as information sharing or assisting with information services may also qualify for funding. This view was supported by one expert providing services to traumatised clients in a separate field who was consulted as part of the scoping study who recognised the potential for re-traumatisation among group members if a group of traumatised people meet without a therapist present.

Limitations of peer-facilitated supportive groups among trauma survivors include:

- difficulty in finding safe and private meeting places;
- inappropriate matching of group members (e.g., differing symptoms, personal experiences and severity of PTSD) can be detrimental for particular individuals and trigger a negative response;
- high risk of re-traumatization among group members if a group of traumatised people meet without a trained therapist present;
- absence of an impartial facilitator can result in different factions among the group setting, which can lead to drop outs or dissatisfaction; and
- potential for the provision of incorrect or misinformed health and mental health advice.

Creative therapies

Not all people experiencing PTSD and trauma-related symptoms respond to established treatment models such as CBT. It has been suggested that creative therapies may be an appropriate primary or adjunctive intervention (Johnson, 2004). Creative therapies can include art therapy, dance therapy, music therapy, drama therapy and narrative therapy. They can be delivered through either individual or group settings and are facilitated by trained practitioners in their respective fields (Johnson, 2004). Various elements of other established psychotherapies often overlap in the delivery of creative therapies. For example, relaxation, exposure, and cognitive reprocessing and reframing are often incorporated (Johnson, 2004).

However, there is limited literature evaluating the effects of creative arts therapies for trauma survivors. Johnson’s (2004) analysis of creative art therapies found that there was success in

short-term symptom reduction among Vietnam veterans in inpatient PTSD programs, with art therapy in particular proving to be the most beneficial type of creative therapy. Collie, Backos, Malchiodi and Spiegel (2006) reviewed the use of art therapy for combat-related PTSD, and noted that although art therapy has not been extensively researched, it has been applied to sexual abuse, domestic violence, war and terrorism and medical trauma. Conclusions from a randomised controlled trial that researched the effectiveness of group therapy for patients presenting with PTSD suggested an improvement in symptoms across all three domains—re-experiencing, avoidance and hyperarousal (Carr, Sloboda, Scott, Wang, & Priebe et al., 2012)—however the sample size was relatively small.

Johnson (2004) recommended that creative art therapies should only be used as a treatment for PTSD when:

- the practitioner conducting the therapy is educated and trained in that particular field;
- the client has consented to the therapy; and
- the therapy is applied in conjunction with other ongoing treatments and therapists.

The advantage of creative therapies for trauma survivors is based on the nonverbal component. An inability to express emotions verbally appears to be common in patients with PTSD. Those who have difficulty expressing their feelings in words might be more comfortable expressing their feelings through nonverbal/behavioural forms (Johnson, Lahad, & Gray, 2009). Improvements are most commonly reported in the primary PTSD symptoms, such as reductions in anxiety, depression, dissociation, nightmares and sleep problems, and improvements in emotional control and relationships (Johnson et al., 2009).

If a range of credible creative therapies were included on a recognised referral list, practitioners could refer clients who are looking to participate in alternative treatment options such as stress management or creative therapies in conjunction with their ongoing treatment. It may provide relief from the more demanding exposure-based therapies or facilitate improvements in recovery for some clients.

4.5 *Restorative justice*

Restorative justice is an area that has been increasingly discussed among those affected by forced adoption and removal policies and practices (including the impacts of trauma) as a means for healing and recovery. This section will therefore present an overview of the practice of restorative justice from a criminal law perspective, followed by a discussion in the context of those affected by forced adoptions.

Restorative justice practices in areas of criminal law

People who have experienced trauma that relates to criminal behaviours or breach of justice often experience difficulties finding resolution through criminal justice processes—and so there has, of late, been a focus on what is termed “restorative justice”. A key element of such practices are restorative justice meetings—in which offenders come face-to-face or in other indirect ways meet with victims, with the dual aim of improving the criminal justice system (e.g., by increasing guilty pleas and therefore conviction rates) and victims’ experiences. It has been used in areas such as juvenile justice, family violence, child sexual abuse and adult sexual assault cases (see Daly, 2011), and has strong roots in Australia and New Zealand (Strang, Sherman, Mayo-Wilson, Woods, & Ariel, 2013).

The aim of restorative justice processes, as noted by Daly (2011) is “dialogue, encounter, and repairing the harm caused by crime”. In the criminal justice context, it is not a private dispute

between two parties, but between the offender and the state (where the victim is the “witness”, or the site of the crime). It is not meant to be a replacement for the criminal justice system—but a different way of being focused on the needs of victims and achieving a sense of “justice” for them, when often criminal justice proceedings leave victims traumatised (particularly those who have personally experienced the crime, such as victims of assault or rape), and without any sense of control over the process.

Daly (2011) explained:

Restorative justice processes (or other types of informal justice practices) are set in motion only after a suspect has admitted to an offence. Restorative justice has no mechanism of adjudicating “facts”, and therefore cannot replace the criminal justice system ... Depending on the legal context, the aim is for the participants to discuss the impact of the offence and to censure the behaviour, for victims to voice their story and ask questions, and for participants to decide on an appropriate outcome. (p. 10)

Restorative justice processes are designed to place the people most affected by crime—the victims—at the centre of the process (NSW Government Corrective Services, 2014). Daly (2011) provided some caution to this expectation of victim-centred practice:

Although restorative justice pays greater attention to crime victims, practices can often be offender-centred. Despite what many say or think, the aim is not to “restore” relations in a literal sense, although this may be desired in some cases (see Daly, 2002b, 2006b, for a critical analysis of restorative justice; and Daly, 2000; Duff, 2003, for consideration of the role of retributive censure in restorative justice). (p. 10)

As well as being an alternate justice process, Daly (2011) also provided an example of how restorative justice principles can be used within court proceedings, focusing on perpetrators admitting the truth of their criminal behaviour and being faced with the consequences:

Truth telling is the defendant describing what they did in detail and answering the victim’s questions. Victim participation is the victim/survivor telling the defendant what the impact of the offence was. (p. 18)

A number of other processes for increasing victim participation that sit outside the legal process may or may not be considered “restorative justice” per se. These include victim–offender meetings (instead of issuing legal proceedings); victim–prisoner meetings (in those circumstances where offenders have pleaded guilty); and memorials, days of reflection or action and cultural performances that bear witness to people’s suffering and experiences of victimisation (Daly, 2011).

In a report to the Criminology Research Council, Strang (2001) provided an overview of restorative justice programs in Australia. Based on the work of Van Ness, she summarised the principles of restorative justice as follows:

- Crime is primarily conflict between individuals resulting in injuries to victims, communities and the offenders themselves; only secondarily is it law breaking.
- The overarching aim of the criminal justice process should be to reconcile parties while repairing the injuries caused by the crime.
- The criminal justice process should facilitate active participation by victims, offenders and their communities. It should not be dominated by the government to the exclusion of others. (Strang, 2001, p. 3)

According to the Victorian Association for Restorative Justice website:

The restorative philosophy is, in essence, that the negative effects that people and incidences have on other people are not primarily issues of criminality or personal deficiency, but issues of interpersonal human relationships. (“Who we are”, para. 1)

In their systematic review of the efficacy of restorative justice conferencing, Strang et al. (2013) found that:

Victims’ satisfaction with the handling of their cases is consistently higher for victims assigned to RJC’s [face-to-face restorative justice conferencing] than for victims whose cases were assigned to normal criminal justice processing. (p. 5)

However, we are not aware of any data that show whether restorative justice processes lead to improvements in wellbeing for victims in the longer term. Cossins (2008) argued that empirical evidence to show that restorative justice processes provide victims of child sexual assault with a superior form of justice are lacking.

What is also interesting to note is that restorative justice practices are not a one-way street. It is not just about perpetrators of harm facing victims and apologising. Part of the interaction is about what the “victim” brings to the process, and how this can assist with their healing. For example, as Allan, Allan, Kaminer, and Stein (2006) noted:

As forgiving may lead to an improvement of mental health, from a therapeutic jurisprudence perspective it is important to establish what aspects of judicial procedures can be changed to promote forgiving. (p. 87)

One study has also noted that a potential negative consequence of restorative justice practices is the risk of secondary victimisation—where the victim becomes re-traumatised through the process that was intended to help them (Wemmers, 2002).

Forced adoptions, trauma healing, and restorative justice

The main focus of restorative justice practices is victim–offender conferences; however, these only take place after an adult offender is sentenced. So there is a lack of clarity as to how such a process could work in relation to meeting the justice needs of those affected by illegal practices from past adoptions where there may be diffused responsibility across a range of individuals and organisations, and often individuals may no longer be working for the organisations or even alive. We were not able to identify any literature describing directly how such a process might or could work in relation to past forced removal and adoption policies and practices. Although restorative justice as it has been developed to address individual criminal behaviour (and its focus on victim–offender conferencing) may have limited applicability, the wider use of restorative justice principles may help shape a service system response for those affected by forced adoption and removal policies and practices in Australia.

Zehr (2008) argued that restorative justice “provided a context and language for specifically naming and dealing with wrongdoing and injustice” (p. 13). He explained:

As a conceptual framework, restorative justice seeks to reframe the way we conventionally think about wrongdoing and justice: away from our preoccupation with lawbreaking, guilt and punishment, toward a focus on harms, needs and obligations. (Zehr, 2008, p. 3)

In the context of past forced adoption and removal policies and practices, it is important to re-visit the experiences reported by those directly affected that form the basis for pursuing the course of restorative justice for some:

- mothers being used for the training of medical students;
- mothers being sexually assaulted by medical professionals;
- mothers experiencing medical neglect or maltreatment;
- mothers being tied to beds, forcibly held down, having pillows placed over their faces and having sheets held up to shield the view of their son/daughter during labour;
- mothers being administered drugs that caused impaired judgement/capacity to make informed decisions;
- mothers and fathers being informed that their son/daughter was deceased when they were not;
- the unethical and illegal obtaining of consent to adopt (or no consent obtained at all);
- adoptees as babies being used for medical experimentations;
- adoptees being placed with abusive adoptive parents; and
- adoptees being lied to regarding the circumstances surrounding their adoption, including the obtaining of consent from their parents.

Based on the principles of restorative justice, “truth and reconciliation” processes have been used in a range of post-conflict reconstruction processes as a way of understanding past abuses, listening to the experiences of both victims and perpetrators, and attempting to repair the damages that violence or other rights violations have wrought—individually and communally (Androff, 2010).

Zehr (2008) described how restorative justice was used as a conceptual framework to underpin South Africa’s Truth and Reconciliation Commission. The key principles focus on addressing needs and responsibilities, creating opportunities for storytelling (and “re-storying”), empathy, and addressing shame and victimisation. The guiding questions that he claimed are fundamental to the restorative justice process can be seen as central to the question of scoping the service system response to the needs of those affected by past adoption practices:

- Who has been hurt in this situation and what are their needs?
- What obligations result from these hurts and needs, and whose obligations are they?
- What are the causes of these hurts and needs, and what can be done to address them?
- Who has a “stake” in this situation?
- What is the appropriate process to involve these stakeholders in an effort to put things right and resolve the conflicts? (Zehr, 2008, pp. 12–13).

In his evidence to the Victorian inquiry into institutional child abuse, Professor Patrick Parkinson talked about how the restorative justice process can be applied to historic abuse within Church institutions. He described the compensation schemes and ex-gratia payments as using some of the ideas of restorative justice—although it is important to make the distinction between the notion of compensation (which is not restorative justice per se) and some of the processes that might lead an agreement on payments, such as victims being given a voice and active participation, and opportunities created for parties to reconcile (Parkinson, 2012). Importantly, in relation to legal avenues for redress, the Senate Inquiry report (2012) emphasised that:

In cases where illegality is alleged in the adoption process the prosecution of those responsible should not be hindered by statutes of limitation. The committee urges all states and territories to examine the limitations for infringements of adoption legislation to ensure that they do not act as a barrier to litigation by individuals who were not made aware of their legal rights at the time that offences may have been

committed. The committee does not want people who have been damaged by their experience of forced adoption to be damaged further by having to endure a long and bruising legal journey that may ultimately be unsuccessful due to a legal technicality. (p. 245)

However, the strongest theme from both the Senate Inquiry report (2012) and the AIFS National Study (Kenny et al., 2012) was not the need for direct compensation schemes, but rather for resources to be made available to meet the current needs, in terms of physical and mental health services, to address the trauma, grief and loss, and the financial costs associated with accessing information, searching, and making contact with family.

To that extent, some of the principles can be applied within service models that are developed to address the needs of all those affected by adoptions from the closed adoption period—including mothers, fathers, adopted persons, adoptive parents and wider family members. But restorative principles also involve the professionals, and agencies and institutions involved in the adoptions—and the broader Australian society that condoned, or sat silently by during the height of adoptions, particularly in the 1960s and early 1970s. As with victims of other crimes, such as sexual assault, those who experienced the illegal, forced separation of parents and children that occurred in past adoption practices may benefit from having a “menu” of options that may or may not articulate with criminal justice.

Following on from the principles of restorative justice, restoration activities could focus on:

- addressing trauma and other mental health consequences of the past events (through evidence-based therapeutic interventions for the mental ill health associated with past practices, such as depression, anxiety, PTSD, attachment disorders, and personality disorders, delivered by appropriately trained and skilled clinicians);
- repairing the injuries caused to the relationships between sons/daughters and parents (individual therapy, family therapy, mediation, mentoring, peer-support and other support services to address the rift between parents and children separated by adoption);
- repairing the injury caused to other current relationships (therapy to address the interpersonal and intrapersonal difficulties experienced by many with past adoption experiences);
- opportunities for truth-telling, storytelling and acknowledgement; and
- overcoming shame and recognising past actions through public activities such as memorials, days of reflection or action, art, exhibitions, and other avenues for raising awareness in the broader community.

Exclusion, transparency, or reparations by providers associated with past practices

Obviously, the National Apology—on behalf of the Commonwealth Government, and therefore on behalf of the people of Australia—as well as the separate state/territory apologies issued by all jurisdictions (with the exception of the Northern Territory) is an important first step. Apologies from the hospitals and other agencies that were the focus or site of many of the practices have also been seen as a critical step. However, there are many agencies involved with adoptions in the past that have not issued formal apologies.

Some clients may never accept certain providers because of the provider’s involvement in the client’s past adoption experience (Senate Community Affairs Reference Committee, 2012) and have deep feelings of mistrust towards these particular agencies. The committee noted in the Senate Inquiry report (2012) that these services may “discourage people using services, further traumatised the mother, or unintentionally repeat the pattern of service providers having a controlling role in reunion, just as they had in separation for adoption” (p. 229).

This raises the complex issue of how to deal with the “conflict of interest” by agencies currently providing services in relation to past adoptions (e.g., information provision, counselling, reunion, or other post-adoption supports). Many of the agencies that currently provide social welfare services—including post-adoption support—are the same ones that:

- in the past were running the children’s homes, maternal hospitals, or adoption services engaging in the practices for which our former Prime Minister apologised; and/or
- are managing the process of current adoptions on behalf of state/territory child protection/welfare departments.

This emerged as a significant issue in the study by Kenny et al. (2012), as well as in evidence submitted to the Senate Inquiry. Thought must therefore be given to the appropriate options for ensuring that funds committed by government under the apology are appropriately spent, and that the choice of service provider doesn’t cause further anxiety or distress to the people the government intends to help.

Summary

Restorative justice practices predominantly focus on victim–offender conferences. It is therefore unclear how restorative justice processes could work in relation to past adoption practices, because it is difficult to determine the responsible parties when responsibility was diffused across a range of individuals and organisations. Furthermore, some individuals may have changed professions or may no longer be alive. However, findings from the Senate Inquiry and the AIFS National Study identified that rather than direct compensation schemes, restoration activities could focus on providing resources to meet the current needs. Restoration activities could include:

- addressing trauma and other mental health consequences through evidence-based therapeutic interventions;
- repairing the injuries caused to relationships between sons/daughters and parents, and other relationships;
- opportunities for truth-telling, storytelling and acknowledgement; and
- overcoming shame and recognising past wrongs through public activities and community awareness campaigns.

4.6 Modes of delivery

As discussed in the previous section, there are numerous treatment interventions considered appropriate for responding to the wide range of trauma-related symptoms that may exist for survivors of trauma and which can be delivered in a number of different treatment settings/environments. This section will explore examples of treatment modalities to help inform the possible structuring of a system to deliver the range of services covered in this review—including specific types of interventions across different systems (e.g., health, welfare), jurisdictions, and locations (including regional and remote).

Case management model

Integrated approaches to treating individuals with multiple and often complex needs/conditions are widely recognised as the most effective way of providing a continuity of care for clients, and thereby enhancing the likelihood of more positive treatment outcomes.

Case management is the linking of service systems to a client through an integrated, planned and individualised approach. It is designed to provide continuity of care for the client, which maximises efficient use of services by eliminating accessibility and service fragmentation problems (Wong, Yeung, & Ching, 2009). Most research on the effectiveness of case management has been conducted in the area of severe mental health disorders (Penk & Flannery, 2004). Case management is recommended for trauma survivors who are experiencing severe symptoms, such as serious mental disorders or co-occurring PTSD diagnoses (Foa, Keane, & Friedman, 2004; Glynn, Drebing, & Penk, 2009).

There are two ways to deliver case management: simple case management, where the client is instructed on their treatment and is then linked to required services; and intensive case management, where the client participates in social skills training and is more actively involved in their treatment options (Penk & Flannery, 2004). Research favours the form of intensive case management, with more positive outcomes such as a decrease in inpatient hospitalisation, greater satisfaction with services, social functioning improvements, and a reduction of psychiatric symptoms and alcohol and drug abuse being reported (Glynn, Drebing, & Penk, 2009).

Case-management services are recommended for trauma survivors who are experiencing severe PTSD symptoms when the client “will not or cannot locate and schedule” support services including:

- employment services;
- housing services;
- education services;
- social skills training services;
- family education services; and
- independent living skills (Penk & Flannery, 2004).

Case management is also recommended when the client requires frequent hospitalisations and fails to:

follow treatment plans or access recommended community-based services, or is not able to negotiate the complexities of receiving services from many different agencies in a variety of locales. (Penk & Flannery, 2004, p. 237)

A common response expressed by participants in the AIFS National Study was their frustration with the provision of health services, and a lack of sensitive, consistent information and referral advice from these health services (Kenny et al., 2012). Case management may be necessary for some people affected by forced adoption, particularly when the client is experiencing severe symptoms and is having difficulty following their treatment plan. However, the demand for it could be reduced among some clients if a consistent service was introduced that addressed the current service fragmentation. This could allow people affected by forced adoption to better “negotiate the complexities” of their appropriate therapeutic service needs on their own with support from ongoing counselling rather than a case manager.

Online therapy and web-based interventions

Providing counselling options and information through online means has developed significantly over the last decade, with research consistently demonstrating support for the value of online therapy in producing positive treatment outcomes. There are several key advantages to delivering intervention via the Internet, such as improved accessibility, to anonymity and privacy, and that it can be a very effective first point of reference for visitors seeking further

help, information and referrals. Findings to come out of the AIFS National Study (Kenny et al., 2012) and Senate Inquiry (2012) suggest that improving online support programs and providing 24-hour access to advice, support, information and referral services for adoption-specific areas could enhance existing services and provide those restricted by physical isolation with better access to advice, information and counselling services.

Potential interventions/services online modalities can offer include:

- psychoeducation;
- search and contact service;
- psychotherapy;
- peer-facilitated supportive groups; and
- referral to face-to-face assessment and treatment services.

Psychotherapy delivered via a web-based format can be provided with or without therapist interaction, in an individual or group format. However, online group interventions are not as common as individual interventions and have not proved to be as successful as online individual interventions at this stage (Barak & Grohol, 2011). Other types of online interventions include forums, support groups, webcam or audio only counselling and blogging. Barak et al. found that email modalities produced higher effect sizes than forums or webcams, and that blogging may have potential therapeutic benefits as well as the additional benefits of peer support through feedback from others.

There is evidence for the success of self-help and therapist-assisted web-based interventions for common psychological disorders, including depression (Andersson et al., 2005, Christensen, Griffiths, & Jorm, 2004; Ruwaard et al., 2012), panic disorder (Carlbring et al, 2005; Klein & Richards, 2001; Richards & Alvarenga, 2002; Klein, Richards, & Austin, 2006), alcoholism (Riper et al., 2008) and PTSD (Hirai & Clum, 2005; Klein et al., 2010; Klein, Meyer, Austin, & Kyrios, 2011; Knaevelsrud & Maercker, 2007, 2009; Lange, van de Ven, Schriecken, & Emmelcamp, 2001; Lange, Rietdijk, et al., 2003; Litz, Engel, Bryant, & Papa, 2007; Lange, van de Ven, & Schriecken, 2003). Most research regarding online interventions has been conducted based on CBT protocols, with various reviews and meta-analyses supporting the general effectiveness of the model (Andersson, 2009; Barak, Hen, Boniel-Nissim, & Shapira, 2008; Griffiths, Farrer, & Christensen, 2010). Some studies have found online interventions to be equally as effective as face-to-face treatment (Barak et al., 2008; Carlbring et al., 2005). Importantly, one study found that gender, the level of Internet expertise, and delay from trauma to treatment were not influential in the outcomes of online therapy (Lange, van der Van, et al., 2003).

Web-based interventions provide improved possibilities to people affected by forced adoption through information, search and contact services, online counselling and referral to face-to-face services. Furthermore, a study that evaluated a United States chat-based online hotline for sexual assault victims noted that only 10–14% of visitors were seeking help for a recent incident (Finn & Hughes, 2008). This suggests that most visitors using the online service had not previously sought help or were using the service as continuing help for ongoing issues (Finn & Hughes, 2008). Victims may withhold from seeking support because of the stigma associated with counselling and because they feel ashamed and unworthy of help, which are common themes among trauma survivors. The option of receiving support while remaining anonymous, often in the comfort of their own home, is very appealing for trauma survivors.

Funded by the Australian Government Department of Health, Mental Health Online (previously “Anxiety Online”) is an example of an Australian Internet-based treatment clinic that was

developed as part of an initiative of the National eTherapy Centre at Swinburne University of Technology. It provides information, online clinical psychological assessment, publically available treatment programs (including free online self-help programs and low-cost therapist-assisted programs), and treatment programs for research trials.

The advantages of online interventions include:

- improved accessibility—rural or remote persons, people with a disability, people with restrictive schedules can all participate;
- available any time of the day;
- privacy, anonymity, convenience;
- when exchanges between patient and therapist are not synchronous, the therapist has appropriate time to reflect and formulate effective feedback, and the patient can revisit material as often as he/she likes;
- increased flexibility of services; and
- cost-effectiveness (Barak et al., 2011; Robinson, 2009).

The limitations of online interventions include:

- technical concerns—for example, Internet dropouts, computer illiteracy;
- some demographics may be less comfortable using the computer and/or Internet for counselling—for example, older people or those from a different cultural background;
- self-help programs are generalised—education and therapy cannot be tailored specifically to the individual without therapist interaction;
- less effective for crisis intervention;
- therapist cannot assess non-verbal cues;
- difficult to verify therapist credentials, or that the therapist and/or client is the person online;
- security risks—for example, email that is misdirected or intercepted; and
- confidentiality and privacy issues (Barak et al., 2011; Lange, Rietdijk et al., 2003; Robinson, 2009).

Telephone counselling and support

The implementation of a telephone support service for people affected by forced adoption practices was identified in the AIFS National Study (Kenny et al., 2012) as a way of improving access for clients in rural and remote areas. There are a number of telephone counselling services already in practice in other trauma-related fields such as domestic or family violence and sexual assault. There is limited research on the efficacy of counselling techniques using the telephone. However, the large number of services that provide a telephone counselling support service and information line suggests that telephone services are beneficial for people who have experienced trauma or are experiencing ongoing health and mental health problems such as depression, anxiety and PTSD symptoms.

As well as improving access for clients in rural and remote areas, a telephone counselling and support service has additional benefits for people who have been exposed to trauma. Some of the benefits of telephone counselling and support services are that it:

- is cost-effective;
- eliminates the fear of stigma, often associated with seeking counselling;
- meets the immediate needs of people affected by trauma—for example, crisis intervention, counselling support, information and referral advice; and

- validates the experiences of those who were affected by that particular type of trauma.

Some of the limitations of a telephone counselling and support service are that:

- it may not be suitable for all clients—for example, some clients might be concerned with privacy or may be uncomfortable receiving treatment via telephone;
- establishing rapport with a client can be more difficult over the telephone than in person;
- the counsellor cannot assess non-verbal cues; and
- the counsellor may not be aware of community resources when counselling a client from another area—therefore, it may not be suitable for less stable clients (Coman, Burrows & Evans, 2001).

1800RESPECT is an example of a 24-hour telephone counselling service for people who have experienced or are experiencing domestic or family violence, or sexual assault. It runs in conjunction with a complementary web-based counselling service that provides information, referral advice, counselling options and information on where to get support. A similar model could be useful for people affected by forced adoption, with the addition of a search and contact service, where information on the search and contact service is available both on the website and by contacting the telephone number.

A freecall telephone number was set up as a critical component of the Find & Connect service for Forgotten Australians and Former Child Migrants, and is regarded as a necessity for meeting the needs of people affected by forced adoptions (Kenny et al., 2012).

An additional advantage of a telephone service is that the name of the service, such as 1800RESPECT, Lifeline, beyondblue, Veterans Line or Kids Help Line, actually increases awareness of that subject area among the general community. Increasing community awareness through a highly recognisable telephone support line would help to legitimise the experiences of people affected by forced adoption and encourage those affected to seek support.

Service hubs

The Senate Inquiry (2012) and the AIFS National Study (Kenny et al., 2012) identified that a number of submitters/participants were unsure of where to go for appropriate health services or reconnection services, and many experienced negative reactions to services because of fragmented service options and the need to continually retell their “story”. Participants also noted that a one-stop-shop service model would be useful for addressing the diverse needs of people affected by forced adoption. The implementation of a service hub could address these issues by offering a range of different services—medical, counselling, information searching and referrals—all at the one place; however, given the diverse needs of people who were affected and the large number of people affected who are located across a huge geographical area, the costs associated with establishing service hubs are likely to be too high and there may be difficulties in deciding on appropriate locations.

Another type of service hub that may be an appropriate or more cost-effective option is a service centre that acts as a gateway to appropriate services rather than delivering a one-stop-shop service. An example of a service model that uses this gateway approach is the Family Relationship Centres (FRC) in the family law field. FRCs were developed to provide an educational, support and counselling role for the needs of people experiencing divorce or separation (Parkinson, 2006). They provide an initial point of information, advice and assistance, as well as offering referrals to appropriate community-based services (Parkinson, 2006). Parents inquiring at the centres have the option of an individual session with an adviser to receive basic information and advice specific to their individual needs, as well as other

sources of help for related problems that may arise (Parkinson, 2006). Rather than a one-stop-shop service, FRCs act as *gateways to appropriate services* by providing relevant information and advice specific to the individualised needs of each client. FRCs may provide an appropriate model from which to develop a service centre model for people affected by forced adoptions.

4.7 *Implications for addressing current needs*

Addressing the needs of people affected by forced adoption presents many challenges. In addition to the shortage of accurate data on the number of Australians who have been affected, the wide-ranging impacts of those affected have the potential to “ripple” through to family members, partners, siblings and other children, and some impacts can even be intergenerational (Higgins, 2011). Furthermore, the individual needs of those directly affected—mothers, fathers and adoptees—are diverse in terms of the severity of symptoms and extent of service needs.

Another challenge in addressing the needs of people affected by forced adoption is providing accessible service options to a specific population who are located across a large geographical area, including regional and rural areas. Providing information and support services through telephone and online models are options for providing some level of support for people restricted by physical and geographical restrictions. However, not all people are comfortable with receiving treatment in this way, and some face-to-face treatment may be necessary. Furthermore, many survivors of interpersonal abuse, such as those affected by forced adoption practices, do not conceptualise their experiences as trauma, legitimise their experience, or name it as trauma, and therefore prevent themselves from seeking professional help (Sanderson, 2010). As identified by the Senate Inquiry (2012), recognition and acknowledgement of forced adoption practices plays a significant role in validating the experiences of those affected. Therefore, greater awareness in the general population and greater access to and awareness of counselling, and support and health services for those affected by forced adoption could encourage more people to seek help and advice, particularly if they know that their experiences and subsequent effects will not be dismissed.

This literature review has identified evidence-based practices and emerging trends for the treatment of PTSD and trauma-related symptoms. Some of these interventions may prove to be effective treatment options for treating the short- and long-term effects of those who experienced forced adoption. Which interventions are suitable and the pace at which treatment occurs will depend on the individual needs of each client. It is important to note that not all people affected by forced adoption have trauma-related issues or require trauma-related support; however, there is a population that require it, and therefore a range of trauma support needs to be available.

The Senate Inquiry report (2012) concluded that any service delivery model of support must include high levels of support for parties to adoptions seeking to connect with their families, easier methods for amending birth certificates and other documentation, and a single national access point to facilitate access to births, deaths and marriage registers across jurisdictions. The AIFS National Study findings supported these conclusions (Kenny et al., 2012). Both the AIFS National Study and the Senate Inquiry report identified that it is fundamental that the services provided to those affected by forced adoption are delivered by highly skilled professionals who understand the complexity of the trauma and lifelong symptoms that can result from practices such as forced adoption, and who have received specialist training to address (or at least be aware of) the needs of people affected by forced adoption.

Synthesising the evidence from these two sources as well as the broader publications examined in this review, potential service delivery models that can respond to the diverse needs of people affected by forced adoptions, need to include a range of services that:

- are attuned to the complex symptoms, needs and responses of all those directly affected;
- can provide services across a range of health domains—including mental and physical health, and relationship, social and economic wellbeing;
- can provide intensive and ongoing psychological and psychiatric counselling; and
- can provide flexible and individually focused care.

Support services need to be trauma-informed, aware of grief and loss and attuned to attachment disruption so that they can:

- complete a thorough assessment and screening process of each client to establish an appropriate treatment plan, which will depend on the individual needs and circumstances of each person;
- be aware of and refer clients to trauma-specific services—for example, trauma-focused psychotherapy interventions;
- provide a service that is understanding and non-judgemental of the needs and necessary coping behaviours that were required by the trauma survivor to function in everyday life; and
- reduce the risk of re-traumatisation among clients.

Good practice principles

The following good practice principles apply to service organisations, agencies and groups involved in the provision of forced adoption support services, including information services (including those with identifying information and access to personal records), search and contact services, post-adoption support services, therapeutic services and peer services. The principles are drawn from the literature examined in this review and their application is consistent with the views of those directly affected by forced adoptions as being essential to the delivery of high quality services.

Accountability

- Transparency about an organisation's past or current involvement with adoption on the website, in brochures and in the first sessions (professional groups—including social workers, doctors, and other welfare workers—that may be perceived as “compromised” by potential service users need to address this mistrust and rectify past errors so that they can deliver the most effective service possible).
- Formalised complaints processes in place that are known and readily available to service users.
- Organisation overseen by an independent governing body (board/committee).
- Independent mediator facilitating information searches and information exchange.
- Administrative data recorded—including referrals and service uptake.

Accessibility (including affordability)

- Identifiable staff to be point of contact.
- Flexible hours of operation.
- Services to remote locations or those unable to physically access the service on site.

- Low cost or free services. Meeting the ongoing needs of those affected by forced adoption should not be contingent on their capacity to pay for services. Obtaining information, making and/or maintaining contact with lost family members is a significant aspect of healing and recovery for some. Costs associated with these activities should be considered within the same context as any mental and physical support needs.
- Timely responses to requests.
- Ability to provide counselling and support in ongoing or longer term, flexible manner.

Efficacy and quality of service interventions

- Well-informed staff who understand the issues associated with adoption.
- Sensitivity to the needs of those seeking services (in terms of confidentiality, discretion, language used, etc.).
- Staff across all service types and settings appropriately trained regarding adoption issues.
- Ongoing training/professional development opportunities available to staff.
- Clearly articulated conceptual underpinning of the agency/service's model of service delivery.
- External clinical supervision available to staff.
- Ability to address issues associated with grief and loss, trauma, identity, shame, guilt, rejection, emotions of anger/hurt, difficulties in maintaining friendships or close relationships with family (attachment issues), anxiety, and self-confidence problems.
- Services tailored to relevant "stage of the journey" of individuals.
- Management of clients' expectations at commencement of support relationship, particularly in relation to search and contact.
- Support and follow-up from the agency involved provided on an ongoing basis.

Diversity

- Services include telephone support, specialist face-to-face counselling, intermediary services to assist individuals approaching lost relatives, assistance in accessing adoption records, and access to trauma-specific specialists.
- Options for both professional and peer supports.
- Range of options for participation (i.e., mixed, mother/adoptee-specific, etc.).
- Range of support levels (e.g., access to support person—on site and follow-up).
- Support, education and information for the other family members is readily available.
- A supply of agencies that are independent from any past adoption practices so that clients are not negatively affected in their recovery journey or by experiences with the service system.

Continuity of care

- Service has formalised links or arrangements with other relevant services for referral or shared care arrangements where own service can't meet the full range of presenting needs of service users.
- Adoption-related supports are incorporated into existing services and referral networks (such as Family Support Program-funded services, or Medicare-funded psychological services).
- Regular networking activities organised both within and external to adoption-specific agencies.
- Awareness-raising of the impacts and history of past adoptions is prioritised.

5 Stakeholder workshops and consultations

One of the main components of the Scoping Study was the design and conduct of workshops and consultations with relevant services and individuals providing support to those affected by forced adoptions—as well as with agencies and individuals with experience in service delivery models for related areas (individuals who have experienced significant interpersonal trauma or mental health consequences from events, particularly those that carry shame, secrecy or stigma).

Incorporating the findings from the systematic literature review and relevant information from the AIFS National Study (specifically, components of effective service and support models as identified by participants directly affected by past adoptions), a platform of best-practice principles was developed from which to deliver a series of half-day workshop-style consultations with service providers across all Australian states and territories.

This chapter provides an overview of both the content of the workshops and the process undertaken in identifying and recruiting participants. A detailed overview of participating organisations and individuals is also provided, and the locations in which the consultations took place.

5.1 *Workshop content and materials*

The workshops had two components:

- The first was a presentation, providing a brief overview of the findings of the National Research Study on the Service Response to Past Adoption Practices (Kenny et al., 2012), supplemented by information obtained from the systematic literature review undertaken for the scoping study. The presentation outlined what we have already heard from people affected by past adoptions (including forced adoption) and what they saw as the appropriate methods of support to adequately meet those needs. These implications for service delivery were summarised in a series of “best practice principles and models of intervention”.
- The second component involved group discussions that centred around three structured activities. The activities were based on an agreed framework devised through consultations with the Department of Social Services and the Forced Adoptions Implementation Working Group, and are described below.

Activity 1: Strengths and weaknesses

In this activity, workshop participants were asked to explore the extent to which they believed different types of services addressed the support needs of those affected by forced adoption policies and practices. Stakeholders were provided with an open table, which listed the key needs of those affected (as discussed in the presentation of findings) against the types of services currently available:

- information services;
- search and contact services;
- post-adoption support services (often state/territory-funded services providing counselling, as well as information and support for people during the search/contact process);
- general therapeutic services (i.e., psychiatrists, psychologists, counsellors and other health/mental health services); and
- peer-support services.

A copy of the worksheet template is provided in Attachment C.

Participants were asked to rate the extent to which they thought each service type currently addressed these needs. The purpose of this activity was to stimulate a guided discussion within the group that could then inform the findings of this study. Thirty minutes was allocated to this activity.

Stakeholders were asked whether the following service and support needs (which were based on key findings from Kenny et al., 2012) could be addressed:

- service is sensitive to, and addresses:
 - trauma;
 - grief and loss;
 - secrecy and shame; and
 - identity, attachment, abandonment and relationships;
- service assists with contacting family separated by adoption;
- information is accurate, complete, and provided in a timely and sensitive manner (e.g., birth certificates, medical histories, hospital records, etc.);
- affordability;
- accessibility;
- choice—that a diversity of support interventions and service providers are available; and
- services go beyond one-on-one interventions, and include options for educating and raising community awareness about adoption issues and the needs of those who experienced forced adoption.

Activity 2: Pathways

In this activity, participants were asked to come together in groups to discuss their observations of current practice, and how they viewed “best practice” in terms of an individual’s pathways through the post-adoption service system (i.e., for a person entering the service system, how do they see that journey occurring most effectively). Participants were asked to identify whether particular interventions/supports occur in sequence, parallel or collaboration with other services/interventions. This allowed the facilitator to liaise with the various groups and note any variations in their findings. The group was then brought together to discuss these findings. Forty-five minutes was allocated to this activity.

Activity 3: Good practice principles

The final activity of the workshop focused on identifying good practice principles and guidelines. The worksheet in this activity was used solely for the purpose of encouraging and stimulating ideas, and has not been used to evaluate the specific agencies. Participants were given a table containing the list of key elements of good practice that were identified in the AIFS National Study (Kenny et al., 2012) matched against each service type (see Attachment D). Participants were asked to fill out the table primarily through the perspective of their own area of practice, identifying to what degree the current services/system met these elements of good practice.

5.2 Workshop recruitment

A list of 48 service providers working in the area of post-adoption support was compiled through an analysis of the data from the AIFS National Study (Kenny et al., 2012)

supplemented by a thorough web search (see Attachment E).² This list included all categories of support service providers (i.e., peer-support groups, search and contact services, etc.).

On 10 September 2013 a letter of introduction was sent via email to service providers on this list (see Attachment F). The letter of introduction outlined the scope of this study and informed the recipients of the intention to conduct workshops with relevant staff at their service. The letter of introduction did not elicit any response from service providers; however, a few providers did respond by email and telephone to register their interest.

Once the date and location of each workshop was confirmed, an email inviting participants to the workshop was sent out to relevant service providers in the state. The email invited the recipient and all relevant staff to attend the workshop. A total of 26 separate meetings, consultations or workshops were held. Across the country, 13 workshops were conducted and a further eight consultations were held with other stakeholders and relevant professional associations and organisations. Two consultations were held with the Forced Adoptions Implementation Working Group. In addition to the workshops (some of which included attendance by state/territory departmental representatives), separate meetings occurred with the following departments:

- Adoption & Permanent Care Family Information Service ACT;
- Adoption and Permanency Services, Department of Health and Human Services, Tasmania; and
- Adoption and Permanency Programs, Department of Communities, Child Safety and Disability Services, Queensland.

Of the 48 agencies or services that were invited to participate, 37 sent at least one participant to attend a workshop. One agency that could not send a participant provided a written submission. Only 10 agencies were unable to contribute. In total, 103 participants from a wide range of agencies were involved in the workshops and consultations. Members of the Forced Adoptions Implementation Working Group were also invited to attend any of the workshops as observers if they wished. The result was a series of stimulating and commendable group discussions that have been fundamental to the findings of this report.

Participants who were unable to attend a workshop or those who attended a workshop but expressed an interest in contributing to the study further were invited to complete a written submission form that was available on the AIFS website. This form was based on the three activities of the workshop. In total, seven written submissions were received.

² There were some peer support groups identified in the web search that appeared to no longer be active. In these cases the telephone number was disconnected or no longer attributed to the group. These groups were not included in the list.

Table 1: Workshop attendees by state

State	Workshop locations	Number of attendees	Number of agencies	Organisations represented
ACT	Canberra	5	5	<ul style="list-style-type: none"> Adoption & Permanent Care Family Information Service Adoption Mosaic Canberra Independent Adoption Support Group Within these Walls Australian Journal of Adoption
NSW	Sydney Hurstville	22	8	<ul style="list-style-type: none"> Adoption Focus and Support Group—Mother Support Group Adoption Information Unit—Department of Family and Community Service Anglicare CatholicCare International Social Services Origins Post Adoption Resource Centre Salvation Army Special Search Services
NT	Darwin	1	1	<ul style="list-style-type: none"> Adoptions Unit, Department of Children and Families
Qld	Brisbane Townsville	18	8	<ul style="list-style-type: none"> Benevolent Society Adoption and Permanency Programs—Department of Communities, Child Safety and Disability Services Jigsaw Link Up Origins—Queensland SPSA The Salvation Army—Family Tracing Services Uniting-Care White Australian Stolen Heritage
SA	Adelaide (2)	12	3	<ul style="list-style-type: none"> Adoption and Family Information Service (AFIS)—Department for Education and Child Development Identity Rights Post Adoption Services—Relationships Australia (SA)
Tas.	Hobart	4	2	<ul style="list-style-type: none"> Centacare Family Services (Catholic Private Adoption Agency) Past Adoption Support Services—Relationships Australia (Tas.) Adoption and Permanency Services, Department of Health and Human Services
Vic.	Ballarat Melbourne	20	7	<ul style="list-style-type: none"> Adoption and Permanent Care Community and Family Services Association of Relinquishing Mothers (Vic.) (ARMS) CatholicCare Family Information Network Discovery (FIND)—Department of Human Services Victoria International Social Services Australia Victorian Adoption Network for Information and Self-Help (VANISH)
WA	Cottesloe Mayland	17	4	<ul style="list-style-type: none"> Adoption Jigsaw Adoption Resource & Counselling Service (ARCS) Fostering and Adoption Services—Department for Child Protection and Family Support

5.3 Consultations with other stakeholders

One of the findings from the AIFS National Study was the lack of awareness by medical professionals (in particular, general practitioners and mental health specialists) of the long-term impacts of forced adoption. This can mean that these issues are not identified, or even when clients explicitly raise their adoption experience, their needs are not appropriately met. As a response to that, additional consultations were scheduled to further explore this finding and to

ensure a thorough investigation of the service needs of those affected by forced adoption. Consultations were conducted with:

- Adoption and Permanent Care Unit, Community Services Directorate, ACT Government;
- International Social Services;
- Private psychiatrist and recognised expert in forced adoption Geoff Rickarby;
- Royal Australian College of General Practitioners (RACGP);
- Veterans and Veterans Families Counselling Service (VVCS);
- Australian Psychological Society (APS);
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS); and
- Independent Regional Mothers of Victoria.

Summary

The workshops were designed to concentrate on two components: first, the presentation of the findings from the AIFS National Study and second, activities to discuss the current support service system and its needs.

- Three activities were designed to facilitate the workshops.
- A list of 48 service providers working in the area of forced adoption was compiled through analysis of the data from the AIFS National Study supplemented by a thorough web search.
- A total of 13 workshops were conducted across the country and a further eight consultations with professionals and stakeholders, including specialists and service providers in related areas such as the Royal Australian College of General Practitioners and the Australian Psychological Society. Two consultations with the Forced Adoptions Implementation Working Group were held.
- Of the 48 that were invited to participate, 37 agencies sent at least one participant to attend a workshop. One agency that could not send a participant provided a written submission.
- Only ten agencies were unable to attend. In total, 103 participants from a wide range of agencies were involved in the workshops.
- Seven written submissions were received.

6 Findings from consultations: Part 1

In this chapter, the information gathered from discussions at the workshops and consultations is analysed thematically, using the five key themes identified in the literature review to structure the analysis: accountability, accessibility, quality/efficacy, diversity, and continuity of care. The first section of this chapter presents the findings on the needs identified and suggested actions from participants by types of services. The findings are a summary of more than 100 participants who contributed through workshops, consultations and written submissions.³ The findings present a comprehensive view of the adequacy of current service provision, the opportunities for enhancing existing services, and implementing new services to better meet the needs of mothers, fathers and adopted individuals affected by forced adoption.

6.1 Accountability

There was a consistent message throughout from stakeholders about the need for services to be more accountable. Activity 3 conducted in the workshop provided a guide to the discussion of good practice principles and accountability. Many stakeholders discussed the usefulness of this activity and in response the activity has been updated with suggestions from stakeholders and has been presented as a draft Guidelines for Good Practice (Attachment G).

There was strong agreement that agencies need to be transparent and disclose any past involvement in forced adoption, as well as any involvement in current adoptions. Although there was some disagreement, generally stakeholders felt that individual staff could disclose their personal experiences with forced adoption if requested, or if they chose to.

Suggestions on how to address the need for transparency included:

- developing good practice guidelines for relevant services (a number of workshop participants suggested that the list developed for Activity 3 would create a useful framework);
- establishing an independent governing body or a complaints board and a visible complaints policy to address service accountability;
- allowing service users to provide feedback or participate in evaluations of agency or services they have used;
- using independent mediators when disputes arise among management or organisational leaders; and
- ensuring that people affected by past adoption are not required to interact with agencies previously involved in forced adoption practices who may now be providing aged care services, or with services and institutions that trigger memories of mothers' homes, babies' homes and hospitals.

Some felt that currently, in some agencies, there was a lack of expectation of transparency or disclosure by staff. The concern is that a counsellor might have her/his own experience with adoption (i.e., be an adoptive parent or an adopted person, providing counselling to a mother—or vice versa). However, disclosure of a therapist's involvement or forced adoption experiences can be unhelpful and/or unnecessary. Some clients may respond to the empathy of a therapist who has similar experiences, some clients may prefer an outside perspective, and some clients may feel resentful upon finding out their therapist is an adoptive parent.

³ All quotations from participants have been deidentified for the purposes of this report.

The following quotes from two of the consultations provide some context to these existing tensions.

One mother saw a psychologist for a while. The psychologist was actually an adoptive parent. But she felt that she was “on the other side”. So they need to think about the fact that if I am an adoptive parent, I might not be the best person for this woman and suggest she see someone else. (Victorian workshop participant, November 2013)

We have been criticised for not having someone who’s a party to adoption running the service. Then when we do, we are criticised. For some people, the lived experience is important; for others, it’s a no-go zone. (NSW workshop participant, December 2013)

Restorative justice

Relating to the best-practice principle of “accountability”, a small number of participants in one of the early workshops discussed restorative justice as a possible “service model” to employ, emphasising the importance of restorative justice practices as a means to assist healing. The use of restorative justice in this way, and its application to those affected by forced adoption was discussed in detail in Section 4.5. When the idea was tested with subsequent workshop attendees, stakeholders recognised that restorative justice is difficult to implement because of the environment in which forced adoption occurred—with societal views, policies of organisations and hospitals, and individuals who compounded it and then overstepped the mark. Most did not see restorative justice as a discrete “service model”, but some useful practices that can contribute to accountability for agencies providing services. This is consistent with the key messages from our review of the literature. However, some stakeholders did suggest that restorative justice processes could happen effectively at a community or organisational level, rather than at an individual level.

It could work in the context of an NGO where they might sit down with a group of women ... It needs to be at a community or organisational level, not at an individual level. It is happening, like with the Apology, and with the government/community resources to respond. For NGOs, there might be some scope, as some aren’t going down the apology route. What’s needed is transparency and public acknowledgement, if not an apology.

Participants in workshops/consultations raised a number of key issues that relate to the theme of restorative justice, including apologies, transparency/disclosure and acknowledgement, as summarised in the following sections.

Apologies

Stakeholders were adamant that transparency and public acknowledgement should be expected from agencies that had facilitated or were otherwise involved in forced adoption practices. A number of workshop participants felt that the organisations involved in forced adoption practices need to be subjected to “public redemption” as one stakeholder put it. Particular emphasis was placed on professional groups apologising for past practices. The Australian Association of Social Work has issued their own acknowledgement;⁴ but some stakeholders felt the need for a public apology from medical doctors for their role in the malpractice, mistreatment (including interventions that some described as sexual abuse⁵), and abduction of newborn babies. In relations to seeking help from the medical profession, one stakeholder (from a peer-support organisation for mothers) said:

⁴ See <www.aasw.asn.au/document/item/4237>.

⁵ For example, one participant described how mothers were subjected to internal body examinations by groups of medical students, without consent.

You're asking a Jewish person to go back to a German person, and convince them that the holocaust happened. Why am I going to trust you? How can mothers know they can trust a doctor or psychiatrist?

A key step in developing a more robust service delivery system to meet the needs of those affected by former forced adoption and removal policies and practices is for current professionals to recognise what their past colleagues did. Although they can't take personal responsibility (as they didn't do it personally), they can recognise and acknowledge the harms in what their professional forebears did. Critical steps are for current training and professional development to include key messages such as:

- people presenting with a forced adoption experience need to be believed;
- past practice needs to be acknowledged and officially regretted; and
- the underlying mindset and everyday practice of professionals can change.

For example, a stakeholder gave a practical suggestion for how a doctor could (subsequent to a formal apology from the medical professional) address issues with clients when they realise they have an adoption history:

Saying "I'm really pleased that our profession has apologised to you" tells me that you understand, care, and I can trust you.

Participants expressed views about the centrality of apologies to the operation of an effective service delivery system:

Put more pressure on organisations that have not apologised.

Establish a model for a voluntary system where some individuals can choose to apologise.

Agencies should make accessible a public statement of their acknowledgement of past adoption practices, apology, their current views and steps to ameliorate what happened.

However, the relationship between apologies and "acceptability" of services is unclear. Even where agencies have delivered apologies, they were still subject to criticism by some stakeholders for being funded to provide current services (e.g., Benevolent Society in NSW, who received funding from the NSW Government as part of its forced adoption apology). Stakeholders also said that apologies can be shallow if they aren't well publicised, and matched by appropriate actions (e.g., not promoting or engaging in current adoptions).

Current adoption policies

Consistent with the findings in Kenny et al. (2012), a strong theme from stakeholders was that current service provision needed to also focus on understanding and applying the lessons from past practices. Stakeholders emphasised the importance of current policy and services (particularly out-of-home care, donor insemination and surrogacy services) needing to focus on the needs—and human rights—of children and their parent(s), not the desire of childless individuals or couples to "complete" their family. Many stakeholders expressed openly their horror and dismay at what they saw as moves toward increasing the likelihood of children being separated from parents through adoption—whether through local or overseas adoption, and at

what was described by some as a well-resourced “adoption industry” with high profile advocates in the media spotlight.⁶

However, there is also an inherent contradiction between some of the views presented by stakeholders. There was a very strong view that lessons from past adoption practices need to be learned and applied in relation to current policy and practice (adoption, permanent care, surrogacy, donor insemination, etc.). However, there was also a very strong view that clients don’t want to be receiving services from practitioners who are involved in past or current adoptions. Yet some stakeholders pointed out the dilemma: the easiest ways to ensure that the key learnings are used to inform current practice is for there to be common training, and for workers involved with services for those who have experienced forced adoption to also be working with current permanent care and adoption services. Speaking with a team of practitioners who case-manage children currently on permanent care orders in the out-of-home care system, one stakeholder said:

We go to great lengths to ensure that their families are part of their lives. But we have carers who want to separate them. We have to change the way we look at families. Part of the training can help my workers to do this.

Access to information

Stakeholders were adamant that improving access to information—in terms of cost, ease of access and quality of the information services—was a critical step in making reparations for past wrongs. This was often framed in terms of human rights: the right to access personal information about themselves and their past. Key issues related to facilitating and improving access to personal records, including the timeliness and cost, as well as coordination (especially across state/territory BDM registries—see Section 6.3 below for further discussion). Some people want more information about what occurred before the adoption—for example, documents from maternity homes.

Addressing illegal practices

A consistent theme was that past malpractice and mistreatment needs to be openly acknowledged by professional groups, and agencies whose predecessors were involved. Sometimes stakeholders singled out particular agencies, institutions, homes and hospitals; others focused on professional groups such as social workers (“consent-takers”), and the medical profession.

Some people expressed the desire to be able to have their adoption revoked.

6.2 Accessibility

The most common means for improved accessibility that stakeholders raised was through the development of a high profile, central website, which is regularly resourced and maintained, and is complemented by a Freecall (1800) telephone number (if clients need to call out of hours, the telephone line could be linked to an alternative service such as Lifeline; however, staff of Lifeline and other crisis lines are not trained in adoption issues. This would need to be a

⁶ Some of the specific concerns raised by stakeholders included: attempts to increase the number of babies “available for adoption” in some jurisdictions; the assumption that “open” adoptions solves all the problems for adoptees; the difficulties in maintaining or enforcing contact with birth families, and the reality that contact diminishes extensively over time; the lack of need for adoption where permanent care orders can provide the stability that children/young people need. In summary, stakeholders felt that there was a strong pro-adoption lobby, and the focus was often about “ownership” of the child, not what is in children’s best interests.

consideration in resourcing such an option (i.e., training for generalist crisis helpline staff, so clients can always speak to an understanding person trained on adoption issues rather than an answering machine).

Some of the key themes relating to improving the accessibility of services were:

- addressing cost—in particular, of BDM searching;
- central access points, because both obtaining information and the subsequent searching covers multiple jurisdictions, and a link to this from the National Archives website;
- online—can be great, but there are risks (e.g., conflict between different support groups who have different views about how their experiences should be understood and the appropriate responses from services/governments). Internal standards need to be established by agencies and groups regarding acceptable behaviour on social media. All staff or peer-support members should be expected to sign and agree to these;
- post-adoption support work, as well as mental health services need flexibility, and longer-term work; and
- stakeholders felt there was value in having a consistent person being the point of contact for a person throughout their journey of seeking information and making contact.

Is it sequential? You are on the journey all the time. You need different types of support at different times in your life. New events spark things. It never ends. It's sequential and ongoing.

6.3 *Quality/efficacy*

A strong theme in the consultations was the quality and nature of the services provided by state/territory registries of Births, Deaths and Marriages (BDM).

Births, Death and Marriages registries

BDMs often came under criticism for the variable quality of their interactions with clients. Service providers and peer-support coordinators described how valuable it was when they knew of a contact person in BDM who showed empathy to whom they could refer people. But often they move on, and it's hard to find a new person who has that rapport and sensitivity to the issues—so that someone who has experienced trauma isn't “triggered” by their actions.⁷

Clients experience frustration in the variability in the information that is provided (“too many redactions” was a common theme from stakeholders). Better supports and explanations for clients around the nature of the information that might be available, and feedback around the reasons why information can't be provided is important. Clients feel marginalised if they think it is just a rapacious, mean-spirited or vindictive worker (in BDM, or for that matter in a state department) exercising their power. Understanding of the laws (vetos), but also the principles of how they are applied would be helpful. Even to be told “yes, that information exists, but I am not able to pass it on to you, because ...” is better than not knowing.

For example, one peer-support coordinator explained:

⁷ Consistent with the research on PTSD, many stakeholders described how people affected by forced adoption—particularly mothers who experienced traumatising events prior to and around the time of the birth and separation from their babies—can easily experience psychological distress and be returned to a state of high anxiety, psychological arousal or even psychosis (i.e., “re-traumatisation”) when insensitive service delivery exposes them to words, images or situations that take them back psychologically to the original trauma events. A key element of any service delivery is for training in how to be aware of this potential, and manage it effectively. See: <www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>

Every year I send a letter requesting information—for 40 years. And every year I get a different result. I was told my sister had died—then I found out she’s alive, and we used to play together at the same squash club.

Although the ideal would be alignment of laws, most stakeholders were pragmatic, and felt a more realistic option was for a **centralised or coordinated process** (one central application form for all state/territories, or a centralised service that coordinated multiple applications on behalf of clients or other agencies⁸), **free or reduced cost**, and **standards** for BDM information services to ensure uniformity and high quality, trauma-sensitive service delivery.

Evidence from the AIFS National Study (Kenny et al., 2012) revealed that some adopted persons first become aware of their adoption when naively seeking their birth certificates from BDMs. Stakeholders at the consultations gave similar reports of the experience of late-discovery adopted persons. BDM offices in each state hold sensitive adoption information but stakeholders fairly consistently felt that staff currently lacked the skills and training around trauma, grief and loss to deliver the information appropriately. This lack of sensitivity when delivering information can be re-traumatising for clients. Participants reported that the way information is given varied widely depending on the staff member and their knowledge of the impacts of forced adoption.

Service needs identified by stakeholders included:

- trauma-sensitive and general adoption awareness training for BDM staff; and
- specialist adoption staff member(s) who handle adoption requests at each jurisdiction’s BDM registry.

Training

Training was one of the most significant needs, and where many stakeholders felt resources could be usefully spent. Critical training needs were identified for increasing sensitivity to the issues associated with forced adoption and removal policies and practices, and knowing how to create an environment that empowers clients to tell their story. Better understanding of trauma, grief and loss, and attachment disruption specifically in relation to forced adoptions, as well as more general training in treatment of mental health disorders, were consistent themes throughout the workshops and consultations. Another important training need is in relation to transference and counter-transference for those therapists who have a personal adoption experience.

In terms of how to improve the counselling services currently available, one stakeholder said:

The blocks are individuals having to train their healthcare providers in adoption issues.

There are opportunities for sharing professional development resources and conducting training in common with other service sectors, such as with:

- other post-adoption and peer-support services nationally (ideally, coordinated through the National meeting);
- workers from Forgotten Australians and Stolen Generations services—given that many of the issues have similarities, in terms of identity, past trauma, grief and loss, attachment, and the sensitivities of search and contact—particularly where a veto has been placed on release of information;

⁸ The form filling for BDMs in each jurisdiction, for separate time periods—as well as the need to verify their identity with each jurisdiction—was seen as an onerous administrative burden on affected individuals attempting to search for family, let alone the costs.

- other community health workers, especially those in regional areas;
- current adoption (“relinquishment”) workers and permanent care workers; and
- the broader human services workforce:

People need the opportunity to discuss and sharpen their thinking. I wonder if some of our drug and alcohol or gamblers help workers see the connection. Even individuals don’t see the connection. They may be a drug addict, but not realise that it’s related to their adoption history.

Evidence-based psychological and psychiatric interventions

Surprisingly, there was not a strong focus among stakeholders about the need to identify and promulgate evidence-based interventions. Partly, this could be due to the lack of empirical research to show what works with these specific client groups. It could also reflect the fact that evidence-based interventions are usually categorised in terms of the presenting diagnostic category (i.e., depression, anxiety, PTSD, etc.⁹), not the historical circumstances that has given rise to the mental health diagnosis.

Standards

Stakeholders recognised that a significant opportunity existed to improve consistency both within and across organisations. One solution suggested was to develop and promote good practice principles, as well as more explicit “standards” for post-adoption services, including search and contact services. This would need to be supported by resources for evaluation, as well as resources to assist with identifying and demonstrating service delivery outcomes. The value of clinical supervision and “secondary consultation” was also emphasised.

6.4 Diversity

Fragmentation in the philosophical approach to post-adoption support services

Some (but by no means all) mothers do not welcome the perception—if not the actuality—of involvement of adoptive parents (as workers, clients or fellow participants in support groups) in particular agencies. In a number of workshops, it was either apparent or expressed directly, that this fundamental divide in the view of adoption and who should be included in services is a major problem. This may mean that for some mothers, accessing services from the current state-funded service provider in their jurisdiction is not seen as a valid option—particularly where they are involved in current adoptions, or where they are seen as being “apologists” for adoption, or somehow involved in past practices—such as the Benevolent Society in NSW. Agencies who provide support for, or include the perspectives of adoptive parents (past or present), such as VANISH in Victoria, risk criticism or being “black-banned” by those who reject this model as offensive and re-traumatising to them.

For example, one participant said:

You don’t want someone to be dealing with you who organised adoptions 20 years ago. There’s a conflict of interest there. There is an obligation on the organisation to have that disclosure upfront.

⁹ For example, the Australian Psychological Society provides a summary of the nature of the evidence relating to psychological interventions for mental disorders: <www.psychology.org.au/Assets/Files/Evidence-Based-Psychological-Interventions.pdf>

The fragmented nature of peer supports and the diversity of advocacy groups has led to some deep divisions and mistrust. For example, some groups object to the word “adoption” to describe their experience (as they feel they had no part in the adoption, and the trauma relates to “the malpractice and mistreatment they experienced prior to, during, and after the birth”, and the “illegal removal policies and practices that led to adoption and/or institutional care”) and believe that they are excluded from some services (such as peer-support groups for “relinquishing mothers”). This appears to be more of an eastern-seaboard phenomenon, but is nonetheless a significant hurdle to unified and coherent service provision across the country.

Some mothers have been fighting for a separate view of adoption and service provision that does not include the perspectives or needs of adoptive parents. A number of participants articulated that this tension underpins why some individuals and groups react in a defensive manner, and why there is considerable fragmentation of peer-support groups, and high levels of mistrust and inability—or unwillingness—to cooperate between some individuals and some agencies. A number of workshop participants and other contributors we consulted suggested this was reflective of the trauma that remained a very “present” issue, and how certain words, phrases, or actions—or the presence of particular individuals or group—could easily “trigger” a trauma response (consistent with PTSD-like symptoms). (This is explored in the literature review section.) It is therefore highly unlikely that a single, unified perspective of affected individuals, particularly mothers, can be achieved in the short term.

However, in order to provide services for adopted individuals, the experience of growing up with an adoptive family needs to be addressed. Some service providers argue that it is still an important part of holistic service provision to assist adoptive parents—and adopted sons and daughters may experience some of the benefits of this. As one stakeholder explained:

I often think too of adoptive parents. They are a hidden population. Infertility or death of children was an issue they haven't worked through. When an adoptee told her adoptive mother [she was searching for biological family], she became so distressed. But they never spoke about it again, and she died 10 years later. Her mother had never resolved the issues that led to her adopting children. She loved her children, but there was always a barrier there. What came home to the adoptee was that there were unresolved issues. The love of her adoptive parents was always conditional on her not having a past. There is great pain for adoptive parents that we never look at. To assist adoptive parents—and current permanent care parents—may help. Even though the National Apology money was not for adoptive parents, if we can't include adoptive parents in the reunion process, it makes it hard for adoptees. If you're able to reach out to them [adoptive parents] more, the path for reunion is helped and enhanced, instead of being a push and pull. It's not helpful to not include. They need to be brought into the discussion. They're part of the lives of the adoptive individual. They can coexist. That's where great training for our workers is important.

Information for adoptees about the history of forced adoption and what mothers went through is needed to help with understanding and empathy, and hopefully to facilitate more conducive contact or attempts at reunion.

Although peer supports were often seen as a strength, two key issues emerged:

- the lack of availability in many outer suburban or regional/rural areas; and
- variability in the quality of peer-support services.

Many service providers told stories of clients who were reporting unsatisfactory experiences with peer-support services. Also, many peer-support groups who participated in the workshops and consultations were themselves highly critical or dismissive of other peer-support groups. The highly fragmented nature of the sector was strongly evidenced, suggesting that it could be

hard for a person seeking support for the first time to navigate, and feel “safe” with, the range of legitimate options available to them. An initial attempt at seeking help that was unsatisfactory could lead them to feel that there was nothing out there to help them.

When asked what is needed to overcome this, a number of stakeholders said that the answer would be to develop local/regional networks where all service providers are required to cooperate, act respectfully, and not attack each other. A helpful suggestion was that—at least at the outset—such networks would benefit from a neutral or independent mediator to facilitate meetings and help establish ground rules for interacting. Cross-organisational joint training opportunities were suggested as a way of meeting dual aims—of increasing the skill set and knowledge base of workers, but also of building mutual respect and understanding across sectors and services. Some stakeholders also emphasised that peer-support workers for adopted persons and mothers/fathers need to sit on network coordinating committees so that they have a voice too.

Recognising that decisions need to be made regarding a time-limited funding round, stakeholders make the following observations:

I wouldn't want the funding to go to just one agency nationwide. Would prefer state by state.

It needs to be agencies that have a history of inclusive relationships; that can honour other groups' individuality and expertise, but is able to work along side.

There may be a lead agency in each state that creates a network and supports other agencies. However, that overarching agency shouldn't have had a history of removing babies—even if some of the partner agencies in the network might. Or it's ok if there is diversity—that people can choose to go to them, or not; and that there's transparency: that the agency has made an apology, and acknowledgement of the past, and has publicised a statement of the agency's views and steps to ameliorate what's happened.

Some creative suggestions for diversity in service provision included:

- linking services to the National Archives website and planned “tour”;
- mobile outreach; and
- art or music therapy.

For example, one stakeholder made the suggestion:

Establish a mobile unit with an art therapist that is funded to travel to different regions. It would help bring people together, allow people to tell their story through art or a painting, and create a strong community connection.

6.5 *Continuity of care*

The range of services offered by individual agencies and the use of a trauma-informed approach varies considerably. Sometimes services can be very search focused rather than encompassing the mental, emotional, physical and social impacts of adoption in their service delivery. Post-adoption specific services often refer clients to other therapeutic services because they lack the resources to provide in-house counselling. These counselling services are often over-subscribed, resulting in long wait lists.

There was widespread support for the idea of enhanced referral networks, to enable holistic service provision. Web-based databases or referral networks were seen as most efficient.

Networking across agencies/sharing clients

Mixed views were presented during the consultations—some agencies felt the current capacity for networking was a strength; however, a much greater proportion felt that this was an obstacle—that they didn’t know who to refer clients to, or didn’t have confidence in the knowledge base and skills of the workers in other agencies. Further, in one workshop, it was noted that government competitive tendering processes often worked against the notion of cooperation and networking between agencies.

In order to achieve a more collaborative approach among service providers, it does mean that peer supports need to have status and be valued by other services. Equally, it is important for peer-support groups to recognise that clients need choice, and that some have had prior negative experiences in seeking support, and will choose a different peer-support group, post-adoption support agency or professional psychological care.

During the consultations, feedback was given on other services that have regular contact with people affected by the impacts of forced adoption such as hospitals and aged-care facilities. Currently there is little awareness among these services of the need to approach the topic of past adoptions in a trauma-informed way.

Service needs identified by stakeholders included:

- information and training for staff working in aged care and retirement homes. Mothers in aged-care homes are mentioning to their family members that they had a baby and their family members do not know what they’re talking about. Aged-care services need to be able to refer family members to appropriate services. Family members need support and questions answered to be able to understand what their mother experienced, and mothers need support while in the aged-care facilities;
- information and training for staff and practitioners in other facilities or services such as prisons, the alcohol and other drugs sector and rehabilitation services;
- an expansion of the mental health, drug and alcohol, and community health services in regional areas; and
- after-hours counselling and support services—however, there was recognition that it would be more cost-efficient to support and upskill existing services such as Lifeline, rather than introduce a new service.

Awareness raising

The need to improve general awareness had two components. The first component was about promoting awareness of services available to people who may need to access them but don’t know where or how to start. The second component was to engage the public to make people more aware about the history of forced adoption practices and their long-term effects:

It still astounds me when people say, “What apology?”. We need more public awareness to link to service entry points.

Suggestions for increasing awareness of services available for affected individuals included:

- once a year, conduct a “phone-in”, run by an organisation such as Lifeline that promotes the issues to the general public, to encourage people out in the community, who are silenced, who think it’s their fault, or who find it difficult to come forward. However, for it to be effective, there needs to be capacity to recommend GPs in the local area that people can access to get a referral to psychological or psychiatric care from appropriately trained professionals;

- a highly publicised central website with a 1800 number;
- posters and flyers explaining where you can go for help (e.g., Centrelink, community centres, Medicare Locals and other GP clinics);
- provide funding for marketing of existing services;
- deliver seminars in regional areas to create awareness. Seminars provide an opportunity for family members to hear different perspectives. Venues of seminars need to be neutral—for example, a community centre or library;
- improve linkages to and from related websites;
- increase capacity when a spike in accessing services is predicted—for example, after an apology or the release of a television show or film with adoption-related themes;
- develop a national website that is continually updated and maintained, and is linked to the Find & Connect and Stolen Generations websites. A campaign is needed to support the launch of the website;
- engage in awareness raising when the National Archives exhibition is touring. People need fliers and information booklets that they can take home with them, and resources need to be available when the archives exhibition is touring so that the resources are there when people are ready to seek support. The exhibition needs to be more than a historical exhibition;
- more public awareness surrounding people’s rights and access to an “adoption law” legal advisor in each legal aid commission; and
- run public awareness campaigns that inform those affected where they can go for help—for example, posters that advertise available services.

Suggestions for increasing awareness of the general public’s awareness of the history and long-term impacts of forced adoption included:

- run media campaigns that include personal stories, perhaps presented on ABC radio national, ABC television or online;
- establish a travelling exhibition;
- increase public awareness around the adopted person’s story;
- emphasise that not all people affected by adoption are traumatised (but some are);
- encourage broader community awareness, acceptance and acknowledgement of the experiences of those affected by forced adoption and the immoral and illegal practices of forced adoption; and
- deliver seminars in regional areas to create awareness. Seminars provide an opportunity for family members to hear different perspectives.

Service system and referral pathway

Participants discussed the difficulty of navigating the system, explaining that the entry point into services for clients varies dramatically. Some people search online for “adoption” and make contact with various adoption-related services through email, telephone or physically turning up at the agency. Depending on whether the client records are obtained will determine where they are referred to next. Some will make contact with a peer-support group first; others will contact the agency or institution that was associated with the adoption, or the statutory child welfare department responsible for managing adoptions. As one workshop participant explained:

Centralised information is really important. But the services need to be integrated. Be creative about engagement.

Many clients present at general welfare services with other problems (e.g., relationship issues, anxiety, depression, alcohol and other drug issues, gambling issues, etc.) and only later on does the history relating to adoption and removal practices emerge. So a key theme that came out of the workshops was the need for referrals within and across agencies.

Some of the points relating to referral pathways raised by stakeholders included the need for:

- better access to other services and quality services (in particular therapeutic services);
- availability of specific services for the different groups affected—for example, separate programs for adopted persons, mothers and fathers;
- availability of a range of independent and impartial services so potential service users can choose where to seek support;
- a flexible service system that caters to the unique needs of each individual, and that service use isn't necessarily "sequential";
- resources to support community education and awareness-raising (there is no point encouraging a person to seek support when the required resources to meet any increase in demand are not yet in place);
- improved community pathways to services;
- trauma-informed services;
- expanded, longer term funding (beyond the 4-year cycle of the current Commonwealth government funding);
- targeted information material on post-adoption specific services to aged-care services to provide alternatives to the Internet;
- provide material on relevant agencies and services to community centres, such as crochet groups, yoga, computer classes, libraries, senior citizen clubs, community information centres;
- have interstate meetings that include state and non-government organisations; and
- develop a broader referral network.

A suggestion of good practice from one agency related to the information provided to clients about pathways:

We have a flowchart that clients can see. They can see where they are, and what needs to happen.

Types of service-delivery models canvassed during the consultations included:

- individual case management (currently, support is siloed within each agency);
- empowering and supporting individuals to undertake the search process on their own;
- one-stop shops that are multi-disciplinary and provide "wrap-around" services (most stakeholders acknowledged, however, that the amount of resourcing that would be required to achieve this is probably unrealistic);
- point of contact and community-based information and referral (such as existing community hubs, libraries, etc.) where service users can receive some face-to-face contact;
- national coordination of service provision (e.g., website or entry hub like Find & Connect);
- restorative justice services—finance, information, and coordination of services; and
- building capacity within existing mainstream services (i.e., services funded under the Australian Government's Family Support Program).

Access to Allied Psychological Services (ATAPS)

In response to the National Apology, the Department of Health (formerly the Department of Health and Ageing) provided Medicare Locals with a short-term increase in funding to support the anticipated demand on ATAPS (Access to Allied Psychological Services) immediately following the National Apology. The incremental one-off funding boost was provided to support people in the immediate post-Apology period (to 30 June 2014). This was viewed as an interim step for the provision of support while future services were being decided upon by the now Department of Social Services (formerly FaHCSIA).

Medicare Locals were informed that the focus of the increased services was for people who were forcibly adopted and their mothers and fathers.

The eligibility requirements for individuals to receive services were:

- individuals must have a clinically diagnosed mental illness of mild to moderate severity;
- individuals must have a Mental Health Treatment Plan in place with referring GP or psychiatrist;
- if/when a person identifies as being affected by past forced adoption practices, they should be given priority and not added to a waiting list;
- as per ATAPS Tier 1, sessions are to be provided at low or no cost;
- as per ATAPS Tier 1, these clients are eligible for 12 individual sessions per calendar year (in exceptional circumstances, another six sessions may be provided); and
- in addition to individual sessions, up to 12 separate sessions will be available for group therapy services.

Guidelines were also provided throughout Medicare Local networks regarding sensitive inquiry and appropriate language to use when discussing the subject of forced adoption with patients. Information received by AIFS during the scoping study revealed that the following directive was given to GPs in at least one jurisdiction:

[Name of jurisdiction] Medicare Locals and GPs are advised not to ask all new patients if they have been affected by forcible adoption practices, as this may cause undue distress.

While clearly well-intentioned, stakeholders noted that this goes against the findings of the AIFS National Study and the Senate Inquiry regarding the need for GPs to “ask the question” of their patients.

In addition, there were very consistent reports from stakeholders that they perceived the allocation of funds for ATAPS services to have been poorly advertised, and many stakeholders who participated in the scoping study hold serious concerns regarding the expenditure of the already limited funding, on services that have had poor uptake largely due to the way in which the funding was rolled out; nor were they aware of any training offered to GPs prior to the distribution of funding. This is a significant issue in the context of the scoping study for several reasons:

- stakeholders felt there was a lack of consultation regarding the appropriateness of allocating funds to this particular support option;
- there is a very limited time in which the additional services are available—lack of awareness by those eligible has resulted in a very poor uptake; and

- the funding has been distributed and is not contingent on the level of uptake by individuals (i.e., stakeholders were concerned that there is no proposal for re-distribution of funding if it hasn't been spent).

However, it should be acknowledged that our understanding is that ATAPS are not required to disclose a history of forced adoption and we are not aware of any service data being collected about this specific group accessing services.

7 Service mapping

The objectives of this chapter are:

- to present a comprehensive overview of the types of services currently available within Australia to people seeking support to address the impacts of forced adoption; and
- to analyse the strengths or promising practices, weaknesses, gaps and barriers to utilisation across jurisdictions.

The service mapping component of the Scoping Study purposely looks at support services that are providing post-adoption specific services for mothers, fathers, adopted people and their relatives; it does not include services that are targeted at supporting current adoptions and adoptive families as the scope of this study is to examine “the services currently available and gaps in the service system for those affected by forced adoption” (Senate Inquiry, 2012). However, there is some overlap in the context of the expressed service and support needs of those affected by former forced adoptions, in that there is a need for information and education within the contemporary adoption environment regarding:

- practices of the past (including the driving factors influencing “supply” and “demand” etc.); and
- potential effects of adoption on adopted individuals and wider family members.

It is important to note, that the service mapping exercise does not propose to “grade” any individual service that is discussed, rather, we seek to more broadly identify and present where there are current service gaps, as well as highlight where there are practice examples that align with the key principles of “good practice” that were identified in the literature review undertaken for the Scoping Study.

The chapter begins by outlining the types of adoption-related support services currently available in Australia. We then present an overview of the services at a state and territory level and a state-by-state analysis of the available services according to the degree to which they match the key principles of a comprehensive support system identified in the literature review to meet the needs of those affected by forced adoption and removal policies and practices.

7.1 Service types

The findings from the AIFS National Study (2012) demonstrated that at some stage in the life of a person affected by past adoption (including forced adoption), it is likely that they will engage with services in relation to their adoption experience (Kenny et al., 2012). The engagement with services can occur at any stage of a person’s journey, and the entry points into the service system vary widely. For example, some adopted individuals seek information about their parents as soon as they turn 18 years, while others wait much longer, or choose not to search at all. Similarly, some mothers will begin the search for their child independently, and others will engage the services of an agency to assist them in their search (Kenny et al., 2012).

There is no clear single entry point or pathway that can be identified in the network of support services available to those affected by forced adoption. Each state and territory has its own unique service system that has manifested from the relationships built between the agencies delivering the services, as well as the level of resourcing available to individual agencies and groups.

Agencies offer support services for a range of client needs. For example, adoption information services support the access to adoption records and in some cases also offer a service to facilitate the search and contact. As a result, there are a number of overlaps when categorising

these services; however, in most cases there is a predominant service offered. These services are:

- adoption information services;
 - other information services pertaining to past adoptions such as Births, Deaths and Marriages;
- search and contact services;
- post-adoption support services (offering a suite of post-adoption services, including search and contact and counselling);
- peer-support groups; and
- generalist health, welfare, and other human services.

Adoption information services

Adoption information services are predominantly state/territory government-run services that assist people affected by past adoption to access their adoption records. These services often offer short-term counselling on the receipt of adoption information and, in some cases, assistance with subsequent search and contact activities. Adoption information services are governed by the relevant laws pertaining to adoption in the state or territory in which they operate. These laws stipulate both the type of information that is available, and the parties to which it can be made available.

Most Australian state and territory adoption information services are situated within the relevant government department that is also responsible for the management of children and young people in out-of-home care, and the arrangement of current adoptions and permanent care. State-based registers (such as the contact veto register) are managed within the adoption information services of the relevant departments.

At the moment adoption information is not collated at any one department. The only national register available is the website OzReunion which manages a national online adoption register where individuals can post details of the person they are searching for (see <www.reunion.com.au>). This service charges a one-time fee and there is no apparent evidence of success rates or other evaluative information available on the website.

Jigsaw WA maintains an adoption register for all parties to adoption in Australia. In a written submission provided to AIFS, a Jigsaw representative details the plans to develop a National Register:

We are rewriting our current “one form” Register to make it a National Register with individual forms for each party to an adoption. In addition, we are extending the Register to include Forgotten Australians, UK migrant wards and people separated from family through other circumstances such as foster care. We have spoken to all the stakeholders and have received interest, praise and support for the idea. We plan on launching it in the next couple of months.

A newly established organisation, Within These Walls (Australian DNA Hub), provides advice and support in the use of DNA when searching for your family roots. DNA testing and matching is a way of confirming or establishing relationships when little other evidence is available. The organisation asserts that one of the advantages of DNA testing can be the provision of information such as the likelihood of susceptibility to certain medical conditions in the absence of any family medical history—particularly for adopted individuals.

A database for matching the test results is currently being developed at the time of this report (see: <http://australiandnahub.org.au/old_index.html>). However, potential violations of civil

liberties and human rights in the collection and storage of DNA would need to be carefully considered and addressed.

Births, Deaths and Marriages (BDM)

Each state and territory has a government-led agency that is responsible for the record management of its citizens and residents. The rules and regulations that govern these agencies vary in each state. Staff working at BDMs may encounter people affected by forced adoption when they are attempting to access their original birth certificates or other related records. A complexity for those working in BDMs, is the potential to inadvertently disclose information pertaining to a past closed adoption in the event that the person seeking a copy of their birth certificate is unaware that they are in fact adopted. This is not an uncommon occurrence, given an adopted person has two birth certificates (the original and the adoptive) and will need to be asked to specify which birth certificate they are seeking a copy of.

Hospitals, maternity homes and orphanages

Some hospitals, maternity homes and orphanages still possess records relevant to the experiences of mothers and adopted individuals, including personal and medical records. Mothers, fathers, adopted individuals and other family members who are attempting to piece together the experience of the past may attempt to access these records directly from the place where the pregnancy, birth and subsequent placement of children post-separation took place.

Non-government organisations

There are also a number of non-government agencies offering adoption information services that pertain to records kept by that agency and its precursor entities, for example Connections (UnitingCare) in Victoria and CatholicCare and Anglicare in New South Wales. For the most part, these services were involved in the management of maternity homes and orphanages, and provide access to personal records still available. Some organisations, such as the MacKillop Family Services, have a dedicated service to assist in accessing this personal information. However, it is not uncommon for people affected by past adoption to be deterred from seeking assistance from these agencies because of their role in facilitating adoptions in the past (and in some cases, their involvement in current adoptions).

Search and contact services

People who choose to look for their relatives can opt to search on their own or to engage a search and contact service. Search and contact services can work directly with the client or can support an agency that the client has already contacted and/or built a relationship with. They have a wide client base and are not specialised in providing services for people affected by forced adoption.

Search and contact services provide information and support, short-term counselling, assistance in making contact and mediation between parties to an adoption, should it be required. Organisations providing assistance with the search and contact process will frequently utilise the services offered by the above-described adoption information services.

Services such as Link Up and Find & Connect provide similar services nationally but do not cater specifically to the needs of those affected by forced adoption and in some cases these services are not accessible to them.

In Australia, there are three services that also facilitate searches internationally: Salvation Army Family Tracing Services, International Social Services, and Find & Connect.

Post-adoption support services

In each jurisdiction (except the Northern Territory), the state/territory government funds an agency to provide post-adoption support services. They work closely with the relevant government child welfare department's internal adoption information service to facilitate the search and contact journey for their clients. In most cases, agencies can offer, on request, their services to interstate clients who need to search for family, or find information about adoptions that occurred in that jurisdiction. Typically, agencies also offer their services to people affected by donor conception and out-of-home care.

The entry point and reasons for contacting post-adoption specific services vary. Some people will make contact to seek support from peers, while others will want the assistance of an intermediary service to make contact with family. There are some clients who are disinclined to search for information because they don't want to work with a particular agency that was responsible or involved in facilitating forced adoptions or who currently provide services to adoptive families.

Post-adoption support agencies typically provide:

- information services;
- facilitation of search and contact;
- mediation;
- support groups;
- counselling (individual, group and telephone);
- referral;
- resource sheets;
- training courses; and
- newsletters.

State government-funded post-adoption support services operate in the following jurisdictions:

- **New South Wales:** The Benevolent Society—Post Adoption Resource Centre (PARC)
- **Queensland:** The Benevolent Society—Post Adoption Support Queensland (PASQ)
- **South Australia:** Relationships Australia—Post Adoption Support Services (PASS)
- **Tasmania:** Relationships Australia—Post Adoption Support Services (PASS)
- **Victoria:** Victorian Adoption Network for Information and Self Help (VANISH)

In discussing the future of these services, it was noted that many service staff with the most corporate knowledge are nearing retirement age. There is a real concern that expertise in service delivery will be lost if there are no resources to train others and plan for the future.

Peer-support groups

Peer-support groups are typically run and facilitated by members who have had a personal experience of forced adoption. Some groups are open to all parties involved in adoption (mothers, fathers, adopted persons, adoptive parents and relatives of the aforementioned), whereas others provide services specifically for one or two parties: most often mothers and/or adopted persons.

The range of services offered by peer-support groups varies depending on the size and capacities of the group. The types of services that may be included are regular group meetings, online forums, information sharing, newsletters and advocacy. Peer-support groups that are

more formalised have avenues for advertising/promoting their services; however, there are many informal groups existing in local areas that are more generally accessed by direct referral or “word of mouth”. This is a distinct challenge for the purposes of the Scoping Study in that it is difficult to ascertain both the breadth of such services and the extent to which they are meeting the needs of those affected by forced adoptions across jurisdictions, particularly in more regional, rural and remote areas.

Some individuals who have been affected by past adoptions indicate that the support they receive from these groups is distinctive because of the level of understanding offered from someone who has had the personal experience of adoption (Kenny et al., 2012; Senate Inquiry, 2012). Anecdotally, peer-support groups can be a source of great comfort and guidance to people affected by forced adoption, and they can play an important role in the validation and acknowledgement of the experiences of the participants. However, there are some concerns about the possible re-traumatisation of members in peer-support groups as discussed in the literature review, and in the workshops held as part of the consultation process of the Scoping Study.

Other services

Therapeutic services

Those affected by forced adoptions that have experienced some of the psychological symptoms as previously described in this report, often seek the help of therapeutic services such as counsellors, psychologists and psychiatrists. In some cases, referrals to therapeutic services can be accessed via post-adoption support services, or peer-support groups. Word of mouth is another common avenue for those seeking professional therapeutic services, where recommendations of known therapists with knowledge and experience pertaining to adoption are provided.

A challenge faced by some individuals in accessing therapeutic services, is the need to “train” their therapist on the impact that forced adoption has had on their lives (Kenny et al., 2012). In some cases, the presenting need of the person is not directly related to the forced adoption, and the issue of forced adoption is not raised. As a result, if a counsellor or psychiatrist does not have prior knowledge of the impact of forced adoption and the corresponding symptoms, the presenting symptoms can remain unexplained.

General Practitioners

While General Practitioners (GPs) do not provide forced-adoption specific services, they can play a crucial role in referral to these services. It has been reported, however, that there is very little awareness or training among GPs about the long-term impacts of forced adoption. This view is supported by the findings from the AIFS National Study (Kenny et al., 2012), where many participants stated that their experience discussing needs associated with these impacts was poorly received by their GP.

It is not unusual for the topic of adoption to come up, however, in discussion between an adopted person and a GP as it is often raised when the patient is asked about the family’s medical history. Consultation data revealed a strong view from stakeholders, based on their clients’ experiences, that GPs are not trained to identify the links between mental health issues (such as depression, anxiety, personality disorders) and adoption. This was acknowledged in the consultation with the RACGP. This can be further complicated when the patient is a mother, and the experience of forced adoption may not be disclosed at all.

Generalist health, welfare and other human services

As the AIFS National Study reported (Kenny et al., 2012), participants had also accessed support interventions from other areas of the health and welfare system in relation to their adoption experience, including physical therapists and alcohol and other drug treatments. It was widely acknowledged that targeted education of professionals in broader health and welfare-related fields is necessary, as the impacts of past adoptions (as well as the strategies that individuals use to cope with these impacts) can manifest in a range of ways: emotionally, psychologically, physically, socially and economically.

National general counselling services such as Lifeline, Mensline, and beyondblue offer counselling services, but without appropriate training these services do not address the needs of those affected by forced adoption. Relationships Australia operates a counselling service nationally, but only provides post-adoption specific services in South Australia, Tasmania and Western Australia.

Online accessibility

One of the first places a person will visit when seeking support services to address their needs is the Internet. The type and quality of online information provided by support services varies by service type. The best quality and range of online information for people affected by forced adoption is provided by adoption information services and post-adoption support services. Information on these groups' websites is professionally/formally presented, factual and grounded in legislation. A mix of general and specific information is commonly found on these websites. This includes such items as legislative frameworks and discussion papers, along with explanations of the legislation's limitations and of processes to be followed as per the relevant legislation; information sheets, guides and FAQ pages; application forms; research and senate reports; service directories (including descriptions of services and links to adoption units and support services in other state government departments); and multimedia resources (e.g., radio segments, video stories), many of which pertain to the National Apology. In addition, some post-adoption support groups offer content for professionals, such as training and consultancy services.

Brief user testing suggests that a person using the Internet to find access to post-adoption support services on state/territory government websites may have a varied experience, with many jurisdictions not clearly articulating the nature of post-adoption supports or services specifically for those affected by forced adoption or "past adoption practices" that they offer (see Attachment J).

Peer-support services online

Many peer-support services do not have an online presence. These smaller peer-support groups often represent a grassroots service that operates in a localised context, supporting individuals affected by forced adoption strictly within their state or territory, and tend to be accessible only via telephone.

Peer-support groups that do have an online presence offer information through a basic and informal platform, where the information tends to vary in quality. The variety of information provided by peer-support groups is wide and reflects each group's varying philosophies and focus. Information may be opinion-based or autobiographical, such as that exchanged through web forums and discussion pages, bulletin boards, and blogs, including shared stories of personal adoption experiences. Information may also be persuasive, such as that provided by lobbyist or activist groups attempting to influence government decisions. Some websites link to

or provide transcripts of national and state apologies, or offer a connection to external statutory websites. Others offer membership forms, joining information and subscription e-newsletters. Websites by groups with a lobbying, campaign and advocacy focus typically link to submissions, conference papers and media. Examples of peer-support groups offering online information in a basic and informal manner include Origins (NSW), Australian DNA Hub/Within These Walls Inc. in the ACT; Origins (NSW) and The Apology Alliance in NSW; Adoption Loss Adult Support Group (ALAS) Australia Inc., Adoption Privacy Protection Group and Origins (Qld) in Queensland; Adoption Origins Tasmania in Tasmania; and Origins (Vic.) Inc. in Victoria.

Peer-support groups the Association of Relinquishing Mothers (Vic.) Inc. (ARMS)¹⁰ in Victoria and Jigsaw Queensland in Queensland provide online information that is of a higher calibre. These sites provide a range of resources in addition to personal stories, opinion pieces, blogs and discussion forums. For example, the website for ARMS (Vic.) Inc. lists support group meeting times, has a regularly updated news page and also provides brief information about relinquishment and rights. Peer-support group Jigsaw Queensland gives a step-by-step guide to the search and reunion process, information about support-group meetings (including meeting times, locations and tips on how to get the most out of attendance), and links to statutory websites both in Queensland and in other jurisdictions.

Other services online

Not-for-profit organisations providing adoption-related services tend to embed limited information within their organisations' broader websites. Victorian organisations Connections UnitingCare and CatholicCare (formerly Centacare Catholic Family Services) offer concise descriptions of their adoption information services as small blurbs within their organisations' larger websites. Similarly, Centacare Family Services in Tasmania supplies a single page of general information, including a contact form and a general adoption information brochure to print or download.

7.2 Services available by state and territory

Currently, there is no one post-adoption support service that operates nationally in Australia. Agencies are operational at an individual state and territory level, although some have affiliates that function as separate identities in other states (e.g., Relationships Australia South Australia and Relationships Australia Tasmania). As a result, each state offers a variety of different services that operate under the laws and regulations of that state or territory, which are described in Attachment H.

The recent apologies for forced adoptions at state, territory and national levels have led to a degree of change in the services offered in a number of jurisdictions, with additional funding allocated to some agencies to assist in the delivery of an "enhanced support system". The following section aims to provide as detailed an overview as possible of adoption support services (both formal and informal) that currently exist across Australian states and territories, however, we acknowledge that this list will not be exhaustive, in that there will be support networks/groups that operate on a somewhat informal level where information about them has been difficult to obtain.

¹⁰ ARMS in South Australian and Western Australia is known as the Association Representing Mothers Separated from their children by adoption.

We then attempt to map the compatibility of the existing service options with the features of good practice identified in both the literature review and stakeholder consultations, at a jurisdictional level.

Australian Capital Territory

Table 2: Services in the Australian Capital Territory

Service name	Service type	Services offered
Adoption Mosaic	Peer-support group	<ul style="list-style-type: none"> ▪ Ongoing peer support (group; one-to-one; telephone and face-to-face) ▪ Information and referral ▪ Search and contact support
Canberra Independent Adoption Support Group	Peer-support group	<ul style="list-style-type: none"> ▪ Ongoing peer support (group; one-to-one; telephone and face-to-face) ▪ Education and information ▪ Resources ▪ Recovery and healing focus
Origins (NSW)	Peer-support group	<ul style="list-style-type: none"> ▪ Ongoing peer support (group; one-to-one; telephone and face-to-face) ▪ Advocacy ▪ Information ▪ Counselling
Adoptions and Permanent Care Unit	Adoption information service	<ul style="list-style-type: none"> ▪ Provides identifying information ▪ Short-term counselling
Post Adoption Resource Centre (PARC) NSW	Post-adoption support service	<ul style="list-style-type: none"> ▪ Assessment and case planning ▪ Counselling and case management—provided face-to-face, by telephone and Skype ▪ Access to records and search services ▪ Access to mental health services ▪ Mediation and brokerage assistance based on assessment of need ▪ Healing retreats ▪ Training for regional counsellors ▪ Educational resources

Information services

The Family Information Service (formerly the Adoption Information Service) is part of the ACT Adoptions and Permanent Care Unit, Community Services Directorate, ACT Government. The Adoptions and Permanent Care Unit is also responsible for administering and implementing permanent care arrangements (including adoption) for children and young people currently involved in the out-of-home care system.

The Family Information Service operates under the *Adoption Act 1993* and the *Adoption Amendment Act 2009*. There are no costs associated with any of the services provided by the Family Information Service, which include:

- information, mediation and counselling services to those affected by adoption;
- the administration of applications for identifying information and vetoes; and
- the administration of the Reunion Information Register.

While the Family Information Service states that it employs professionally qualified staff who recognise and understand the emotional complexity of adoption, any ongoing counselling needs are referred to peer-support groups or private practitioners (personal communication, Adoption Permanent Care Unit, 2014).

The Reunion Information Register provides the opportunity for parties to an adoption to place their names on the register if they would like to have contact with one another.

The Adoptions and Permanent Care Unit website provides links to a range of publications such as the 2009 booklet, *Search and Reunion*, which offers information and advice on the process of searching for and connecting with (birth) relatives. In addition, the website provides extensive information and links to both the National Apology to People Affected by Former Forced Adoptions and the ACT Government Apology to People Affected by Former Forced Adoptions. However, navigating to this section of the website is actually very challenging—there is not an obvious entry point into obtaining information about adoption in the ACT.

Post-adoption support services

There are currently no formal post-adoption support services that operate within the ACT; however, the Benevolent Society's Post Adoption Resource Centre (PARC) in NSW extends their services to clients living in the ACT. PARC provides a wide range of services including counselling and case management, training for regional counsellors and the dissemination of educational resources.

The Benevolent Society's general website holds information regarding PARC, including general information about services offered, links to resources, and how to make contact with the Centre for support. PARC is not a forced adoptions-specific service, and they provide support to all parties involved in the adoption including parents, adopted persons, adoptive parents, siblings and partners. More extensive information regarding PARC is provided in the section on NSW.

Support groups

There are two post-adoption peer-support groups that operate in the ACT, with an additional group running in NSW that also extends its services to residents of the ACT.

Adoption Mosaic

Established in 2000, Adoption Mosaic is an independent Canberra-based peer-support group that provides support to all parties involved in adoption. Adoption Mosaic is administered by a small group of volunteers who have a direct experience of adoption (including an adopted individual and mother) and provides:

- opportunities for people affected by adoption to share their stories in either a group setting or one-to-one;
- information and referral; and
- assistance with the search and contact process including ongoing support.

Adoption Mosaic run groups and offer one-to-one contact “on demand” rather than at regular intervals due to diminishing attendance at the more structured sessions that were previously provided. Although not specifically targeting those affected by forced adoptions, Adoption Mosaic welcome the experiences of all individuals seeking support for adoption-related issues.

Referrals to Adoption Mosaic are received largely from PARC in NSW and from the ACT Government's Adoptions and Permanent Care Unit. Other referrals are by word-of-mouth. Individuals make contact by phoning the group's facilitators directly; there is no website for the group, and the lack of online presence is one possible explanation for the dwindling numbers of individuals contacting the service.

Canberra Independent Adoption Support Group

The Canberra Independent Adoption Support Group is a more recently established peer-support group in the ACT. While Adoption Mosaic has a primary focus on providing support and a space for people to share their adoption stories, the Canberra Independent Adoption Support Group also has a broader focus on education, and sharing of resources and research relating to healing and recovery for those affected by past adoptions. Run on an informal basis and open to a cross-section of people impacted by adoption, the group has seen a reduction in numbers in the last year. The founder and convenor of the group has commented that the proliferation of Facebook groups dedicated to adoption have become the primary point of access for people affected by forced adoption who want to express themselves. They are available 24/7 and have no geographical or temporal boundaries, resulting in a drop in the number of individuals accessing terrestrial support groups. One advantage the group setting has over the online forums, obviously, is the face-to-face contact (*“a real face rather than a cyber face”*) that is available, and although the number of formal group sessions has been dwindling, the group’s convenor has speculated that due to the number of adoption reforms being considered in various jurisdictions (pertaining to inter-country adoptions and adoption of children from the out-of-home care system), it could well mean a change of focus for the group with possibly a more structured approach and more face-to-face meetings.

However, this group shares in the resourcing limitations of Adoption Mosaic, whereby there is no website or other promotional materials. While the group is widely referenced throughout other sources such as the ACT Government’s Adoptions and Permanent Care Unit, the lack of an online presence may have repercussions on the actual number of people making contact for support.

NSW: Origins SPSA Inc.

Origins SPSA Inc. is a registered charitable organisation that relies on donations and membership from the public to provide its services. Origins was originally established in 1995 by a small group of mothers separated from children by adoption who wanted to address issues of adoption that conventional agencies did not cover adequately, such as emotional, psychological and legal issues. The organisation has focused primarily on campaigning for government acknowledgment of forced adoption practices and policies.

As stated on their website, the aims and objectives of Origins SPSA Inc. are:

- **Support:** Providing frontline counselling and support services to people affected by forced adoption. Also providing confidential support and information through:
 - a telephone service available to people separated by adoption; and
 - regular support meetings where mothers have the freedom to speak and be heard in a safe place.
- **Healing:** To promote the process of healing the emotional damage caused by adoption separation and secrecy.
- **Reunion:** To assist in the reunion of family members separated by adoption.
- **Awareness:** To promote community awareness and understanding of the lifelong consequences and social issues associated with adoption separation.
- **Research:** To encourage and promote research in to the mental health consequences and social issues associated with adoption.
- **Redress:** To seek acknowledgement, validation, accountability and redress for negligent adoption practices.

- **Reform:** To encourage and promote legislative, social and administrative reforms that address the needs of the people already separated by adoption, and which promote systems of secure, alternative child care that respect the ongoing needs and dignity of both mother and child as an alternative to permanent separation.
- **Liaison:** To liaise with any government departments or other agency, body or individual who may assist in promoting the aims and objectives of Origins.
- **Newsletter:** To offer our members a quarterly newsletter.

The organisation is targeted predominantly at mothers affected by forced adoption, however there is some presence of adopted individuals and fathers on the website. Support groups are held monthly in Sydney and surrounds.

Other services

There appears to be a limited range of other services existing that target the needs of those affected by forced adoptions (e.g., mental health providers, drug/alcohol services, etc.).

Service interaction and pathways of referral

Services participating in the consultations did advise that there are some good networks amongst the adoption community and it is about helping individuals seeking support to tap into those networks.

It is clearly a small community of organisations within the ACT, so there is cross-awareness of each other's services. There exists a good relationship between the two local peer-support groups; Adoption Mosaic also has a good working relationship with PARC. However, there is limited stated knowledge about specialist therapeutic services, i.e., appropriate counsellors to refer people to.

The ACT Government's Adoptions and Permanent Care Unit facilitates referrals to peer groups as well as search and contact through PARC in Sydney.

Referring people to other information services such as Births Deaths and Marriages reportedly has varying success according to individuals who took part in the consultations; it is very much determined by "who you get on the day" in terms of the quality of services and the sensitivity with which services are provided.

Good practice principles and the ACT service system

Table 3: The ACT service system measured against the good practice principles

Measure	
Accountability	<ul style="list-style-type: none"> ■ The ACT has made an apology to those affected by former forced adoptions, and there is high visibility of this and the National Apology on the Departmental website. ■ The Benevolent Society (PARC) has made an apology for the organisation's role in past practices, but there is little accessible information about it. There is no mention of it on their website, for example. ■ The Adoptions and Permanent Care Unit has information on its website that guides service users who wish to make a complaint through a range of options. The information provided is clearly presented and includes links to relevant Departmental policies. ■ Complaints processes are unclear for the ACT support groups. They are run by volunteers and there is no governing committee overseeing their services. Origins has a committee comprised of members of the organisation. There are no clear complaints processes stipulated in the information available on their website. ■ PARC has no obvious/clear formal complaints process—there is a contact/query form on their website. ■ It remains unclear what administrative data (if any) is collected by agencies.

Measure	
Accessibility (including affordability)	<ul style="list-style-type: none"> Services provided by the Family Information Service are free. There appears to be uncertainty, however, as to what records are available at no cost, i.e. just original birth certificates, or does it include file information also? Government services are provided during business hours only. Peer groups have ongoing availability, however this is often reliant on the convener of the group to coordinate. Timeliness of responses will be variable. Information provided on the Adoptions and Permanent Care Unit website is extensive regarding past adoptions, including background information to the National Apology. However, actually navigating to this section of the website is very difficult. Adoption-related links are relatively "hidden". It is difficult to obtain detailed information about the local peer-support groups. There are only phone numbers listed for individuals to make contact; no other details regarding what the groups offer, e.g. philosophy, target group, meeting times/composition, etc. Post-adoption support services are only available through the Sydney-based PARC, however PARC do visit the ACT on occasion.
Efficacy and quality	<ul style="list-style-type: none"> The Adoptions and Permanent Care Unit website says staff are trained and sensitive to the needs of those affected by adoption, however there is no further detail regarding what this training has been. The Adoptions and Permanent Care Unit do offer information and counselling, but not long term. Support groups are not facilitated by therapists, however some facilitators have been trained in group facilitation. There is variability in who is welcome to attend. Origins states that they provide counselling, but there are no trained therapists on staff. There is clear information regarding the philosophies of the group. It is unclear what professional development and ongoing supervision opportunities (if any) are available to staff.
Diversity	<ul style="list-style-type: none"> Support through the search and contact process needs to happen via NSW PARC, although there is some support offered by peer groups. There appears to be a significant lack of specialised therapists in the area. The Benevolent Society (PARC) has a history of involvement in forced adoptions, and they also offer support to adoptive parents. This may limit the support options for those who see this as being a distinct conflict of interest and not independent. The Adoptions and Permanent Care Unit who offers the Family Information Service is the same directorate that is in charge of current adoptions, and therefore may not be seen as being independent. Adoption Mosaic and Canberra Independent Adoption Support offers support to all parties to adoption; neither group is targeted at forced adoptions only. Origins Inc. has a strong focus on forced adoptions, but they are not local to the ACT. Modes of delivery—Largely telephone and face-to-face. PARC has a more diverse range of online support options such as the use of Skype and online counselling. There is no official online/web-based support available in the ACT. However, social networking sites will obviously have ACT membership.
Continuity of care	<ul style="list-style-type: none"> There appears to be a well-established relationship between the two local peer-support groups—the Adoptions and Permanent Care Unit does have both groups listed on the website as sources of support, but no further information as to what they do, who they target, etc. There are no formalised relationships between agencies to provide a distinct and seamless process for those accessing support.

Summary

The ACT Government has apologised for its role in former forced adoptions. They have been proactive in providing information/links to apology-related materials on their website, which assists in raising awareness generally. It also communicates to those affected by forced adoptions that there is an acknowledgement of their experiences.

There are no post-adoption support services for ACT—they are reliant on NSW PARC. While the Benevolent Society have apologised for their involvement in past adoptions, there is little information available regarding this.

ACT appears to have a good information service, however there is a lack of therapeutic support options. Peer-support options are available in the local area, but there are accessibility issues in

finding out information about them. This may be a significant barrier to those seeking support. The development of a website would be beneficial for the existing local peer groups, however it is acknowledged that this is likely to be a resourcing issue for them.

Potential issues in the ACT for those seeking support for forced adoptions are:

- Services in the ACT that are specific to those affected by forced adoptions are limited.
- The Family Information Service is part of the same government department in charge of current adoptions and therefore not regarded as independent.
- People are reliant on the post-adoption support services of the Benevolent Society, who were a major player in past adoptions and are not locally based.
- There is acknowledgement among service providers that online forums can be very negative; however, there exists a tension between the potential adverse affects of an unmoderated online support environment, and the benefits that it can provide, such as an instant common connection that crosses time and geographical barriers.

New South Wales

Table 4: Services available in New South Wales

Service name	Service type	Services offered
Adoption Information Unit, Department of Family and Community Services	Adoption information service	<ul style="list-style-type: none"> ■ Provides identifying information ■ Administers registers ■ Facilitates reunions in special cases ■ Short-term support
Origins (NSW)	Peer-support group	<ul style="list-style-type: none"> ■ Telephone support ■ Monthly support meetings ■ General awareness ■ Advocacy ■ Provides information on searching and facilitates meetings/reunions
Post Adoption Resource Centre (PARC)—Benevolent Society *	Post-adoption support service	<ul style="list-style-type: none"> ■ Assessment and case planning ■ Counselling and case management—provided face-to-face, by telephone and Skype ■ Access to records and search services ■ Access to mental health services ■ Mediation and brokerage assistance based on assessment of need ■ Healing retreats ■ Training for regional counsellors ■ Educational resources
Salvation Army—NSW Special Search Services Tracing Services *	Search and contact service	<ul style="list-style-type: none"> ■ Information and support ■ Short-term telephone counselling ■ Assistance in making contact ■ Search and mediation ■ Referral to other services
The Apology Alliance	Peer-support group	<ul style="list-style-type: none"> ■ Peer support ■ Advocacy ■ Research and information

Information services

The Adoption Information Unit in NSW is operated within the Department of Family and Community Services (FACS). The Unit is responsible for providing identifying information to

parties involved in adoption. Additionally, the Unit administers relevant registers such as the Reunion and Information Register, the Contact Veto Register and the Advance Notice Register. While the Unit does not usually provide search and connect services it does offer support, mediation and outreach in some cases.

In response to the NSW apology on 20 September 2012, FACS abolished all fees it charges for adoption information services for adopted people and (birth) parents. In addition, the NSW Government announced an increase in funding of up to \$900,000 over three years to the Benevolent Society's Post Adoption Resource Centre, with a particular focus on the provision of support in rural and regional areas.

The FACS website provides a link to the NSW Apology for Forced Adoptions, however there is no statement regarding forced adoptions per se as a prominent feature on the website.

Post-adoption support services

The largest provider of post-adoption support services in NSW is the Benevolent Society's Post Adoption Resource Centre (PARC). As described above, PARC provides a wide range of services to all parties to adoption as well as wider family members such as siblings and partners, including:

- counselling (individual, family therapy, group) with the option of face-to-face, telephone or Skype;
- information;
- assistance with accessing identifying information—e.g., records in hospitals, adoption service providers and government departments;
- intermediary services;
- referral to mental health professionals;
- reports and information sheets regarding all aspects of search and reunion;
- newsletters;
- training for regional counsellors;
- dissemination of educational resources;
- mediation and brokerage assistance based on assessment of need; and
- healing retreats.

PARC has the most comprehensive set of information sheets of all post-adoption services nationally, with more than 38 published on their website.

The Benevolent Society remains the largest recipient of NSW government funds allocated to providing support needs for those affected by forced adoption in NSW. In response to a recommendation from the NSW Legislative Council Standing Committee on Social Issues (Parliament of NSW, 2000) the Department of Community Services funded PARC to produce and distribute a post-adoption resource and training kit for counsellors with a particular focus for counsellors in regional NSW. In 2004, the Benevolent Society published *Adoption in NSW: An Information and Resource Kit for Counsellors and Practitioners in Regional NSW* (Young, 2004). This guide to adoption in NSW includes information on the relevant legal framework and a comprehensive overview of the issues facing all parties in an adoption. In 2005, the Benevolent Society also published the *Intermediary Services in Post Adoption Reunion: A Resource and Training Guide for Counsellors Assisting in Family Reunion* (Armstrong, Ormerod, & Young, 2005), which includes structured models for formal mediation and sample

letters to parties sent to facilitate the mediation. This booklet is available for sale from the Benevolent Society.

Both of these resources are currently being reviewed and updated to reflect the recent changes in Adoption legislation in NSW (personal communication, 7 January 2014).

PARC offers three training packages to individuals, groups and originations interested in learning more about the history, impacts and service delivery for those affected by forced adoption. These training packages include:

- a 2-hour presentation discussing the basics of the history and impacts of post adoption (normally for organisations or school counsellors);
- a half-day presentation for counsellors and practitioners; and
- full-day training for counsellors and psychologists with specific clinical information and case discussions.

The training sessions were initially established in 2005 and were delivered until 2007 when they were stopped due to a lack of demand. In 2013, the trainings were re-established and are currently being reviewed and updated (personal communication, 6 January 2014).

As previously mentioned, the organisation is to receive up to a further \$900,000 over three years as a result of the 2012 Apology for Former Forced Adoptions by the NSW Government.

There has been some discontent from stakeholders about the provision of further funding to agencies seen to be implicated with past adoption practices (Tovey, 2012). As cited in Tovey, Christine Cole, mother and convener of the NSW-based Apology Alliance explained:

Nor do I consider privileging a government-funded organisation originally staffed by those responsible for the theft of our children adequate.

Cole suggested that access to independent trauma counselling could be improved as an alternative way of administering government funds.

A statement of apology was issued on 31 October 2011 by the Benevolent Society for its involvement in past adoptions:

We recognise and acknowledge that unmarried women in our care from the 1940s to the 1980s were not always given the care and respect that they needed during this difficult period of their lives and were sometimes coerced to give up children for adoption. We also recognise and acknowledge our involvement in arranging adoptions in the past through the adoption agency we ran at Scarba House.

However, there has been some criticism of the apology in that there was an absence of recognition that many of the practices were illegal, and perceived lack of consultation with mothers directly affected by forced adoption about the nature and wording of the apology.

Support groups

Two peer-support groups operating in NSW that have the most prominence are Origins SPSA Inc. and the Apology Alliance (including the White Stolen Generation group). These groups predominantly support mothers subjected to forced adoptions, and have been instrumental in lobbying for inquiries into past adoption practices and apologies from governments and institutions.

NSW Origins SPSA Inc.

As described in the ACT services section, Origins SPSA Inc. is a peer-support and advocacy group primarily for mothers but also providing support to adopted persons and some fathers. A support group meeting is run in Sydney once a month.

The Origins website provides a range of information pertaining to the history of the group, commentary on adoption-related issues, personal stories, links to research and relevant historical information regarding forced adoptions.

The Apology Alliance

The Apology Alliance is an advocacy-based group whose activities are centred on education and lobbying for justice and recognition of forced adoptions via federal and state government apologies. The White Stolen Generation group is affiliated with the Apology Alliance. The group has historically offered peer support, but it is difficult to access information about any formalised meeting times.

The Apology Alliance also runs a blog where relevant research and historical information links are posted, as well as playing host to discussion forums.

Other peer-support groups

Smaller support groups exist in NSW that have been facilitated by PARC initially, and have then branched out to become independent groups. While we are aware of the existence of more informal peer groups running in local areas, there is limited formalised information available. Referral to such groups is generally via word of mouth/through other existing groups.

Groups are comprised of a mix of all parties to adoption—some may be exclusive, while others encourage a range of perspectives to be shared in order to further education and awareness of the diversity of issues, needs and resources available that have/have not been useful.

Other services

While there are no services existing that are specific to forced adoption, as in other jurisdictions, referrals to private providers of psychological services with some experience of adoption-related issues occurs through existing networks. However, there appears to be a limited supply of professionals who have this level of speciality.

Non-government agencies such as Anglicare and CatholicCare who will provide some services associated with obtaining records and additional support throughout that process can also be used in NSW.

Service interaction and pathways of referral

To the best of our knowledge, there are no formalised links between the range of adoption services in NSW. Informal and professional relationships may exist across individual agencies and workers whereby referrals are made and received, however there is no succinct “system” of service provision.

Good practice principles and the NSW service system

Table 5: The NSW service system measured against the good practice principles

Measures	
Accountability	■ NSW has made an apology to those affected by former forced adoptions, but there is only limited visibility of this on the FACS website. There is no link to the National Apology.

Measures	
	<ul style="list-style-type: none"> ▪ The Benevolent Society (PARC) has made an apology for the organisation's role in past practices, but there is little accessible information about it. There is no mention of it on their website, for example. The link to the transcript of their apology that is used in other online sources is no longer active. ▪ In NSW, access to mental health professionals and support services specialised in forced adoption issues are mainly provided through PARC. For people who choose not to engage with services that are involved in past adoption, accessing appropriate mental health services may be difficult. ▪ Complaints processes are unclear at all service levels. Most groups are run by volunteers and there is no governing committee overseeing their services. Origins has a committee comprised of members of the organisation. There are no clear complaints processes stipulated in the information available on their website. ▪ PARC has no obvious/clear formal complaints process—there is, however, a contact/query form on their website. ▪ It remains unclear what administrative data (if any) is collected by agencies.
Accessibility (including affordability)	<ul style="list-style-type: none"> ▪ Information services and PARC services are free. ▪ Hospitals, BDM and court fees, however, are still in place. ▪ Business hours of operation for information and PARC services; peer groups have broader availability. ▪ Origins have strong lobbying focus, which many other stakeholders describe as exclusionary and divisive. Services are generally metro-centric in terms of face-to-face support available. ▪ Government services are provided during business hours only. Peer groups have ongoing availability, however this is often reliant on the convener of the group to coordinate. Timeliness of responses will be variable.
Efficacy and quality	<ul style="list-style-type: none"> ▪ PARC states that their services are provided by trained professionals. ▪ Community-based peer-support groups are not facilitated by therapists. Origins states that they provide counselling, but there is no evidence of staff being trained therapists. There is clear information regarding the philosophies of the group. ▪ It is unclear what professional development and ongoing supervision opportunities (if any) are available to staff.
Diversity	<ul style="list-style-type: none"> ▪ The state department (FACS) that offers information services is the same department that is in charge of current adoptions and therefore not necessarily regarded as being independent. ▪ The only funded post-adoption support service is one that was involved in past practices—there is a strong sense of mistrust of the Benevolent Society in NSW among a number of those affected by forced adoption. PARC, along with a number of other NGOs in NSW, is involved in current adoptions and supporting adoptive parents—again, causes division among some affected by forced adoption. ▪ PARC do offer an extensive range of options for providing alternative modes of support (i.e., Skype, online counselling, etc.). However, the services available are very metro-centric. ▪ There is variability in who is welcome to attend support groups. Availability of services is variable—FACS operates during office hours; PARC has business hours of operation; support groups have wider availability, however the support available will be variable regionally.
Continuity of care	<ul style="list-style-type: none"> ▪ There is a history of tension existing between support/peer groups that has been damaging to some individuals seeking support. This has resulted in a degree of mistrust and division throughout the forced adoption community in NSW. Referrals across groups will have subsequently been impacted. Little information exists regarding professionals who specialise in adoption. ▪ There are no formalised relationships between agencies to provide a distinct and seamless process for those accessing support.

Summary

While the Benevolent Society's PARC is the largest receiver of state government funds to deliver services to those affected by forced adoptions in NSW, there remains tension in the community regarding the Benevolent Society's role in former forced adoptions; their provision of services to adoptive families; and their involvement in current adoptions. The organisation provided an apology for its role in former forced adoptions in 2011, however there is no information pertaining to either their own organisation's apology or the subsequent state or

federal apologies for forced adoptions on their website. This is a key concern in consideration of the best practice principle of accountability and transparency.

There is a history of division amongst a number of peer-support and advocacy/lobbyist groups in NSW that has impacted on the level of availability of such services to a range of people seeking support. With little evidence of independent advisory groups/boards overseeing the delivery of peer-support services to those affected by forced adoptions, there remains a lack of accountability for potentially damaging and harmful practices to those seeking support. The increasing shift to unmoderated online forums for support in lieu of “on the ground” services that are available has been raised as a significant concern by service providers participating in the consultations.

Northern Territory

Table 6: Services available in the Northern Territory

Service name	Service type	Service offered	Forced adoption specific services?
Adoption Unit, Department of Children and Families	Adoption information service	<ul style="list-style-type: none"> Provides identifying information Information and support 	<ul style="list-style-type: none"> No

There are limited services existing in the Northern Territory for those affected by forced adoptions. While there is a more significant level of support for the Stolen Generations and Forgotten Australians (some of whom may have also been victims of forced adoptions), the only service pertaining to past adoptions is the Adoptions Unit within the Department of Children and Families in the form of past adoption information.

Adoptees over the age of 18 and (birth) parents are eligible to apply for information. While applicants must undergo a mandatory interview, and there is some counselling support offered during the process of obtaining adoption information, this level of support is not ongoing. There are no fees charged for these services.

The Adoptions Unit does not provide assistance with any search or contact-related activities, however we have received anecdotal information that individuals from the Northern Territory affected by forced adoption are sometimes referred to VANISH or FIND in Victoria and Adoption Jigsaw in Western Australia.

Summary

The Northern Territory is the only region in Australia that has not offered a formal apology for forced adoptions. There are no locally funded support services available to those affected by forced adoptions in the Northern Territory outside of information services provided by the Northern Territory Government.

Queensland

Table 7: Services available in Queensland

Service name	Service type	Services offered
Adoption Loss Adult Support Group (ALAS) Australia Inc.	Peer-support group	<ul style="list-style-type: none"> ▪ Telephone support ▪ Monthly support meetings ▪ General awareness ▪ Advocacy
Adoption Services, Department of Communities, Child Safety and Disability Services	Adoption information service	<ul style="list-style-type: none"> ▪ Provision of adoption information ▪ Post-adoption support via case management ▪ Maintaining contact statements and mailbox service ▪ Provision of mandatory counselling sessions during process of obtaining adoption information ▪ Search and outreach (special cases only)
Jigsaw Queensland	Peer-support group	<ul style="list-style-type: none"> ▪ Support group meetings ▪ Information and referral ▪ Assistance with searching ▪ Public awareness
North Queensland Combined Women's Services Inc. (The Women's Centre) (Townsville and environs)	Community service hub (specialising in women's health and welfare)—generalist services	<ul style="list-style-type: none"> ▪ Free counselling ▪ Information and referral ▪ Group therapy
Origins (Qld)	Peer-support group	<ul style="list-style-type: none"> ▪ Telephone support ▪ Monthly support meetings ▪ General awareness ▪ Advocacy ▪ Provides information on searching and facilitates meetings/reunions
Post Adoption Support Queensland (PASQ)—Benevolent Society	Post-adoption support service	<ul style="list-style-type: none"> ▪ Telephone counselling and support ▪ Face-to-face counselling ▪ Support and information during the search process ▪ Mediation and assistance for people wishing to make contact with relatives ▪ Training and information to professionals and support groups responding to clients impacted by adoption
White Australian Stolen Heritage (WASH)	Peer-support group	<ul style="list-style-type: none"> ▪ Support ▪ Advocacy ▪ General awareness

Information services

The Adoption Services unit, within the Queensland Department of Communities, Child Safety and Disability Services, is responsible for the management of current local and overseas adoptions in Queensland. Specific to past adoptions, the Adoption Services unit offers a range of services, including:

- assisting people to access information about an adoption that occurred in Queensland:
 - access to identifying information before an adopted person is 18 years of age;
 - access to identifying information—adopted person is an adult and adoption order made before 1 June 1991;
 - access to identifying information—adopted person is an adult and adoption order made after 1 June 1991;

- mailbox service (parties to an adoption, including adopted adults, may exchange non-identifying information via the mailbox service which is operated by Adoption Services);
- contact statements and privacy safeguards (a contact statement is a document that sets out a person's wishes about being contacted by another party, or parties, to the same adoption who may ask for information about the person); and
- non-identifying medical information (adoption information about past adoptions and accessing personal medical information).

Where necessary, support via a case-management approach can be provided, and in special circumstances (e.g., for the purposes of medical outreach) Adoption Services staff facilitates search and outreach, however in most cases these activities are referred on to the Benevolent Society's Post Adoption Support Queensland (PASQ).

While the Queensland Government formally apologised in November 2012 to those affected by forced adoptions, no additional resourcing was committed to services already in receipt of some government funding, in order to enhance the current service system.

The Department's Adoption Services website does, however, provide a relatively detailed range of information pertaining to forced adoptions in Queensland, including the background to the apology and links to support services. Importantly, this section of the website also guides users through the process for lodging complaints with the department.

Post-adoption support service

The Benevolent Society's Post Adoption Support Queensland (PASQ) service receives funding from the Queensland Government to provide counselling and support to all parties involved in both current and past adoptions. Specifically, PASQ offers:

- telephone counselling and support;
- face-to-face counselling;
- support and information during the search process; and
- mediation and assistance for people wishing to make contact with relatives.

PASQ also offers training and education to professionals.

As highlighted several times in this report, stakeholders raised concerns over the Benevolent Society's past involvement in forced adoptions, as well as their involvement in current adoptions and services for adoptive parents. These are factors that may act as a barrier for some people who are seeking to engage with support services. In Queensland, access to mental health professionals and other support services specialised in forced adoption is mainly through PASQ. For people who choose not to engage with services that are involved in past adoption, accessing appropriate mental health services may be difficult.

Support groups

Queensland has a relatively strong presence of formalised peer-support groups operating throughout the state compared with some other jurisdictions. However, these groups are largely located in metropolitan areas in South East Queensland.

Adoption Loss and Adult Support (ALAS) Australia Inc. (Formerly ALAS Qld)

Established in 1989, ALAS Australia Inc. is a Brisbane-based support group that meets on a monthly basis in both the northern and southern suburbs of Brisbane. It is comprised of mothers

and adopted women and was instrumental in lobbying for the apology from the Royal Brisbane Hospital, given on 9 June 2009.

The stated aims and objectives of ALAS are:

- to provide regular meetings and phone support;
- to educate the general population on the consequences of adoption;
- to support changes to legislation both socially and administratively as may be relative to the objectives of the group;
- to co-operate with other groups holding the same values and views as ALAS, however we will always be an independent group; and
- to find a safe and secure future form of childcare that respects both mother and child's ongoing needs, so we never return to the force or coercion of the past practices of adoption. (<www.alasqld.com>, n.d., home page)

The group has a basic website that provides a limited amount of background information, as well as contact details of the groups' conveners. In addition, ALAS has a blog where news items and related commentary are regularly posted.

Jigsaw Queensland

Jigsaw Queensland is a non-profit, member-based organisation delivering a range of services to all those affected by adoption. Staffed by trained volunteers, Jigsaw Queensland relies on donations and membership fees to undertake its services, however, the organisation does receive some funding from the Queensland Government to provide peer-support group activities and some assistance with searching for lost family members (practical information and emotional support through the search and contact process and beyond).

The stated objectives of Jigsaw Queensland are:

- to provide emotional support to members;
- to provide information to those involved in adoption;
- to assist adult adoptees, birth parents and others in their search for biological relatives; and
- to educate the public to understand the needs of those affected by adoption. Jigsaw, n.d., About_Jigsaw)

Jigsaw Queensland services include:

- emotional support by phone or email;
- monthly support group meetings;
- information to assist those affected by adoption with the search for blood relatives;
- a guide book;
- regular newsletters;
- access to the Jigsaw library; and
- referral to professionals and other agencies.

Support groups are held on a monthly basis and alternate between open groups—for all those directly affected by adoption; and separate groups for both adoptees and birth mother groups—exclusively for these particular groups.

In addition, Jigsaw Queensland is able to provide information to professionals including counsellors, health care workers, social workers, community care workers and teachers, and has

developed resources to help professionals understand more about adoption and the lifelong issues that it can involve.

Jigsaw Queensland has a well-maintained and extensive website that is user-friendly.

Origins Queensland

As an arm of Origins SPSA Inc., Origins Queensland are a non-funded group that relies on donations and membership contributions and is independent from any government, religious or other charitable institutions.

The organisation provides monthly support meetings, newsletters and information pertaining to the history of adoption in Queensland. Other information regarding the group is consistent with that provided on its NSW counterpart's website.

White Australian Stolen Heritage (WASH)

WASH is an advocacy group that focuses on raising awareness of the experiences of adoptees who were victims of forced adoption and who were subjected to abuse and neglect by their adoptive families. There is a strong message from the group that not all adoptees "went to good homes". Key activities of WASH include:

- lobbying government for a senate inquiry, and national apology for victims of former forced adoptions;
- to seek accountability by way of apology, and redress from organisations, institutions and hospitals involved in former forced adoption;
- to support and refer those affected to appropriate services and to lobby for greater capacity of services for adoptees who suffered abuse;
- to educate professionals, public and service providers of the negative lifelong impact and trauma caused by adoption upon the adoptee; and
- to expose the myths of adoption and provide information via media and Internet.

WASH's activities also include networking with other organisations and supporting people affected by former forced adoptions through sharing information relevant to clients in response to services, counsellors, social workers and doctors seeking to provide support.

Other support groups

Contact information exists for a number of adoptee peer-support groups throughout Brisbane; however, our attempts to gain further information indicate that most of these are currently non-operational (e.g., the Association for Adoptees in Tallandra Heights and the Wild Bay Adoption Support Group).

Other services

The Women's Centre is a women's services hub offering free counselling services to women over 15 years in the Townsville region. The Women's Centre incorporates a sexual assault support service, a specialist homelessness service and a women's health service. The Centre offers women a safe space in which to drop-in and access free services that include:

- free counselling;
- information and referral;
- Internet café;
- telephones;

- group activities such as yoga and craft;
- therapeutic groups; and

playgroups. While there are smaller numbers of individuals affected by past adoptions accessing the Centre than other services in South-East Queensland, the staff at the Centre have some level of awareness of issues associated with adoption, mainly in relation to the needs of mothers. This is not a service, however, that is specialised in forced adoption service provision.

Service interaction and pathways of referral

There are good referring relationships between the NGOs, state department and PASQ. PASQ provide external supervision, which is utilised by some of the peer-support groups. While PASQ is part of the Benevolent Society and issues have been raised regarding the level of suitability of them providing services to those affected by forced adoptions, locally, there appear to be few concerns about this (cf. NSW). Most of the services are located in the south-east areas of Queensland—there is little else available in other regions, and so there is much reliance on the relationships between the different providers to provide “outreach” by telephone and online. Anecdotally, this places pressure on the already limited resources that services (government and non-government) have to provide support. Nonetheless, there are no formalised partnerships that provide a continuum of services for those seeking support.

Good practice principles and the Queensland service system

Table 8: The Queensland service system measured against the good practice principles

Measures	
Accountability	<ul style="list-style-type: none"> ■ The Queensland Government has apologised for its involvement in former forced adoptions, however this government hasn't committed further funding to enhancing the current services available. ■ The state government website has an excellent level of information about the history of forced adoptions, along with links to relevant background materials. The Benevolent Society (PASQ) has made an apology for the organisation's role in past practices, but there is little accessible information about it. There is no mention of it on their website, for example. ■ Incorporated services are more common in Queensland, which provides some added level of accountability to the services provided by those agencies. ■ Complaints processes are unclear for the Queensland support groups. There are no clear complaints processes stipulated in the information available on their websites. ■ It remains unclear what administrative data (if any) is collected by agencies.
Accessibility (including affordability)	<ul style="list-style-type: none"> ■ Information services and PASQ are free. ■ Government services are provided during business hours only. Peer groups have ongoing availability, however this is often reliant on the convener of the group to coordinate. Timeliness of responses will be variable. ■ Information provided on the state government website is thorough and easy to navigate. ■ One peer-based support service receives partial funding to assist in search and contact. All very metro-centric. Little in the way of services in remote, central and northern parts of the state. ■ Concerns raised in consultations regarding the funding allocated for ATAPS services—that with limited advertising, knowledge/understanding from GPs, etc, the money has not been well utilised.
Efficacy and quality	<ul style="list-style-type: none"> ■ The Department of Communities, Child Safety and Disability Services is unique in its provision of support via a case-management approach (when needed), as well as Adoption Services staff facilitating search and outreach in special cases. Support groups such as Adoption Jigsaw, appear to be more professionalised than in other jurisdictions. There is a distinct lack of availability of mental health and other professionals with forced adoption-specific knowledge and experience, including trauma-informed practice and impacts of grief and loss.

Measures	
Diversity	<ul style="list-style-type: none"> While there is a more visible presence of support services in Queensland, these are largely based in Brisbane and surrounds. There are options of face-to-face, telephone and online services, however there is variability in the degree to which groups are resourced to provide their services. PASQ is part of the Benevolent Society and some potential service users may have issues with seeking support from an agency that has past association with forced adoptions.
Continuity of care	<ul style="list-style-type: none"> There are no formalised relationships between services, however cross-referrals are standard practice. While resourcing is limited, there is generally good will between local services whereby services are provided on an outreach basis wherever possible. The Department of Communities, Child Safety and Disability Services goes some way to providing a level of continuity of service in its use of a case-management model when needed.

Summary

The Queensland Government has formally apologised for its role in former forced adoptions and provides detailed information on the relevant departmental website regarding the background to the apology and other associated materials. It is an excellent example of demonstrating accountability and increasing broader community knowledge and awareness. The Department of Communities, Child Safety and Disability Services offer a case-management model of support to those affected by forced adoption and these services can extend to support throughout the search and contact process. Information provided on the department's website regarding forced adoptions is extensive and is an example of good practice with regard to accountability. The Benevolent Society is funded to provide post-adoption support through the Post Adoption Support Queensland service (PASQ). The organisation provided an apology for its role in former forced adoptions in 2011, however there is no information pertaining to either their own organisation's apology or the subsequent state or federal apologies for forced adoptions on their website. This is a key concern in consideration of the best practice principle of accountability and transparency.

The Department of Communities, Child Safety and Disability Services has a good working relationship with PASQ and refers clients to PASQ for support services. Both agencies are involved in current adoptions, and this may be a barrier to some individuals seeking support services.

Other support services in Queensland include both unfunded and partially funded organisations. Peer groups are provided through PASQ, Adoption Jigsaw (Qld), Origins Inc., ALAS Inc. and WASH. Most of these groups have had significant involvement in the lobbying for apologies from both governments and institutions. Relationships between services appear to be relatively well managed, and it is not uncommon for outreach services via phone and online to be provided across client bases. However, there are no formalised agreements between services in order to provide a continuum of care to those seeking support for forced adoptions.

South Australia

Table 9: Services available in South Australia

Service name	Service type	Services offered
Adoption and Family Information Service (AFIS), Department for Education and Child Development	Adoption information service	<ul style="list-style-type: none"> ▪ Access to adoption information ▪ Search and contact services
Identity Rites	Peer-support group (adopted individuals)	<ul style="list-style-type: none"> ▪ Advocacy for adopted persons ▪ Support
Post Adoption Support Services (PASS), Relationships Australia SA	Post-adoption support service	<ul style="list-style-type: none"> ▪ Information on a broad range of adoption issues, both local and inter-country ▪ Face-to-face and telephone counselling on adoption related matters by qualified staff ▪ Support and assistance in searching for birth families, either within Australia or overseas ▪ Support and mediation with family reunions ▪ Links to adoption community groups ▪ Various support groups for individuals/families affected by adoption ▪ Referral to adoption-friendly services if required ▪ Professional development training ▪ Seminars on adoption-related matters

Information services

Information provision for those affected by past adoptions is the responsibility of the Adoptions and Family Information Service (AFIS) at the Department for Education and Child Development in South Australia. The AFIS is also responsible for current local and overseas adoptions in South Australia.

AFIS provides information, advice, advocacy and counselling services for all parties to adoption, as well as mediation and assessment about adoption and past separations of children from their families.

The AFIS website offers relatively basic information regarding its specific services for those affected by past adoptions; it makes no mention of forced adoptions and, in particular, there is no information regarding the South Australian apology for former forced adoptions or the National Apology, as some other states and territory government adoption departments have done. Notably, there is a distinct limitation of information about the departmental-funded Post Adoption Support Service (PASS) that is offered by Relationships Australia (South Australia). This service is described in detail in the following section.

Post-adoption support services

The Post Adoption Support Services (PASS) was established in 2006 by the South Australian Department for Education and Child Development. While funded by the South Australian Government, the provision of PASS is through Relationships Australia South Australia (RASA), a not-for-profit charitable organisation that specialises in providing counselling services. Relationships Australia also receives funding from the Commonwealth Government (e.g., for a range of Family Support Program initiatives) and is affiliated with the Find & Connect services offered to Forgotten Australians.

RASA works closely with AFIS, and provides a comprehensive suite of no-cost post-adoption support services to all parties to past adoption, including:

- information on a broad range of adoption issues, both local and inter-country;

- face-to-face and telephone counselling on adoption related matters by qualified staff;
- support and assistance in searching for birth families, either within Australia or overseas;
- support and mediation with family reunions;
- links to adoption community groups;
- various support groups for individuals/families affected by adoption;
- referral to adoption-friendly services if required;
- professional development training for counsellors, social workers, and psychologists, etc. who work with people whose lives include adoption;
- seminars; and
- information sheets.

Relationships Australia (SA) states on its PASS website that they:

provide professional training to enhance the work of counsellors, social workers and other professionals from community service organisations who work with or are interested in adoption-related issues. (Relationships Australia (SA) PASS, n.d., home page)

Specific to forced adoptions, the Relationship Australia's (SA) PASS website provides a link to the transcript of the National Apology, however there is no contextual information included. They also provide a workshop on "Trauma Informed Care and Practice", which teaches clients skills in a trauma-informed approach. There is a statement regarding PASS providing search and contact support, and that they have experienced an increase over the last year in the number of both adopted individuals and mothers and fathers seeking support in searching for each other. However, PASS do not acknowledge that there may be a causal link between this increase and the increased awareness that has been raised through the recent activities in relation to past adoptions, including those that were forced.

Support groups

Relationships Australia Post Adoption Support Services (PASS)

PASS run support groups for adoptees as well as mothers and fathers. Discussion themes include:

- family;
- belonging;
- identity;
- blending adoptive and birth families; and
- making sense of life while having no genetic history information.

PASS continues to facilitate the support group for mothers separated from their children by adoption, which was previously run by the Association Representing Mothers Separated from their children by adoption (ARMS).¹¹ The group meet once a month on the second Wednesday of every month and is also open for fathers to attend.

Identity Rites

Identity Rites is a newly established South Australian peer-support group "developing an information, resources and drop-in service for mutual support by people who truly understand

¹¹ In Victoria, ARMS is known as the Association for Relinquishing Mothers.

adoption issues from lived experience” (Group submission to the Scoping Study, November 2013). The group is targeted at adults who were adopted as children, with a large focus on:

- advocacy for adult adoptees in access to information; and
- education of the distinct needs of adult adoptees, with a particular focus on the lens of trauma resulting from the separation of mother and child.

The group suggests that an adoptee-specific service delivered by an independent body is necessary in order to adequately meet the needs of adoptees affected by past adoptions—that any other service model cannot be truly impartial if also servicing other parties to adoption.

Other services

There appears to be no other organisations currently providing post-adoption specific services in South Australia. While there are individual therapists who have been identified as having some knowledge and experience in the adoptions arena, there is little information that is available in order to access their services.

Good practice principles and the South Australia service system

Table 10: The South Australia service system measured against the good practice principles

Measure	
Accountability	<ul style="list-style-type: none"> ■ The South Australian Government has made an apology to those affected by former forced adoptions, however there is no mention of either the state or National Apology on the state government AFIS website. ■ There is no information on the AFIS website for service users who wish to make a complaint. There is general contact information provided. ■ ■ Relationships Australia is an independent, non-denominational organisation responsible for providing PASS. RASA do acknowledge their funding comes from the state government Department for Education and Child Development clearly on their website. ■ Complaints processes are unclear for the services provided by Relationships Australia (South Australia) PASS. ■ It remains unclear what administrative data (if any) is collected by agencies.
Accessibility (including affordability)	<ul style="list-style-type: none"> ■ AFIS services are free and provided during business hours only. ■ Peer support through Identity Rites has ongoing availability, however this is often reliant on the convener of the group to coordinate. Timeliness of responses will be variable. ■ Information regarding past adoptions provided on the AFIS website is very basic. ■ PASS is a free service run by Relationships Australia (SA). ■ The services of RASA are metro-centric, so for those living outside Adelaide accessing face-to-face services is challenging. ■ Support groups offered by RASA are for all parties to adoption, however there are separate groups that cater to specific target groups. ■ Identity Rites is a newly established support group for adoptees seeking to obtain information about their adoption, including identifying information of their mothers and fathers. There is little information regarding the group in the public domain, so access to the group may be challenging. ■ There is limited information existing about therapists with knowledge/experience of adoption-related issues.
Efficacy and quality	<ul style="list-style-type: none"> ■ AFIS offer information and counselling, but not long-term. There is no information regarding the expertise of staff providing AFIS services. ■ Support groups run by RASA are facilitated by trained professionals (psychologists and social workers). ■ Training offered to external professionals by PASS includes trauma-informed practice and care. ■ It is unclear what professional development and ongoing supervision opportunities (if any) are available to staff.
Diversity	<ul style="list-style-type: none"> ■ As in all jurisdictions, AFIS is also in charge of current adoptions and therefore not necessarily regarded as being independent. ■ The only adoption-specific service in SA is PASS, but the agency does have a good reputation

Measure	
	<p>amongst service users for knowledge of forced adoption specific issues. However, PASS also offers support to all parties to adoption, which may influence some individuals in their decision on whether to use their services.</p> <ul style="list-style-type: none"> ▪ Delivery modes for support offered by PASS are largely telephone and face-to-face. PASS has a more diverse range of online support options such as the use of Skype and online counselling. PASS also provides mediation services and education and training to other professionals. Their service hours can be flexible to meet the needs of those who are unavailable during business hours, however there may be a more extended wait to receive services. ▪ Support groups are offered to all parties to adoption through PASS and are facilitated by trained professionals. ▪ Identity Rites is targeted specifically to adopted individuals. ▪ Face-to-face support services have restricted availability within the metropolitan centre of SA.
Continuity of care	<ul style="list-style-type: none"> ▪ There are strong links between PASS and AFIS in terms of cross-referrals, however there are no formalised agreements existing that provide a continuum of service options for individuals seeking support.

Summary

While the South Australian Government has provided an apology for its role in former forced adoptions, there is no mention of this on the Department for Education and Child Development website, nor information regarding the National Apology. All information regarding past adoptions is limited to providing a link to the Past Adoption Support Services (PASS) of Relationships Australia, South Australia. There is a lack of information regarding the level of training the information services staff receive in relation to those affected by forced adoptions, however, the Adoption and Family Information Service does have a stated vision of service: “We are committed to serving the public with kindness, respect and honesty. We strive for excellence in the performance of our duties. We always do our best.” (AFIS, 2014, Our Vision). There is no clear complaints process described on their website for consumers.

Post Adoption Support Services (PASS) is operated by Relationships Australia (SA) through funding received by the Department for Education and Child Development. There are good pathways of referral between the two services. Staff at PASS are trained professionals in either psychology or social work. Information received throughout the Scoping Study and the AIFS National Study from service users of PASS (SA) is positive in their high level of understanding of the issues and impacts associated with forced adoptions. Mothers and adopted individuals in particular have reported positive experiences with PASS. Access to mental health professionals and other support services specialised in forced adoption is mainly provided through Relationships Australia. However, for people who choose not to engage with services that also provide services to adoptive parents and those involved in current adoptions, accessing appropriate mental health services may be difficult in Adelaide.

There is a range of support groups facilitated by Relationships Australia (SA) for all parties to adoption, both mixed and target-group specific. However, there are limited options for those residing outside Adelaide.

Identity Rites is a newly established peer-support group for adopted individuals. The group has a large advocacy component, particularly in the area of information access. They also articulate the need for adoptee-specific services provided by trained therapists with an understanding of separation trauma and who are independent of other parties to adoption, and for funded peer-support groups that can provide a range of services specifically for adopted individuals.

Tasmania

Table 11: Services available in Tasmania

Service name	Service type	Services offered
Adoptions and Permanency Services, Department of Health and Human Services	Adoption information service	<ul style="list-style-type: none"> Access to adoption information Ability to leave messages for other parties Facilitation of search, outreach and meetings with relatives
Adoption Origins Tasmania	Peer-support group	<ul style="list-style-type: none"> Provides support for mothers, fathers and adoptees
CentaCare Family Services	Not-for-profit organisation providing adoption-related services	<ul style="list-style-type: none"> Therapeutic counselling Involved in current adoptions
Connections UnitingCare	Not-for-profit organisation providing adoption-related services	<ul style="list-style-type: none"> Therapeutic counselling Involved in current adoptions
Past Adoption Support Service, Relationships Australia (Tas.)	Post-adoption support service	<ul style="list-style-type: none"> Individual counselling sessions Group therapy Assistance with searching for records

Information service

In Tasmania, the Adoptions and Permanency Services operates from within the Department of Health and Human Services. The service is for:

- those who are considering placing their child for adoption;
- those who wish to adopt or care permanently for a child;
- those subject to past adoptions; and
- those who were once in state care.

The Adoptions and Permanency Services provides adoption information services as well as assisting in the search for lost relatives and facilitating any meetings between parties. An adoption information register is maintained by the agency that allows for parties to exchange messages about future contact. This register, along with the other services offered by the agency, is accessible by all parties including adoptive parents, siblings and partners.

The department's website provides extensive information regarding forced adoption policies and practices in Tasmania and the subsequent state and federal apologies. Along with the Tasmanian apology the Premier also announced a number of practical initiatives including:

- free access to adoption records and family tracing services;
- free specialised counselling services; and
- expanded assistance in accessing information from a range of sources.

On 11 December 2013 the Tasmanian Premier unveiled "The Tree of Hope Memorial" at the Tasmanian Botanical Gardens as an enduring symbol dedicated to people impacted by past adoption practices.

The Adoptions and Permanency Services provides a detailed statement of their mission, vision, principles and values (provided in Attachment I), acknowledging the needs and rights of those affected by past adoptions.

There is extensive information provided on the website regarding the process for applying and obtaining information, including who is entitled to information and the types of information they are entitled to.

In Tasmania, all persons seeking information who are residents of Tasmania are required to attend an interview with a counsellor before receiving information of any kind. The purpose of the counselling session is to:

- explain the individual's rights;
- make sure the individual fully understands the rights of others; and
- help the individual consider some of the matters that may arise in search and reunion.

The information provided on the website is clearly presented and “user-friendly”, however details regarding access to support services is relatively limited and not immediately obvious—there are two phone numbers provided at the bottom of the web page.

Post-adoption support service

In support of the Tasmanian Government's apology and in recognition of the findings from the Senate Inquiry (2012), Relationships Australia (Tas.) was funded by the Department of Health and Human Services to develop a specialist counselling and support service for those affected by forced adoption. The Past Adoption Support Service (PASS) offers support to anyone in Tasmania affected by forced adoption practices. This support includes:

- assistance to search for records;
- specialised counselling for trauma and grief (short- or long-term);
- group work (providing a safe environment for participants to share their thoughts, experiences, knowledge); and
- individualised counselling (short- or long-term, and tailored to client's needs).

This service is free and confidential, and PASS articulates knowledge of the specific needs of those affected by forced adoptions, stating on their website:

Our counsellors are highly skilled to help clients deal with various issues that arise from forced adoption including grief and loss, trauma, anger, rejection and identity issues. (Relationships Australia (Tas.), 2013, “Past Adoption Support Service”, para. 6)

Relationships Australia (Tas.) provides their services in three locations throughout Tasmania—Hobart, Launceston and Davenport.

Support groups

Adoption Origins Tasmania appears to be the only peer-based support group operating in Tasmania. The group provides support for mothers, fathers and adoptees, however the focus appears to be mainly on support for mothers. Origins have been influential in lobbying for relevant inquiries and associated apologies for forced adoptions.

PASS, through Relationships Australia (Tas.), provide group work services, however they are not articulated as being peer-based support groups.

Other services

The Catholic Private Adoption Agency (through CentaCare) offers a statewide service to all parties to adoption, which includes relinquishing parents, adoptive parents and adoptees. Fees may apply to this service. Through the Adoption Information Search service, the agency has provided information and linkage for “relinquishing” parents and adoptees. Support is offered to all parties during and after linkages have taken place, however there is no mention of forced adoptions.

Connections UnitingCare currently manages an Adoption and Permanent Care program that includes the Adoption Information Service. Through the Adoption and Information Service, Connections maintains records of women who were separated from their children, adoptees and adoptive parents.

Both CatholicCare and the Uniting Church have issued formal apologies for their involvement in forced adoptions.

There appears to be relatively strong links existing between the adoption and permanency services and these two organisations by way of referrals to assist individuals to access information.

Good practice principles and the Tasmanian service system

Table 12: The Tasmanian service system measured against the good practice principles

Measure	
Accountability	<ul style="list-style-type: none"> ▪ Tasmania has issued a formal apology for the state's role in former forced adoptions. Tasmania is one of only two states to have held its own inquiry into forced adoptions, which was undertaken in 1999. ▪ The Adoptions and Permanency Services of the Department of Health and Human Services website has information regarding some of the history of forced adoptions in Tasmania and links to the transcript of the state's apology and other relevant information. ▪ The Tasmanian Government unveiled the "Tree of Hope" in December 2013 at the Tasmanian Botanical Gardens as an enduring symbol dedicated to people impacted by past adoption practices. ▪ The Adoptions and Permanency Services have a clearly stated mission, values, and principles statement encompassing the needs of those affected by forced adoption. The document is an example of good practice in relation to accountability to those who access the services of the department. ▪ It remains unclear what administrative data (if any) is collected by agencies.
Accessibility (including affordability)	<ul style="list-style-type: none"> ▪ Government services are provided during business hours only. ▪ Information provided on the Adoption and Permanency Services website is thorough and easy to navigate, however there is relatively limited information regarding access to support services for those affected by past forced adoption. ▪ CentaCare is involved in the arrangement of current adoptions. They provide counselling services to all parties to adoption, however, given it is a branch of the Catholic Church and its involvement in current adoptions, this may be a significant barrier for many affected by forced adoption. ▪ There is only one advertised peer-support group operating in Tasmania: Origins.
Efficacy and quality	<ul style="list-style-type: none"> ▪ There is no mention of the level of expertise of staff at the Adoptions and Permanency Services who are responsible for working with those affected by forced adoptions. ▪ Parties seeking information services must attend an information counselling session prior to the receipt of any information. There is no information regarding the expertise of the staff providing the counselling. ▪ PASS offered through Relationships Australia (Tas.) is provided by trained professionals who have specialised knowledge in many of the issues of those impacted by forced adoptions—e.g., grief, loss and trauma. ▪ Origins state that they provide counselling, but there is no evidence of staff being trained therapists. There is clear information regarding the philosophies of the group. ▪ It is unclear what professional development and ongoing supervision opportunities (if any) are available to staff.
Diversity	<ul style="list-style-type: none"> ▪ Delivery modes for support offered by PASS are largely telephone and face-to-face. PASS has a more diverse range of online support options such as the use of Skype and online counselling. Their service hours can be flexible to meet the needs of those who are unavailable during business hours, however there may be a longer wait to receive services. ▪ While CentaCare offer counselling services for parties to adoption, there may be significant issues with individuals using this service due to their past involvement in forced adoptions and their current involvement in local and overseas adoptions.
Continuity of care	<ul style="list-style-type: none"> ▪ There appears to be a well-established relationship between the Adoption and Permanency Services and Relationships Australia (Tas.).

Measure

- There are no formalised relationships between agencies that would provide a distinct and seamless process for those accessing support.

Summary

Tasmania is one of the only states to respond directly to the findings of inquiries through allocation of funding for service enhancement. The Adoptions and Permanency Services' statement of vision is a good model for other states in terms of transparency and accountability to service users. The provision of a monument that is a long-term acknowledgement of those affected by forced adoptions is a way of keeping the issue in the public domain on an ongoing basis.

Past Adoption Support Services (PASS) has received funding for the provision of services specific to those affected by forced adoptions. While trained professionals are responsible for the delivery of support, information obtained throughout the consultations highlighted that the adoption-specific knowledge within the agency may not be as advanced as clients are requiring, and therefore more specialised training is needed.

In Tasmania, CentaCare and Connections UnitingCare are perhaps more prominent in the delivery of adoption-related services than in other jurisdictions, likely due to the small geographic area of Tasmania. While both offer search and counselling services (which incur a cost), they also assist in the facilitation of current adoptions, which in many cases can be a deterrent to accessing services for mothers and adopted persons.

Victoria

Table 13: Services available in Victoria

Service name	Service type	Services offered
Family Information Networks & Discovery (FIND)	Adoption information service	<ul style="list-style-type: none"> Access to identifying information Counselling services General information services
Association of Relinquishing Mothers (Vic.) Inc. (ARMS)	Peer-support group	<ul style="list-style-type: none"> Support group meetings Advocacy, lobbying, awareness-raising and community education Monitoring and reviewing policy and practice
Catholic Care (Adoption and Permanent Care Teams)	Not-for-profit organisation providing adoption-related services	<ul style="list-style-type: none"> An information service about previous adoptions Counselling for the adoptee and parents Advice and arrangement of permanent care, healthy infant and special needs adoptions.
Connections UnitingCare	NGO	<ul style="list-style-type: none"> Statewide information service
Origins (Vic.) Inc.	Peer-support group	<ul style="list-style-type: none"> Support group meetings Telephone service Assist with reunion of family members separated by adoption Advocacy, lobbying and awareness raising Encourage and promote research Quarterly newsletter
Victorian Adoption Network for Information and Self Help (VANISH) Inc.	Post-adoption support service	<ul style="list-style-type: none"> Support groups Search and contact Register of counsellors Training workshops Information and referral

Information services

Victoria was the first state in Australia to pass legislation allowing people affected by adoption to obtain information about the adoption. Established in 1985 and funded by the Victorian Department of Human Services, the Family Information Networks and Discovery (FIND) service helps people to access personal and family information and records about past wardship and adoption, and provides counselling information about donor conception in the state of Victoria.

Services provided by FIND specific to past adoptions include:

- maintaining an adoption information register in accordance with the *Adoption Act 1984*;
- providing access to information about past adoptions that are connected to Victoria, including inter-country adoptions (FIND can also help people who were adopted in the United Kingdom); and
- helping adopted individuals and their families make contact with each other.

The FIND website provides in-depth information regarding the process of seeking information, who is able to obtain information and the types of information people are entitled to receive. FIND also has a range of links to relevant resources for all parties to adoption, including a number of personal stories.

All applicants requesting information are required to attend an interview before they receive information, where they are advised of their rights, the services they can use, and if anyone has applied for information about them. Interviews are offered on an individual or group¹² basis.

Uniquely, FIND has also developed the book *Adoption: Myth and Reality* (updated in 2013), which is an extensive resource for parties to adoption in Victoria. In addition to practical information about seeking information, searching for lost family members and making contact, there are case studies and personal stories included from all perspectives of the adoption circle (including wider family members).

FIND works with other adoption information service providers¹³ and agencies that provide services to the adoption community, however there are no formalised links or agreements in place that provide a continuity of ongoing care.

Although the Victorian Government issued an apology in 2012 for its role in former forced adoptions, there is no mention of either the apology or the broader subject of past adoptions on their website. Neither is there any information pertaining to the additional funding allocated to the state-funded Victorian Adoption Network for Information and Self Help (VANISH) to develop and deliver a 2-day training program across Victoria, Looking Through the “Lens of Adoption” in Working With Loss and Trauma.

Post-adoption support services

Established in 1989, the Victorian Adoption Network for Information and Self Help (VANISH) is a Melbourne-based community organisation, funded by the Victorian Department of Human Services. VANISH currently supports those who have a personal experience of separation from their family of origin including:

- people affected by adoption—adopted persons, mothers, fathers, adoptive parents and family members of all these people;
- people affected by donor conception; and
- forgotten Australians—former wards of state, defacto adoptees and/or those who were voluntarily placed in institutions or foster care in Victoria.

Staff and volunteers at VANISH often have personal experiences of adoption and regularly undertake professional development training. Support is provided either in person, by telephone or email, or in a support group. Services offered by VANISH are free to individuals who were adopted and/or were in “out-of-home care” in Victoria and VANISH extends its services to persons from interstate and overseas for a small fee.

Services offered by VANISH include:

- VANISH Search Service:
 - information relating to the rights of a person separated from their family of origin through adoption;
 - assistance with applications for adoption records for those who are eligible to apply;

¹² There were conflicting perspectives from adopted persons who participated in the AIFS National Study regarding the appropriateness of receiving their adoption information in a group setting. Some found it useful to have others in the room going through a similar experience, while others found it to be a traumatic experience and the lack of privacy availed to them was considered to be insensitive and careless.

¹³ Not-for-profit organisations such as Catholic Care and Connections UnitingCare offer information services for people seeking their adoption records. Both these agencies are involved in providing foster homes and permanent care placements for children, including adoption, which can present a barrier to access for some affected by past adoptions who are currently seeking support.

- contact details for Adoption Information Services in Victoria, interstate and overseas; and
 - information and assistance with the search for relatives including a search guide.
 - Support groups (mixed, and adoptees only).
 - Maintenance of a register of counsellors with adoption-related knowledge and experience.
- However, there is a significant disclaimer provided by VANISH as follows:

The inclusion of practitioners in the Register is not intended as a referral to or an endorsement of the practitioner. The Register is intended to provide information regarding practitioners who have completed the VANISH two day Training Package looking through the “lens of adoption” in working with loss and trauma. The practitioners listed assert that they subscribe to the professional ethical and ongoing professional development requirements of the relevant bodies that grant their registration. (VANISH, 2013, “Register of Adoption Counsellors, Disclaimer”, para. 2)

- Facilitator services for external support groups, including facilitator training.

Currently, VANISH hosts an informative website that has recently been updated. It includes access to a *Support Group Facilitator’s Handbook* and a *Search Information Guide*. The *Support Group Facilitator’s Handbook* is a comprehensive manual on setting up and running support groups and includes comprehensive good-practice guidelines along with forms such as a Support Group Facilitator’s Agreement form, VANISH’s Code of Conduct, and a Feedback and Complaints Policy form. It also provides advice on issues regarding privacy, self-care, debriefing and conflict of interest.

VANISH works closely with FIND at the Department of Human Services and with ARMS. However, some in the adoption community have been vocally critical of VANISH because of their inclusion of adoptive parents in their services, and the absence of a specific support group for mothers.

In accordance with the Victorian apology to people affected by forced adoption policies, the state government granted funding to VANISH for further workforce capacity development. This funding has enabled VANISH to improve and expand its services further, in the form of developing a training package for Medicare Locals as well as other health and welfare professionals and counsellors.

This 2-day training package is titled Looking Through the “Lens of Adoption” in Working With Loss and Trauma. The first day is designed for professionals in the health and community sector (such as GPs and nurses) and focuses on support for individuals experiencing separation and loss through past adoption practices. The learning objectives of Day One are stated as being:

- recognising the context and impact of past adoption practices;
 - engaging empathically with individuals separated by adoption;
 - identifying the effects, loss and possible expressions of grief and trauma; and
 - providing support to individuals and identifying potential resources for healing and growth.
- (VANISH, 2013, “Looking through the lens”, p. 1)

The second day of training is designed for counsellors, psychotherapists and other health and welfare professionals, and focuses on counselling individuals experiencing separation and loss through past adoption practices. As stated in the training guide, the learning objectives of Day Two are:

- to identify personal and systemic issues relating to the complexities of adoption and the effects of grief and trauma;

- draw on a range of counselling and therapeutic approaches to support adaptive recovery; and
- to work with three unique areas of adoption complexity (the “late discovery” adoption status, the re-emergence of trauma and grief responses during search and contact, and the phenomenon of genetic sexual attraction). (VANISH, 2013, “Looking through the lens”, p. 1)

Support groups

ARMS

The Association of Relinquishing Mothers (ARMS) was established in 1982 out of an identified need for support of mothers separated from a child/children by adoption. Their current services include:

- running a peer-support group for mothers;
- advocacy for parents affected by past or current relinquishment issues; and
- awareness-raising and community education.

VANISH

VANISH support groups are stated as being an informal meeting of individuals affected by adoption in a safe environment. They provide an opportunity to meet and share with others who have had similar experiences. Groups are run in metropolitan Melbourne and Gippsland (Traralgon) for adult adoptees, mothers and mixed groups, and in Geelong for adult adoptees only.

Independent Regional Mothers

This Victorian-based group has a strong advocacy and lobbying focus for the acknowledgement of past forced removal policies and practices. In particular, IRM have emphasised the need for clarification/correction of legal terminologies used in relation to forced removal, as well as seeking accountability for the sexual crimes committed against young pregnant women by medical professionals.

Importantly, Independent Regional Mothers provides much-needed support to mothers living in regional Victoria. They have an online presence via a basic website, but are largely accessible by phone support.

Origins Inc. (Vic.)

As described in the jurisdictions already covered in this section of the Scoping Study, Origins Inc. (Vic.) provides support to mothers and adoptees affected by forced adoption. The information contained on their website is pertinent to local issues, as well as providing the same basic content as Origins Inc. groups in other jurisdictions.

The website has a strong activist focus with limited information available as to what support options are provided to those in Victoria.

Other services

Victoria has a strong network of online support groups, particularly for adopted individuals, however these are often closed groups and information about them is relatively limited in the broader community. Links are predominantly made through existing members who can “introduce” new members through the relevant administrator of the group. Anecdotally, this set

up has become increasingly preferred due to the ongoing issues of online bullying and other inappropriate interactions occurring in un-moderated online spaces.

As in other jurisdictions, access to specialist therapeutic services is largely limited. While VANISH has developed a register of practitioners who have completed their 2-day training, there will be variability in the quality of services actually provided by these individuals (i.e., some will come to the training with previous knowledge and experience, whereas others may have little prior understanding of adoption-related issues in a service provision context). Word of mouth appears to be the predominant method of referral to specialist practitioners, whose services invariably will be provided at significant cost to the referred individual.

Good practice principles and the Victorian service system

Table 14: The Victorian service system measured against the good practice principles

Measure	
Accountability	<ul style="list-style-type: none"> ▪ The Victorian Government has made a formal apology for its role in forced adoptions. As a consequence of the apology, the state government provided additional funding to the Melbourne based group VANISH to develop and deliver a training package targeted at professionals—Looking Through the “Lens of Adoption” in Working With Loss and Trauma. ▪ Neither the Department of Human Services nor the FIND website have any information regarding the state or national apologies. ▪ VANISH are an independent, non-secular support organisation for all parties to past adoption. They receive funding from the Victorian Department of Human Services. VANISH has very clear policies and protocols relating to quality of service provision and professional accountability. These are readily available to the public. ▪ The Department of Human Services has a clearly described complaints processes in place. ▪ It remains unclear what administrative data (if any) is collected by agencies. ▪ Peer-support groups in Victoria are largely facilitated by volunteers. There is little information regarding any governing/overseeing body of these groups.
Accessibility (including affordability)	<ul style="list-style-type: none"> ▪ Services provided by FIND are free. ▪ Services provided by VANISH to those affected by past adoption are free. ▪ Government services are provided during business hours only. Peer groups have ongoing availability, however this is often reliant on the convener of the group to coordinate. Timeliness of responses will be variable. ▪ Information provided on the FIND website is easily navigated, however it is very difficult to access the FIND information from the DHS main site. ▪ Information regarding Victorian support groups is variable—some have websites, while others are “closed” groups. ▪ There are some support groups operating at a regional level, however the face-to-face, more formalised services are very metro-centric. ▪ Specialist therapeutic services are limited.
Efficacy and quality	<ul style="list-style-type: none"> ▪ FIND services offer a limited level of support throughout the information-obtaining process, and counselling but not long-term. ▪ Support groups are variable in the level of training and experience of facilitators. ▪ Origins state that they provide counselling, but there are no trained therapists on staff. There is clear information regarding the philosophies of the group. ▪ Apart from VANISH, it is unclear what professional development and ongoing supervision opportunities (if any) are available to staff of other services.
Diversity	<ul style="list-style-type: none"> ▪ There is a lack of specialised therapists available. ▪ VANISH offers a suite of post-adoption services that are available to all parties to adoption. ▪ FIND is a service provided by the Department of Human Services, which is in charge of current adoptions and therefore not necessarily regarded as being independent. ▪ Both Origins and ARMS have a strong lobbying focus, which may be a barrier to some seeking support. ▪ Modes of delivery are largely by telephone and face-to-face. ▪ There is no official online/web-based support available in Victoria. However, social networking sites will obviously have Victorian membership.

Measure

Continuity of care

- There appears to be a well-established relationship between ARMS and VANISH. FIND is also well-connected to these two groups.
- Training provided by VANISH to professionals is an example of creating connections within and across disciplines to meet the needs of those affected by forced adoptions.
- There are no formalised relationships between agencies that would provide a distinct and seamless process for those accessing support.

Summary

The information provided on the FIND website is presented with a level of sensitivity that is unique in comparison to other jurisdictions—there is recognition of adoption being a lifelong journey. But the absence of reference to the state and national apologies is of note. There have been numerous legislative changes that have occurred as a result of the state apology (such as the abolishment of fees for information-related activities and, in 2013, legislation for mothers and fathers to obtain information about the children they lost through adoption and for adopted children (now adults) to put in place a Contact Statement to regulate contact by their parent/s for up to 5 years if they choose to).

To the best of our knowledge, one of the few agencies with a formalised written document outlining their service model is VANISH. It makes clear that it is a secular, community-based organisation, and the basis of its service model is to build on the ethos of self-help. It works across a range of areas where people have personal experience of separation from family of origin, not just adoption. There are very good complaints processes and measures of accountability in place. VANISH as an organisation clearly has extensive understanding of issues related to trauma, loss, grief, identity and attachment. Staff receive regular training and professional development. The staff at VANISH comprise those with direct experience of adoption, and while this may be beneficial to many seeking support, there is some criticism of the capacity of the organisation to provide services that are impartial.

There is evidence of fragmentation amongst the different services in Victoria, which is not unique to this jurisdiction. Some external groups have criticised the model of service provided by VANISH, because of the lack of inclusion of mothers in support groups operating in regional areas (i.e., these are seen as being exclusive to adopted individuals). In addition, some consider the inclusion of adoptive parents in services, support and training to be inappropriate.

More formalised peer-support groups in Victoria are largely targeted at mothers—including ARMS, Independent Regional Mothers and Origins Inc. There appears to be a relatively strong presence of online support groups for adopted individuals, however it has been difficult to obtain more detailed information about them for the purposes of the Scoping Study.

Western Australia

Table 15: Services available in Western Australia

Service name	Service type	Services offered
Adoption Jigsaw (WA) Inc.	Adoption support service	<ul style="list-style-type: none"> General information service Search and mediation services Counselling and support services Support groups Contact register Services for Aboriginal people Library and bi-monthly newsletter Professional consultancy on adoption issues
Adoption Research and Counselling Service (ARCS)	Adoption support service	<ul style="list-style-type: none"> Counselling services (individual, couple, family and pre-relinquishment) Telephone counselling Mediation, search, contact, and reunion services Support groups Information services Outreach Library and quarterly newsletter Training and consultation
Association Representing Mothers Separated from their children by Adoption Inc. (ARMS) WA	Peer-support group	<ul style="list-style-type: none"> Emotional support Information and education Advocacy
Past Adoption and Information Services, Department for Child Protection and Family Support	Adoption information service	<ul style="list-style-type: none"> Information services Limited counselling and support services Referral to counselling and support services Message system (for leaving messages/photographs for other parties)
South Western Adoption Support Group	Peer-support group	<ul style="list-style-type: none"> Support group

Information services

The Post Adoption Information Services unit sits within the WA Department of Child Protection and Family Support. It is a free service and can provide limited support and counselling to parties to an adoption or people can be referred to a private counsellor or agency for short- or long-term support (Post Adoption Information Services has a list of independent counsellors).

The Department's website provides extensive information regarding the search process, with clear guidelines as to what information is available, which parties it is available to and other explanatory information about relevant legislation. The format of the information is user-friendly and clearly presented.

Similar to Victoria, the department's website makes no mention of either the state or national apologies. While the website is a very good resource with detailed information and step-by-step processes for parties to adoption to follow in their search for information, this isn't supported by the recognition of past involvement in forced adoption and removal policies and practices.

In 2004, the Department for Community Development released the ROADS resource (Records Of ADoptionS) as part of a suite of resources to make historical records more accessible for parties to adoption seeking information. The department stated its commitment "to enable access to personal information in accordance with appropriate protocols". Further, the resource identifies sources of information within the WA department and elsewhere.

The ROADS resource makes it very clear that the search and discovery process may uncover information that is provided insensitively (i.e., how information has been recorded in the past) and encourages individuals to have adequate personal and emotional support throughout the process.

While the ROADS resource is now a decade old, it is a good example of a state jurisdiction committing resources to assist those affected by past adoptions.

Post-adoption support services

There are two support agencies targeted at people affected by adoption in Western Australia: Adoption Jigsaw (WA), and Adoption Research and Counselling Services (ARCS). However, the structure of the services provided in Western Australia is not consistent with most other jurisdictions—i.e., the services are not fully funded by the state government to provide post-adoption support services as such. These agencies are grassroots services that rely predominantly on donations and membership fees for operational costs. Not all aspects of their services are free, and are not specific to the provision of support to those affected by forced adoption.

Adoption Research and Counselling Service Inc. (ARCS)

ARCS was founded in 1984 in response to Dr Robin Winkler's research into relinquishment and adoption, the vision being for the organisation to "provide safe and specialist services whilst recognising and respecting all affected by adoption" (ARCS, 2003–2013, "About us", para. 1).

The ARCS website describes their services as including "individuals and families dealing with issues of family separation and connection. We remain committed to hearing all, maintaining a balanced view and supporting individuals to draw upon their own unique strengths."

Specifically, ARCS states its service can assist individuals:

- to explore and make sense of their adoption experience;
- to understand loss, attachment, identity and other adoption-related issues;
- to consider fertility issues;
- in considering adoption as an option for their child;
- in negotiating open adoption and contact;
- in parenting where there has been separation or loss;
- as they consider search and/or post contact;
- to understand post contact issues; and
- to explore options when dealing with an unplanned pregnancy. (ARCS, 2003–2013, home page).

ARCS provides professional counselling, support and information to a range of service users. It targets more users than just those affected by forced adoption, including individuals involved in current adoptions (including pre- and post-adoption counselling), unplanned pregnancy, foster families and families created through Assisted Reproductive Technology (ART). Given the service offers support in pre-relinquishing counselling services and other related services for current adoptions, this may be a barrier to some individuals seeking support for experiences of forced adoption.

However, counselling services at ARCS are stated as being provided by professionally qualified counsellors (social work or psychology) with an in-depth knowledge of the complexities of contemporary adoption. Counselling options include telephone counselling as well as

individual, couple and family counselling. Face-to-face counselling services are provided via a means tested fee structure.

ARCS offers a variety of groups to provide people with an opportunity to discuss their thoughts, concerns and feelings and to explore different coping strategies. These groups are offered to children, adoptive parents, adopted people, (birth) parents, couples thinking about adoption and blended family members. There is usually a maximum of 10 participants. All groups are facilitated by at least one professional counsellor. However, there is no information currently available on the ARCS website regarding any group timetable.

Although the ARCS website does have information links regarding the Western Australian apology for forced adoptions, the information is extremely dated; there is no information regarding the National Apology.

It is unclear about how the service is structured—i.e., whether there is an overseeing board or committee, and there is no information regarding dealing with complaints or the processes of accountability within the organisation.

Adoption Jigsaw

Adoption Jigsaw was founded in 1978 for the purpose of lobbying for legislative changes and more openness in adoption, by adopted individuals, (birth) parents and adoptive parents. It is a not-for-profit agency, however it receives some funding through government grants. Other sources of financing include service fees, membership fees and donations.

The service is managed by a volunteer committee of people directly involved in adoption, and employs a professionally qualified coordinator/counsellor to provide most client services. All staff are stated as having long-term experience in adoption issues, with some being “personally involved”. Adoption Jigsaw also has a number of volunteer staff who assist with searches and administrative tasks.

A range of services are provided by the organisation to anyone involved in adoption and/or separated from family through fostering, step-families or reproductive technologies. These services include:

- **Counselling and support services:** Counselling services incur a cost of \$50 per session (however, this may be negotiable in some cases), and can focus on a broad range of issues commonly associated with adoption, such as secrecy, shame, anxiety and guilt. Face-to-face and telephone counselling is available.
- **Search and mediation services:** (available to anyone involved in an Australian, UK or New Zealand adoption). Services are extended to people separated from (birth) families for any number of reasons—for example, step or foster families. Search services require individuals to become members of the organisation. Basic membership is \$250, which includes 12 months membership, search, preparation interview, outreach and interview for the found party if appropriate, ongoing phone consultation and support for all parties. Additional costs are the purchase of essential certificates, for example marriage, birth, death certificates, and any long interstate/overseas phone calls. For non-members, the service will provide support and advise individuals on how to conduct their own search.
- **Support group:** A support group is available for mothers only. Groups are held once a month in Cottesloe, and attendees are asked to contribute \$5 for the session. Information provided on the Adoption Jigsaw website states that the agency has been exploring the option of offering support groups in an online format, however no further information has been provided since 2013.

- **Contact register:** A register is maintained by Adoption Jigsaw for all parties who wish to leave their details to assist with searching. Over 20,000 names are currently registered. If there is “a match” staff will contact each party and discuss their wishes. The Department for Child Protection also has a contact register. If there is a “match” on both registers, individuals then decide which agency they wish to proceed with.

Additional services for members of Adoption Jigsaw include the receipt of regular newsletters and free use of the Adoption Jigsaw library. Members are also welcome to participate in the running of the organisation.

- Jigsaw Pieces is produced bi-monthly, it includes articles of interest, information on any changes to laws and, most importantly, personal stories. The newsletter welcomes stories and attempts to publish all viewpoints.
- Adoption Jigsaw states they have an extensive library for the exclusive use of its members. A few key books are available for purchase.

The website is informative and user-friendly. There are useful links to services in other jurisdictions.

Support groups

The Association Representing Mothers Separated from their children by adoption (ARMS) provide emotional support to mothers separated from their children by adoption, and educates the public of the lifelong effects of adoption. ARMS meetings are held monthly and work to change adoption laws and practices. However, there is limited information available regarding the group in the public domain, for example on their website and in information provided in other adoption forums/networks. Access to the group may therefore be difficult.

As stated above, Adoption Jigsaw offers a support service to mothers on a monthly basis. The group is held during business hours and incurs a cost of \$5 for attendees.

The South West Adoption Support Group in Bunbury used to run regular meetings but recently numbers have dropped and now the group only meets socially every few months. The group no longer runs as a peer-support service.

Anecdotally, there are strong divisions among a number of the support services, which will have an impact on the quality of cross-referrals and any continuity of service provision.

Good practice principles and the Western Australian service system

Table 16: The Western Australian service system measured against the good practice principles

Measure	
Accountability	<ul style="list-style-type: none"> ■ Western Australia was the first jurisdiction to apologise for former forced adoptions and played a strong role in the push for the Senate Inquiry. However, there is no information on the state government Department of Child Protection and Family Support's website regarding the state or national apologies. ■ The Western Australian government does not fund a service that is specific to providing post-adoption support as in other jurisdictions. Some funding is provided to adoption support services that have a wider focus than supporting those with an experience of forced adoption. ■ There are no clear complaints processes detailed on the departmental website. ■ It remains unclear what administrative data (if any) is collected by agencies. ■ ARCS are involved in current adoptions. This will present major issues for many affected by forced adoption. They do have some information about the National Apology on their website, however there are no services targeted directly at those affected by forced adoption. ■ It is unclear what the management structure of ARCS is, and there are no clearly described complaints processes available. ■ Adoption Jigsaw have a good description of their management and funding structure, as well as

Measure	
	the organisation's privacy policy. However, there is no readily available information regarding complaints processes.
Accessibility (including affordability)	<ul style="list-style-type: none"> There are no services in Western Australia that are specifically targeted to those affected by forced adoptions. Information services at the department are free. The Department for Community Development has the ROADS resource, which is very informative but was developed in 2004 and will need updating. There appear to be no free post-adoption counselling services in Western Australia. Both ARCS and Adoption Jigsaw charge fees for some of their services (such as counselling and search-related activities). ARCS provides services to adoptive parents and support for parties to current adoptions—this will have implications on access for some. Adoption Jigsaw's website is well-maintained and user-friendly. ARCS website has information that is extremely outdated—e.g., the state apology and current research activities. Services are limited to Perth and immediate surrounds. Telephone support is provided by support services, however face-to-face contact is restricted to Perth. The availability of support groups is limited. There appears to be functioning groups for mothers only.
Efficacy and quality	<ul style="list-style-type: none"> ARCS is staffed by psychologists and social workers Adoption Jigsaw counselling services are stated as being provided by a "professionally qualified" coordinator and counsellor. Both main services discuss issues such as secrecy and guilt, but there is no extension into information regarding grief, loss, identity or trauma-informed practice.
Diversity	<ul style="list-style-type: none"> ARCS have a wide range of counselling options—individual, group, family, couples, etc. But nothing specific to forced adoptions. Adoption Jigsaw offers a support group to mothers only. Adoption Jigsaw provides links to a number of factsheet-style resources. Library resource available to members of Adoption Jigsaw
Continuity of care	<ul style="list-style-type: none"> There is a strong history of division amongst adoption support services in Western Australia. This impacts on the capacity for any continuity of service provision. There are no formalised relationships between agencies that would provide a distinct and seamless process for those accessing support.

Summary

There are no services available in Western Australia that are specific to those affected by forced adoption. Although the Western Australian Government was the first jurisdiction in Australia to apologise to those affected by forced adoption and removal policies and practices, there is little to no information regarding forced adoption as a subject provided by the government Department for Child Protection and Family Services. Further, there has also been limited commitment from the WA Government to the provision of funding specifically for the purposes of supporting those affected by forced adoption; non-government services, ARCS and Adoption Jigsaw, receive some funding from the state government to provide services to people with an adoption experience, however this includes services to those involved in current adoptions. This will be a significant issue for some individuals affected by forced adoption.

Complaints processes are unclear for services—both government and non-government—in Western Australia. Adoption Jigsaw has clear information regarding their management structure and privacy policies.

Information services provided by the department are free, however obtaining certificates and other records will incur costs (e.g., birth certificates obtained through BDM). Services received by ARCS and Adoption Jigsaw incur a cost. The location of services is limited to Perth (and Cottesloe) and immediate surrounds.

The department's website is a very good resource and provides clear information regarding the processes for seeking and obtaining information pertaining to past adoptions. The ROADS resource is an example of a useful initiative by a state government, however it is likely that some information contained has dated considerably since its development in 2004.

There is a history of strong division between services providing support to parties to adoption in Western Australia. Although there is a distinct limitation in service options regionally, such divisions potentially further the disconnect between service need and uptake.

Summary

Challenges with the current options available:

- There are no post-adoption support services that are currently offering their services at a national level. This is seen as a distinct barrier to many seeking information about lost family members.
- There are still costs associated with obtaining personal information such as birth certificates. This is a significant issue for adopted individuals in particular.
- There is no single entry point for people seeking to access services.
- There is no national register for people who are searching for lost family members to register with (though Jigsaw WA believe they have the capacity to do this, subject to resource availability).
- There is limited availability of services for those living in rural and regional areas.
- There is variability in the type, availability and quality of services available to those affected by forced adoption. Some are specialised, while others provide more generalist services to all parties to adoption, including those involved in current adoptions.
- There is a lack of appropriate training options for professionals in addressing the long-term impacts of forced adoption.
- There is a distinct lack of appropriate, accessible and affordable therapeutic service providers who can provide long-term support.
- The coverage of services available varies widely by state. For example, there are no post-adoption support services based in the Northern Territory.
- There is evidence of good features of accountability within some jurisdictions; however, it is not consistent nationally across service types and settings. There is variability in the quality of information available about apologies and other accountability measures in each relevant jurisdiction.
- There is limited continuity of service provision that enables a seamless approach to those seeking information and ongoing support.
- 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;
 - have been involved in forced adoption practices in the past.

8 Findings from consultations: Part 2—Specific issues for different service types/sectors

This section discusses the results of the consultations in terms of what service providers perceive to be the major issues for them in their capacity to deliver quality services to those affected by forced adoptions, and what they think can/should be done to enhance the current system.

8.1 Post-adoption support services

Referrals between service providers

The post-adoption support services that participated in the scoping study largely reported a healthy network between each other. It is not uncommon for the services to refer clients to each other when necessary. Similarly, each jurisdiction's departmental adoption information service has developed a relationship with their state post-adoption support service to assist in transmitting information and referrals. The quality of the relationship, however, varies across staff and states.

The International Social Services agency (a search and contact agency specialising in interstate and overseas adoption tracing) provides referrals to local agencies where appropriate. Similarly, the Salvation Army's Family Tracing Information Service (a national and international search and contact service) refers clients to post-adoption support services on its website.

Peer-support groups that operate independently from post-adoption support services are often more localised and vary in the degree to which they have strong or positive referral networks. Past history of poor responses from service providers has meant many individuals are sceptical about the quality of the response they will get, and don't have resources to actively engage in professional networks (e.g., attending conferences or activities run by professional bodies or associations).

Referrals to mental health professionals

Although the majority of post-adoption support services state they offer counselling, the findings from the service mapping and stakeholder consultations indicate that most post-adoption support services do not feel they have the capacity to provide ongoing counselling to their clients in-house and rely on referring clients to mental health professionals (typically GPs in the first instance and, through them, psychiatrists and psychologists). In most instances, this was a reflection of limited resources, and the need to focus on immediate support needs of new clients who are accessing information or making contact.

There was also a sense that where long-term counselling/therapeutic services are needed, it is because of recognised mental health disorders. These disorders require support from professionals who are highly trained to deliver evidence-based services for mental health issues and have knowledge and understanding of forced adoption practices.

Some agencies have developed a register of therapists (counsellors, psychologists, psychiatrists, etc.) that are experienced in working with adoption-related issues. However, a consistent theme across all consultations was the limited number with appropriate skills and training, as well as the lack of affordable access to services. Despite ATAPS having been funded to address this, at the time of data collection (Sept–Dec. 2013), stakeholders had not yet observed any changes in

terms of increased accessibility, or confidence that professionals receiving referrals would have the appropriate skills and training to provide a sensitive and effective service.

Opportunities for enhancing post-adoption service that were identified by stakeholders are summarised below.

Resources and service delivery

Stakeholders identified the need for additional resources in order to improve service delivery in areas such as:

- greater capacity to provide the services in a timely manner so clients can participate or withdraw from the services when necessary;
- expanding services to be more holistic, so that staff can build relationships and support clients throughout their journey;
- internal supervision and support mechanisms for staff members and volunteers, as talking to grief-stricken or traumatised clients can be very intense emotionally;
- provision of 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;
- providing the option of (free, or subsidised) therapeutic retreats; and
- fostering safe and supportive environments that provide physical safety and emotional safety—i.e., clients are treated with respect and understanding.

There were divergent views as to whether services need to assist adoptive parents deal with issues surrounding why they chose to adopt, repressed guilt or to help them support their adopted son/daughter with their issues. A number of services noted the potential benefits for adopted individuals to have support and encouragement from their adoptive parents.

Rather than establish or fund a new national service, stakeholders felt that distributing funding state-by-state to existing providers was a more efficient use of the limited funding that has been promised. While the idea of having the opportunity to apply for small grants to enhance specific aspects of service provision was welcomed, stakeholders wanted a very simple application process, as smaller agencies don't have the resources to spend a lot of time writing applications, or experience in doing so.

However, as discussed earlier in the report, there are many affected individuals who perceive the funding of services with past involvement in forced adoptions or current involvement with adoptions to be completely inappropriate. This is a sentiment that appears to be held not just by mothers, but by many adopted individuals also.

One possible solution to this dilemma is allocating funding to existing generalist services who have expertise in the area of providing support to those affected by forced adoption, and whose model of delivery could be expanded across jurisdictions. However, there are few agencies that do not have some connection to former agencies or institutions. Although Relationships Australia is not a “new” service provider (it goes back to the 1950s with the establishment of the National Marriage Guidance Council of Australia), it does not have the same history of welfare services and connections to institutions and hospitals associated with forced adoption. Generalist welfare/counselling agencies such as Relationships Australia have the needed infrastructure to operate services professionally. Relationships Australia were often identified as being a well-known and trusted service provider based on the findings of the AIFS National Study; so to build on their capacity by rolling out training to their counsellors would provide national accessibility. However, there may be a range of other agencies that could provide a

similar service, if appropriate steps are put in place to provide apologies, transparency relating to past practice, or other elements of restorative justice (as outlined previously).

Information and support

Stakeholders identified the need for better resources to assist with people seeking adoption information. This includes:

- national coordination of brochures and information booklets about past adoptions, searching, and making contact with family;
- development of a new national website that provides a space to support service providers, as well as space for the general public to obtain information and to share stories;
- development of websites that provide dedicated (and some would argue separate) supports for mothers, adopted individuals and other family members; and
- a mobile phone application to increase the accessibility of information and supports (though cost may be prohibitive).

Training and research

Stakeholders identified the need for training, opportunities to conduct and learn from research and the evaluation of services. This includes:

- 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;¹⁴
- improving the capacity of the workforce to provide services and training opportunities 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 further 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.

Stakeholders also emphasised the critical importance of deep content knowledge of past practices in order for services to be effective:

A new service will take a long time to get the adoptions expertise to complement their therapeutic expertise. We know about the secrecy. We know what they were told at the time. We need the training to underpin services.

8.2 State and territory funded adoption information services

One of the challenges raised by the adoption information services that participated in the consultations was that the physical availability of the records has in some cases been destroyed either by accidental damage or as a result of the archiving policy of the record-keeping agency.

¹⁴ Some stakeholders were aware of the detailed training package developed by VANISH with funding from the Victorian Government. However, a small minority of stakeholders were highly critical, apparently based on their philosophical divergence from VANISH over matters such as the role of adoptive parents.

Due to limited available funding for some agencies, untrained staff are having to help clients search for records and information. There were also concerns raised regarding the lack of privacy in adoption information services because multiple people handle the information.

Participants at the workshops explained that currently accessing information is costly and slow, and the process varies across jurisdictions. Accessing records from hospitals and maternity wards can be particularly difficult due to the changes in management/structure/ownership over time. Many records have been lost or destroyed.

Adoption information services endeavour to provide counselling sessions to clients but lack the resources and opportunities to provide counselling sessions in-house. Some services provide a “counselling” session when they deliver records to clients but it is largely an information session on privacy issues rather than a therapeutic service.

Resources and service delivery

While a common theme was the perceived value of creating a centralised place or streamlined process for accessing records, there were no practical suggestions provided for how to achieve that, given that records are held in diverse places and subject to a range of laws and constraints in divulging personal information.

Stakeholders identified the need for additional resources in order to improve service delivery, including:

- caseworkers 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;
- counselling services 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 *if* to proceed; general emotional support; and support further down the track—for example, when an adopted person has a baby);
- explicit protocols and consistent application, to remove the perception that there are “gatekeepers” of information who determine which information to pass on and which information to withhold; and
- identification of a method to inform relatives if the person they are searching for is deceased.

Stakeholders identified the need for better resources to assist with people seeking adoption information, including:

- elimination of fees associated with obtaining and accessing records and information from hospitals, courts and organisations, particularly BDM registries;
- clarity around the process for obtaining information, where to access information, and the cost of services and requesting records (including rationale for particular costs);
- elimination of costs associated with overseas searching;
- establishment of a central repository for all adoption records, which is digitised and accessible;
- a central body to coordinate search activities;
- a streamlined application process for obtaining information and a single point for verifying an applicant’s identity—for example, one application form could provide access to records from numerous agencies, but particularly BDM registries in each jurisdiction;
- training to improve how staff deliver sensitive information—for example, if a contact veto exists;

- training for staff that are involved in obtaining records and how best to deliver sensitive information;
- more assistance and links with international services;
- links are needed between Stolen Generations services and Forgotten Australian services;
- a free post-adoption tracing service in every state and territory;
- unifying standards and protocols across all jurisdictions;
- allowing clients to authorise a person or an agency to advocate on their behalf;
- developing an independent agency to help manage and coordinate searching so clients don't have to personally work with agencies or organisations that are "compromised";
- encouraging people who have attempted to search for information before laws were changed to search again, as there may be further information that was withheld in the past;
- public awareness campaigns that inform those affected with information on where they can go for help—for example, posters that advertise available services;
- establishing a national advice line with translator services;
- providing public and easily accessed resources for clients on what to expect when searching for information;
- publishing clear guidelines that state what information is accessible and how to obtain it;
- providing clients with counselling and support options at the time they are receiving information; and
- digitising records and making better use of technology to improve delays in obtaining information and to free up time for staff to be able to pursue other duties.

Thinking about related areas of service provision, one stakeholder said:

Link Up services have a good model, as they are funded to be able to travel to give information face-to-face. They can walk alongside people, and have the ability to be on the move, including in regional areas. We need to be able to be more accessible.

8.3 *Search and contact services*

Participants in the consultations expressed that some services are dismissive of people's experiences of forced adoption. Services are currently operating at capacity and as a result waitlists for access to search and contact services are long.

Service needs identified by stakeholders relate to resources, funding, information, training and referral pathways, as summarised below.

Resources and service delivery

- Provide appropriate psychological and emotional counselling so agencies can deliver sensitive information face-to-face, such as if a veto has been put in place.
- Provide clients with access to counselling before, during and after connection.
- Provide access to therapeutic interventions that are accessible and flexible to the individual needs of clients.
- Increase capacity of search and contact support workers to reduce waitlist pressure.
- Offer an independent mediator, who works on an ongoing basis with both the adopted person and mother. The mediator does 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.

- Increase capacity to be able to provide support services from the beginning of the journey, and continue to provide ongoing support after contact has been made between the two parties.
- Provide support for other family members, including siblings and extended family.
- Need a centralised location for search facilities.
- Need an online central database for automatically detecting matches.

Funding

- Funding so services can hire extra search and support workers to decrease waitlist times.
- Ongoing government funding so agencies can use their time more productively, rather than spending time on funding applications.
- Funding to provide services to clients who live in regional areas or are searching for family members in regional areas, interstate or overseas.

Access to information

- A national website or search process that accommodates the possibility of overseas involvement.
- Access to electoral rolls nationwide such as the National Contact Register provided in the United Kingdom.
- Each state should establish a special search service, which has access to information that isn't available to people in the public domain. A nominated person in Medicare or Centrelink could coordinate this. Services and government agencies could contact the nominated person, provide the authority that they are entitled to the information, and the nominated person could forward it on without having to know the content.
- Many stakeholders were adamant about the need to lobby for and facilitate access to electoral rolls, both past and present, to assist in the search of relatives. Recent changes to government policy around access of the Australian Electoral Commission (AEC) was seen as a significant barrier to the capacity of agencies to help clients search for family. For information about the variety of search tools used, and the centrality of AEC access, see Attachment K. It should be noted that stakeholders did not seem to be aware of the reasons for the restrictions in access (i.e., the need for AEC to be consistent with their legislative requirements and privacy constraints), and the difficulties in achieving change in this area. Stakeholders gave some examples of how politicians could access AEC rolls to send out birthday greetings to constituents, but even in the context of a national apology, they couldn't access AEC rolls needed for family searching. Stakeholders also talked about the importance of developing standards for searching, and promulgating good practice for intermediaries (e.g., in the process and wording of letters of approach when contacting a potential family member).
- Develop a national website with a national register of people who want contact with their families, current laws and the contact information for specialised counselling services and support groups.

Training and research

- Further research and evaluation on best practice when facilitating meetings between parties involved—for example, what makes for successful contact.
- Establish best practice guidelines for use of appropriate terminology—for example, some clients prefer “connection” to “reunion”.

- Further research on best practice support for late-discovery adopted persons.

Service-system and referral pathway

- Expand the Find & Connect service to include people affected by forced adoptions but create a perception of separation. There are huge service overlaps, in terms of issues and service needs, with Forgotten Australians and those affected by forced adoption.

8.4 Peer-support services

Although there were a number of positive comments about the importance of peer supports (particularly from peer-support groups themselves), this was an area where there was significant divergence of views, with a number of workshops and consultations suggesting this is currently one of the weaknesses in the current service delivery system.

During the workshop and independent consultations for this report, some concerns were raised that peer-support groups risk re-traumatising their members. In a related area of service delivery, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) confirmed that they did not use peer-facilitated support (self-help) groups because of the risk of further damage that peer-facilitated support groups can cause, and that in considering the use of peer-support groups it would be prudent to ensure that the facilitators were appropriately trained in trauma-informed counselling. In support of this view, the report from the Senate Inquiry found that while peer-support groups had provided vital support to some individuals, for others the experience was unhelpful (Senate Inquiry, 2012). The committee stated:

The committee recognises that some individuals are greatly assisted by peer-support groups, and others are not. The committee believes that, for counselling purposes, government funding should be made available only to qualified counsellors. It believes that it may be appropriate to fund peer support groups for other activities, such as information sharing, documenting of experiences, or assistance with information searches and memorial events. (Senate Inquiry, 2012, 10.57)

One stakeholder described how the personal identity of some people who are involved with peer-support groups becomes fixated on the issues of adoption, and the injustice and trauma they have experienced, and that this can have the potential to be unhelpful for others:

You don't want to go to peer-support groups and blab out your story—it's re-traumatising. It becomes their identity. What you need is a service that's going to help you move on.

Similar to the views of the Senate Inquiry, the various post-adoption support services consulted were divided on the value of peer-support groups. Many had concerns around accountability because most peer-support groups are self-governed. Often limited or no training is provided to the management committee of peer-support organisations in how to manage staff and run an organisation.

Some support groups have endeavoured to provide their services online; however, experiences indicate that while this made the groups more accessible, they also became less safe because it was difficult to control the membership of the group and the comments posted. As discussed earlier, a successful support group relies on a number of factors, including the experiences of members of the support group and the state of their mental health. Therefore, it is important to consider whether the support groups will be open to all people affected (i.e., mothers, adopted persons, adoptive parents) or not, and how that will be controlled. Currently, some peer-support groups will include an adoptive parent in the group to help break the “them against us”

mentality. Others prefer not to mix groups members. (For further information on potential elements of good practice, see the boxed text “Suggestions for good practice in peer support” on page 125).

Findings from the literature support the view that peer-support groups have benefits for participating members; however, the literature recommends that peer support should be used only as an adjunct to conventional individual and group therapy interventions, and that only an experienced and trained professional should facilitate peer-support groups. Some suggested that the fact that peer-support groups continue to exist is a measure of their usefulness:

People will stop going if it doesn't serve their needs.

Stakeholders identified a need for additional resources in order to improve peer-support service delivery including:

- grants to help facilitate particular activities or resources, such as weekend workshops, creative therapies, group excursions or therapeutic retreats;
- support with improving governance and accountability requirements (e.g., having a constitution, developing standards of conduct, grievance process for clients and staff, etc.);
- funds to support regional peer-support coordinator roles and provide therapist-facilitated peer-support networks for regional areas;
- assistance with appropriate venues, catering, professional facilitators, secondary supervision and debriefing;
- funding to research and evaluate the efficacy of peer-support groups, and the respective value of different models of delivery, and what works to provide the best support while reducing the risk of re-traumatising group members; and
- training and support to facilitators/leaders—particularly in regional communities.

In the past, support groups were dominated by women who were traumatised; there was a huge amount of anger. Some people who joined the groups wanted the commonality ... but just didn't want the negativity. [For adopted individuals, there was a] lack of affirmation of their experience being positive. Many have a great loyalty to adopted parents and can find some agendas harmful.

In order to maximise the value of peer supports, stakeholders made suggestions such as:

- creating dedicated meeting spaces (as provided in youth-specific services);
- hosting special events in neutral spaces, such as community and neighbourhood centres, libraries, cafés, gardens, etc.;
- providing support from art/music therapists; and
- enhancing outreach and mobility of peer supports (e.g., a travelling information/support bus; links to the National Archives exhibition, etc.)

However, there was also a reminder that any such supports need to be run by people with “credibility”. It was also acknowledged that time and available resources (i.e., money) are a significant barrier to agencies or departments facilitating peer-support groups.

Stakeholders also presented some very strongly held but conflicting views about the role of adoptive parents in peer-supports. For example, one group said:

We find it useful to include an adoptive parent in the group, for a while, to help cross over. To deal with “them against us”. Somehow we need to break that down. Not all mothers are hostile to adoptive parents. But some are.

In contrast, many other workshop participants and stakeholders we consulted were adamant that including adoptive parents in peer-support activities (or in peer-facilitated training for other professionals about the impacts of forced adoption and illegal removal practices) is re-traumatising and unhelpful.

Suggestions for good practice in peer support

Given the sensitivities and divergence in people's experiences of peer-support services, attendees at one workshop decided to focus their attention on developing some suggested elements of "good practice" in peer support. Participants identified the following elements:

- Know the limits of your service, and be prepared to refer on.
- Don't discriminate.
- Develop internal standards for acceptable behaviour on social media.
- Have leaders who demonstrate values, and enforce them.
- Value diversity (some groups may include diversity within them; if not, have the option for separate groups for mothers, fathers, sons/daughters, or referral options).
- Have good governance, such as a formal constitution and membership forms where people are expected to sign and agree to standards of behaviour, and an external complaints process.
- Clearly define the nature of the service and what users can expect.
- Provide resources and supports for leaders (such as training in managing trauma and dealing with conflict).
- Actively network with other groups and agencies (for referrals, training and support).

There were mixed views about the need for professional facilitators (see section on peer-supports and the limitations that have been noted in other areas of service delivery when peer-support group leaders themselves have unresolved trauma).

It is also important to note that some agencies have already developed resources to assist with facilitating peer-support groups—for example, VANISH (see Attachment L)

8.5 Mental health practitioners

There are limited appropriate therapeutic services available for people affected by forced adoption, with very few services available in regional areas. Those that do seek out these services do so for various reasons. Most people enter the service system complaining of symptoms such as depression, anxiety or insomnia. Mental health practitioners generally have very limited knowledge on forced adoption and its long-term effects. There is concern that the effects of forced adoptions are often not recognised as mental health issues; only recognisable symptoms such as depression, anxiety or insomnia are being treated. As a result, symptoms are being treated separately and in no context to people's forced adoption experiences that may have caused or contributed to the presenting mental health problems. This can cause further damage if a person perceives that their mental health professional is being dismissive of their personal history (Kenny et al., 2012). Furthermore, patients need to have a diagnosed condition to receive Medicare-funded treatment; therefore, services are not focusing on early intervention or prevention.

Discussions from the workshops clearly indicate that therapeutic services with workers who have prior knowledge and training on the impacts of forced adoption are more effective in meeting the needs of clients. Professionals' limited knowledge of forced adoptions and its effects has resulted in a lack of sensitivity which, in turn, discourages patients from disclosing their experiences and receiving appropriately tailored services. Currently, the standard of the therapeutic service delivered is inconsistent and there is considerable variation in how current services are reaching and ultimately providing support to the target population. One development that will perhaps assist is the Australian Government's funding for the development of good practice guidelines for doctors and mental health practitioners. The Department of Health have been commissioned to undertake this task.

The allocation of funds for ATAPS services was identified as an issue of importance during the consultation process. This has already been discussed in the report—please refer to Chapter 6 for further information.

Service delivery

- To have skilled and experienced psychologists, therapists, counsellors and GPs with a better understanding of the long-term impacts of the trauma associated with and the experiences of forced adoption for all parties involved. An understanding of how forced adoption and the issues of grief and trauma have impacted differently on adopted persons, mothers, fathers, other family members and adoptive parents.
- A wider understanding of the extent and diversity of past adoption issues among all mental health professionals, which allows for greater sensitivity and the ability to refer clients to appropriate services.
- Mental health practitioners with the ability to facilitate a safe space to discuss forced adoption.
- Trauma-aware practitioners to improve diagnostic accuracy.
- Grief-informed practitioners that understand how grief affects both parents and adopted persons.
- Therapist-facilitated group work to help those affected successfully reintegrate into society and feel like a productive part of society again.
- Access to long-term counselling.
- Established guidelines for therapists around disclosure of their involvement or experiences with forced adoption.

Training and research

- Psychologists, therapists and counsellors with specialist skills in treating the impacts of forced adoption, including trauma-related symptoms, attachment disruption, abuse, and grief and loss.
- Better education and training on the impacts and experiences of forced adoption to mental health professionals before they enter the workforce—for example, through universities—as well as providing on-the-job training and professional development opportunities.
- Accreditation to work in the adoption field or an enforced code of practice.

Information and research

- Identify evidence-based trauma therapies for treating trauma symptoms.

- Change practitioners' perceptions by linking the long-term impacts of forced adoption to other events, such as childhood abuse, which result in similar long-term effects.
- Include more information around the impact of forced adoption in National Mental Health Standards.
- Present findings from the AIFS National Study at conferences, and publish articles in relevant mental health professional magazines/journals.
- Facilitate research that informs policies and service providers on best practice approaches for treating people affected by forced adoptions.
- Improve general awareness through targeted messages in the media—for example, a special edition of a professional magazine on adoption.
- Facilitate access to information about forced adoption, including the history of adoption practices and the long-term effects it has had on people—for example, through a national website on forced adoption.
- Publish articles on the impact of forced adoption in professional journals and magazines—for example, *In Psych*

Service-system and referral pathway

- Improve and facilitate access to treatment for clients who have not been diagnosed with a condition.
- Increase specialist service accessibility in regional areas.
- Provide access to a range of skilled psychologists so clients can choose the one they believe is the most suitable to provide support for their individual needs.
- Provide access to Medicare-funded chronic health condition plans.
- Provide access to free DNA testing to help identify medical conditions.
- Provide a list or a centralised database of preferred and specialised service providers from which GPs and adoption-related services can make client referrals.
- A range of service providers so that potential service users are not discouraged from receiving treatment if they perceive certain agencies to be “compromised”.
- Brokerage funding that assists people access the support they need, including transport fees.
- Provide people affected with a “gold card” for access to mental health services (e.g., no waiting periods, no cost, and choice of counsellors and therapists).

8.6 General Practitioners (GPs)

A strong theme from workshops, and supported by supplementary consultation with the Royal Australian College of General Practitioners, is that currently, GPs are largely unaware of the history of forced adoption and its long-term effects. Lack of awareness can often lead to a dismissive or insensitive response to clients' experiences of forced adoption. Without training and information, GPs are unlikely to be aware of the services available that may support those affected.

GPs need a well-founded knowledge on the long-term impacts of adoption that can assist in diagnosis and appropriate referral. Options identified by stakeholders relating to information and training include:

- Add research on the impact of forced adoption to GP standards and training curriculum.

- Facilitate access to information about forced adoption, including its history and the long-term effects it has had on people—for example, through a national website on forced adoption.
- Provide an information kit for general practitioners.
- Include information on forced adoption, such as health impacts, ways to identify people in need and red flags to look out for, on professional development websites—for example, websites such as the Victorian Government’s Better Health Channel <www.betterhealth.vic.gov.au> or the Australian Government’s Health Direct <www.healthdirect.gov.au>.
- Publish articles on the impact of forced adoption in professional journals and articles—for example, *Australian Family Physician*.
- Train new GPs who are then able to facilitate discussion on forced adoption experiences with established GPs in their practice.
- Provide professional development opportunities for existing GPs.
- Include training courses for GPs through the continued professional development courses.

This stated lack of awareness among GPs adds to the concerns raised during the consultations regarding referrals to ATAPS services, mentioned in Chapter 6. Further investigation of the implementation of the initiative with the selected Medicare Locals was outside the scope of this study. Further, it only became apparent that these funds had been used in this manner once the Scoping Study had commenced, even though this was a decision made well in advance of the announcement of this study.

9 Environmental scan

A final step in examining potential options for the delivery of services for those impacted by forced adoptions was to look at other support service systems that currently exist. Stakeholders sometimes saw parallels with service delivery in relation to:

- Stolen Generations;
- former state wards or care leavers (“Forgotten Australians”);
- family separation;
- military service and trauma; and
- knowledge translation and exchange services as a means of supporting service sector development in areas such as child and family welfare, family violence, survivors of child abuse and neglect, adult sexual assault, etc.

However, there was also recognition that many of these other issues involve particular institutions, whereas forced adoption was often—though not always—a lot more personal, individual and private.

Find and Connect service: Parallels and divergence

It is not surprising that there is some discussion about the similarities between the experiences of the Forgotten Australians, Former Child Migrants, Stolen Generations and those affected by forced adoption; indeed, many who were subjected to forced adoptions are also members of these aforementioned groups.

Following the 2009 National Apology to Forgotten Australians and Former Child Migrants, the Australian Government invested \$26.5 million over four years in a broad range of activities to support Forgotten Australians and Former Child Migrants. This included funding for:

- support services;
- advocacy groups;
- a national web resource;
- past non-government care providers to improve access to their records for Forgotten Australians and Former Child Migrants;
- national history projects (an Oral History Project and travelling exhibitions, *Inside: Life in Children’s Homes and Institutions* and *On their own: Britain’s Child Migrants*); and
- an evaluation.

The national network of state-based Find & Connect support services and one national provider, the Child Migrants Trust, provide a range of services to Forgotten Australians and Former Child Migrants, including:

- access to professional and specialist trauma-informed counselling;
- support to help locate and access records;
- referral to mainstream services;
- assistance to find and reconnect with family members where possible;
- peer and social support programs; and
- outreach to rural, regional and remote areas.

The Find & Connect web-based resource is for Forgotten Australians, Former Child Migrants and anyone interested in the history of child welfare in Australia. It provides history and

information about Australian orphanages, children's homes and other institutions, and also provides links to counselling/support services. In our view, there are commonalities between the issues for people affected by past-adoption practices and the following issues identified in the scoping study for the development of Find & Connect (Elliott & Smith, 2010). Section 4.2 outlined in more detail the support needs identified by people affected by forced adoption in the AIFS National Study. The issues identified in the Scoping Study for the development of Find & Connect that are similar to those affected by forced adoption include:

- finding and accessing personal records;
- tracing and making contact with family;
- accessing support services to assist with records searching and family tracing;
- historical information;
- web-based single entry point for searching;
- identifying and promoting good practice; and
- access to specialist counselling.

Many of the psychological or emotional impacts are very similar—in terms of the separation from family of origin, perceptions of abandonment and loss, and trauma. Furthermore, findings from the literature review highlight that many of these impacts have been ongoing and have resulted in lifelong impacts for those directly involved. (See Section 4.2 for more detailed descriptions of the psychological and emotional impacts—depression, anxiety, grief and loss, attachment and identity issues, and PTSD symptoms—experienced by people affected by forced adoptions.) So it is logical to think that there is much to learn in terms of designing service models, and developing guidelines for best practice in meeting the needs of affected individuals that can be learned from institutional care leavers and the Find & Connect service.

However, some major differences between the issues faced by people affected by forced adoptions and care leavers are:

- Those directly affected by past adoption practices comprise separate, distinct groups that have some issues in common, but also some separate needs and sensitivities (namely: mothers, fathers, and sons/daughters who were adopted).
- Requirements regarding privacy and access to personal information are more stringent, constrained by legislation, and vary across jurisdictions (given that we are talking about two or three separate parties whose personal information is the subject).
- The level of funding provided for Find & Connect was much greater (\$26.5M over 4 years) to establish support services, fund advocacy groups, develop a national web resource, improve records access, national history projects and travelling exhibitions, and an evaluation compared to Forced Adoptions (\$11.5M over four years) for improving access to support services, a national history project, increase capacity under ATAPS program to 30 June 2014, and develop training and guidelines for mental health professionals.
- The Find & Connect website focuses on historical information; it does not contain personal information, but rather institutional information that is already in the public domain.
- A number of the specific post-adoption support services (e.g., VANISH, ARC, Jigsaw, Origins) have been established by persons themselves directly affected by adoption (mothers, fathers, adopted individuals), whereas this does not appear to be the case with Forgotten Australians and the services funded through Find & Connect.
- There is no service provider peak body or agreed overarching national peak or advocacy group for post-adoption services and issues, whereas the Australian Government funds three national advocacy bodies for care leavers and Former Child Migrants.

In workshops, we explored with stakeholders whether existing Find & Connect services and information (including their website) could be expanded to include forced adoption and past removal practices. Although some stakeholders recognised the significant overlap in the issues, a high level of concern was raised about diluting the specific focus on forced adoptions.

Family Law: Professional networks and “communities of practice”

The Family Law Pathways Network is an Australian Government initiative to support those professionals who work with families affected by separation conflicts across different disciplines and systems. The aim is to share information, build collaboration and foster stronger working relationships across the family law system. The networks are based on the premise that the family law system depends on cooperation between a number of entities in order to provide a clear dispute resolution pathway for separating families.

The focus is on discrete geographic areas, such as each metropolitan city and a number of regional areas. Each Family Law Pathways Network is managed by a Steering Committee that develops an Annual Work Plan for the Network.

The Network is one of the “Professional Resources” listed on the Australian Government’s website Family Relationships Online—the web-based portal for families to access information about family relationship issues (e.g., building better relationships, through to dispute resolution), and find out about a range of services that can assist them to manage relationship issues, including agreeing on appropriate arrangements for children after parents separate. A key philosophy is that “no door is the wrong door” so that clients or potential service users can be given “seamless” access to the services and information they need (or at least improve what might otherwise be a fragmented or “siloed” experience), rather than needing to become experts themselves in understanding the complexity of the service system.

Examples of activities include:

- shared (cross-sectoral) training events;
- networking opportunities (running events with a speaker, and opportunities for questions, mingling and developing connections with people from other agencies, and other sectors) to promote shared resources (such as a new smartphone/tablet app. for professionals to access key information including service waiting lists, telephone numbers, email addresses, websites, etc.); and
- regular newsletter or e-mail alerts about activities, resources and other matters of relevance for professionals working with families affected by family law issues.

See: <www.familyrelationships.gov.au/ProfessionalResources/FPN/Pages/default.aspx>

Key issues:

- relies on the willingness of services to actively participate in the network and share resources, contribute to events, etc.; and
- takes active coordination—for example, from the National Committee of Post-Adoption Service Providers and/or the KTE organisation operating the website.

Veterans

Another group of clients who have experienced trauma and psychological distress are military veterans. To meet their needs, the Veterans and Veteran’s Families Counselling Service (VVCS) provides counselling and group programs to Australian veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service. VVCS staff are

qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families. They can provide a wide range of treatments and programs for war and service-related mental health conditions including PTSD.

See:

<www.dva.gov.au/HEALTH_AND_WELLBEING/HEALTH_PROGRAMS/VVCS/Pages/index.aspx>

VVCS is expanding to cover related areas: border protection, peacekeepers, and providing services to children (dependents, up to age 26) whose parents are killed in military-related events, such as combat or exercises.

9.1 *Knowledge translation and exchange (KTE)*

In a number of areas of welfare/human service delivery, governments have funded “clearinghouses” or what are now termed “knowledge translation and exchange” services as a means of supporting service sector development, increasing the accessibility to evidence-based resources and enhancing the knowledge base and skill set of practitioners, managers, and policy-makers. In Australia, this strategy has been used in areas such as:

- overcoming Indigenous disadvantage <www.aihw.gov.au/closingthegap/>;
- Indigenous health <www.healthinfonet.ecu.edu.au/>;
- enhancing family relationships, protecting children, and strengthening families and communities <www.aifs.gov.au/cfca/>;
- reducing sexual violence <www.aifs.gov.au/acssa/>;
- addressing family violence <www.adfvc.unsw.edu.au/>;
- trauma <www.acpmh.unimelb.edu.au/>; and
- evidence compass for working with military and veteran communities <evidencecompass.com.au>.

The main goal of a Knowledge Translation and Exchange (KTE) service is to be a primary source of quality, evidence-based information, resources and interactive support for professionals. Key functions include:

- providing a central collection point for research, information and resources;
- facilitating access to the evidence-base to support organisations, agencies and others using research and evidence in shaping policy, practice and research directions;
- engaging with stakeholders to better meet their needs;
- allowing people with common interests and purposes to share information, knowledge and experience from different states, territories, regions and sectors;
- the collection, synthesis and summarising of developments in the field;
- making research and other information available in a form that has immediate, practical utility for practitioners and policy-makers;
- enabling managers and policy-makers to make decisions based on the best available evidence; and
- information-sharing among practitioners, policy-makers and others.

Increasingly, access to research evidence, and “translation” of information for busy practitioners is seen as an important added value to service-system improvements.

Definition

Knowledge translation and exchange (KTE) can be defined as “people sharing evidence and perspectives on issues of common concern. It is a two-way interaction between researchers and those who can use research to improve the quality of life.”¹⁵

Research use in policy and practice

Some of the factors that influence the use of research in policy and practice include:

- users are almost universally time poor;
- plain English publications and resources are most useful;
- research uptake is more likely to occur if two-way communication exists between the user and the researcher; and
- multiple dissemination types are required to meet the needs of different users.¹⁶

How KTE activities help

- Provides quality, evidence-based, plain language resources and key messages for time-poor professionals, where key messages are highlighted.
- Engages both parties in conversations about how research can inform practice/policy, and how practice/policy experiences can inform research questions.
- Provides a trusted source of quality information in a range of different formats.
- Works alongside implementation¹⁷ to promote evidence-based policy and practice.

Primary KTE activities

- *Methods:* As well as using “traditional” methods, such as publishing literature reviews and newsletters, innovative methods of research dissemination are adopted, for example:
 - webinars (web-based seminars);
 - “scaffolding” information (key messages highlighted, followed by easily accessible in-depth information); and
 - “infographics” to visually present high-level data in an easy-to-understand format.
- *Stakeholders:* Knowledge translation and exchange is reliant on active networking with stakeholders to facilitate their contributions to the two-way exchange, and increase the reach of dissemination activities.
- *Collaboration:* To increase the impact and enhance the sustainability of its KTE activities, AIFS has also entered into funding agreements with some NGOs where research staff from the knowledge translation and exchange teams work collaboratively to support agencies with evaluating their services, and embedding a “research-aware” culture within their agencies to highlight evidence-informed, reflective practices.

¹⁵ See: <www.bceohrn.ca/files/images/HoPN_KTE_Booklet.pdf>

¹⁶ For evidence regarding research utilisation, see: <www.aifs.gov.au/cfca/research/completedresearch.html#utilisation>

¹⁷ Implementation might be considered the next step after KTE—implementation science is a newly emerging field of research into what helps or hinders successful integration of knowledge about “what works” into practice and policy.

10 Service model options for improving supports for people affected by forced adoptions

In this section, we outline the service model options for enhancing and complementing existing service systems in order to improve supports for people affected by forced adoptions (see Table 17 and Figure 1 for summary). These options are based on:

- findings from a review of the published literature;
- an environmental scan of service systems and conceptual models for service improvements in related areas (e.g., family law; veterans; humanitarian migrants who have suffered torture/trauma; and persons separated from family for reasons other than adoption, such as Forgotten Australians, Former Child Migrants, and Stolen Generations); and
- findings from the stakeholder workshops and individual consultations.

10.1 2012 AIFS study findings regarding service options

In the AIFS study, *Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices* (Kenny et al., 2012), participants identified the following issues relating to the quality of service delivery:

Good information services (including identifying information and access to personal records):

- are delivered by trained staff;
- are provided through websites, moderated interactive sites (“chat rooms”) and/or 24-hour phone lines;
- are provided with sensitivity to the needs of those seeking them (confidentiality, discretion, language used, etc.);
- are relevant to the “stage of the journey” of individuals; and
- have a range of support levels (e.g., access to support person onsite and in follow-up).

Good search and contact services:

- enable access to counselling and ongoing support during the search and contact journey;
- use an independent mediator to facilitate searching for and exchanging information; and
- address expectations before contact is made and provide ongoing support afterwards.

Good professional and informal supports:

- incorporate adoption-related supports into existing services (such as services funded by the Australian Government’s Family Support Program, Medicare-funded psychological services or other state/territory funded programs);
- provide options for both professional and peer supports; and
- address trauma, loss, grief, abandonment and identity issues.

Appendix A: Table 17: Summary of key options

Strategy	Similar area of service delivery	Domain of influence
1. Local post-adoption networks	Family Law Pathways Network	Enhance quality, coordination, flexibility and diversity of post-adoption support services
2. Grants to expand existing services focused on outreach; training; and increasing capacity to meet demand	Funding for Family Law Pathways Network to provide training, networking events	Enhance existing services Expand services
3. National web portal	For individuals: Forgotten Australians, Stolen Generations For professionals: Family law, child protection, sexual assault, family violence, family relationships, ACPMH, etc.	Accessibility and coordination Training Resources
4. Knowledge translation and exchange	Many areas of child/family welfare work rely on the work of KTE agencies to improve access to research and resources in order to facilitate evidence-informed quality service delivery	Information sharing; resources; coordination for adoption-specific services Access and quality of mainstream services
5. New national services such as: <ul style="list-style-type: none"> ▪ contact database ▪ DNA testing & matching brokerage ▪ international searching 	Find & Connect Link Up	Expand services
6. Expand membership, and formalise role of National Committee of Post-Adoption Service Providers	Most service delivery areas have a strong, national body or committee that provide a coordinated voice and liaison point, set standards, etc.—e.g., NASASV, WESNET	Training, standards, coordination

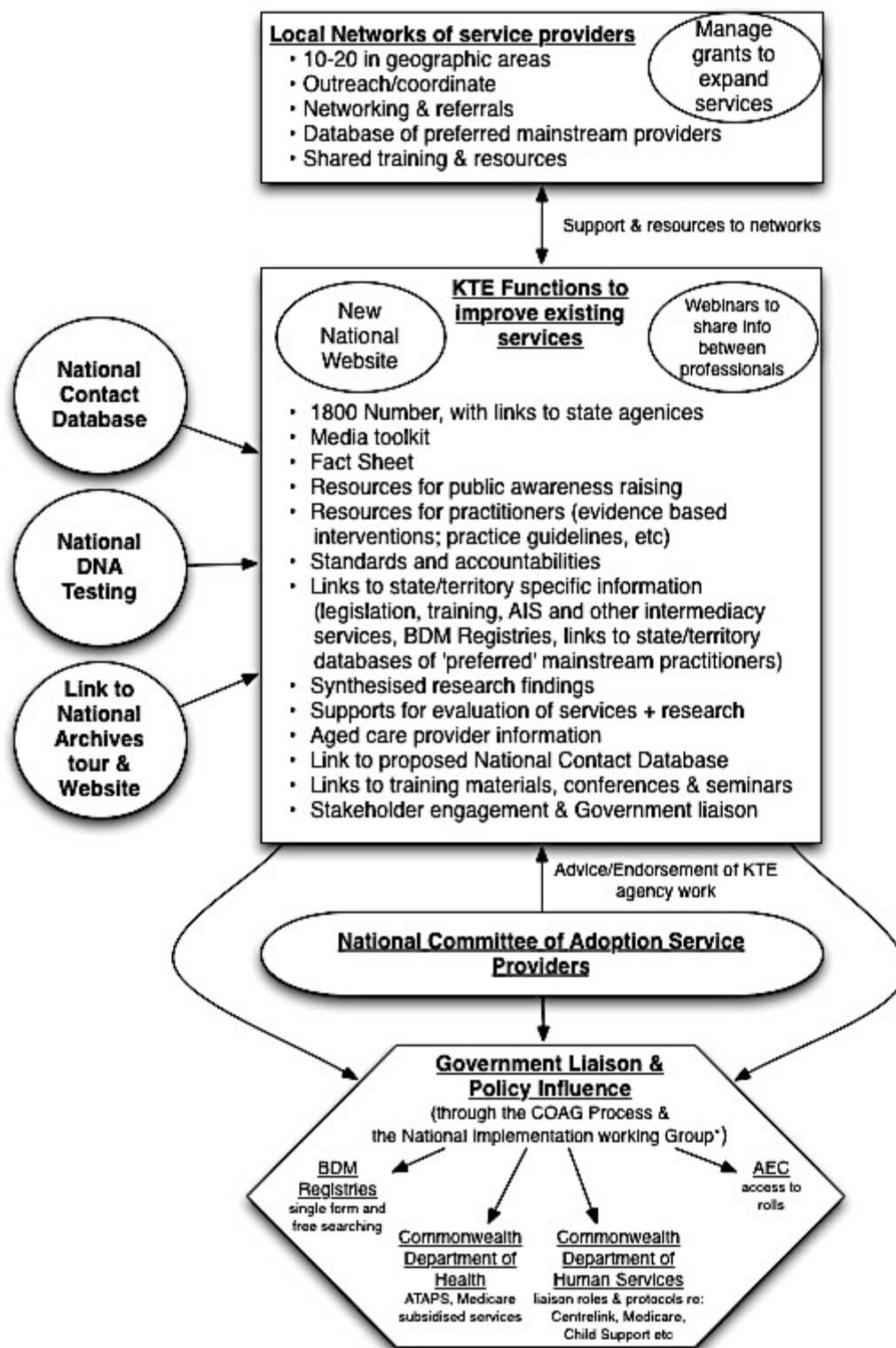


Figure 1: Inter-relationships between proposed options.

10.2 Service enhancement/expansion options

From the findings of a review of the published literature, an environmental scan of service systems and conceptual models for service improvements in related areas, and the findings from

the stakeholder workshops and individual consultations, we have developed some detailed lists of options for consideration.

They are grouped under five key headings (See Figure 2 below):

- A. Enhancing mainstream services
- B. Expanding/enhancing existing post-adoption specific support services
- C. Developing new—and improving existing—resources for professional development and training
- D. Increasing accessibility and coordination through development of a national web portal
- E. Community awareness and action

Although this final heading is not explicitly part of the terms of reference for the Scoping Study, a consistent theme in the discussions with stakeholders was that for other elements of an enhanced service system to be effective, awareness-raising and “advocacy-style” actions are needed. These views are therefore included in this final section (E).

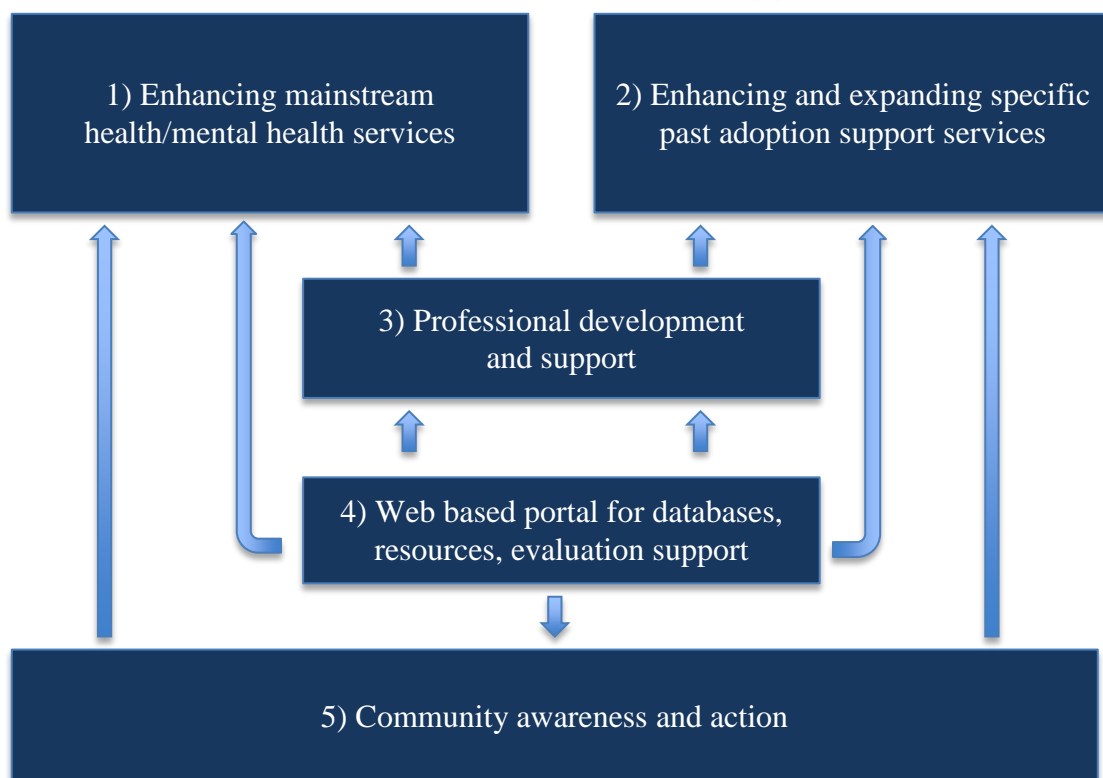


Figure 2: Key areas for expanding/enhancing services

A. Enhancing mainstream services

Within mainstream health/mental health and social services, the following have been identified by stakeholders as groups of professionals that should be targeted for service enhancements:

- medical general practitioners (GPs);
- psychiatrists;
- psychologists in agencies or private practice (ATAPS-funded);
- counsellors and other psychotherapists;
- mental health nurses;
- clinical social workers;

- child/family welfare workers in services funded by the Department of Social Services' Family Support Program—including psychologists, social workers, family therapists, counsellors, and other welfare workers; and
- aged-care professionals and service provider organisations (as many mothers and fathers are now reaching their 70s and 80s).

Table 18: Enhancing mainstream services

Aim	Action	Comments (incl. pros & cons)
Improve professionals' knowledge of past adoption practices and its effects: General strategies	Resource sheets Website	Reputable researchers/agency with stakeholder credibility would need to be funded to undertake these tasks. Training needs to meet the requirements for Continuing Professional Development (CPD) accreditation with various professional bodies (e.g., RACGP, Australian Association of Social Workers, Psychology Board of Australia, etc.)
Strategies for GPs	GP training curriculum Better Health Channel Scholarly article in <i>Australian Family Physician</i> (co-authored with a GP) General article in <i>Good Practice</i> , the GP waiting room magazine published by RACGP	Identify practitioners within the Royal College of General Practitioners who are willing to take a leadership role in continuing to raise awareness and publish articles on the long-term impacts of forced adoption—for example, Mental Health Special Interest Group. DoH could develop standards; could include "adoption-related issues" as a check box in their ATAPS mental health plans.
Strategies for psychologists	Address it in Australian Government Department of Health's <i>National standards for mental health services 2010</i> —that all mental health professionals need to cover in their training programs Article in a specially themed edition of the APS' magazine-style journal called <i>InPsych</i> (distributed free to all APS members) Present at clinical college conference Lobby HODSPA (Head of Department and School of Psychology Association) to include content in clinical graduate programs: <psych.sci.usq.edu.au/hodspa/> Encourage psychologists with an interest, training, and experience in past adoption experiences (PAE) to add this as an area of expertise in the APS' <i>Find a Psychologist</i> database <www.psychology.org.au/findapsychologist/> Australian Psychology Accreditation Council (APAC) are responsible for developing standards for the education and training of psychologists for approval by the Psychology Board of Australia. Liaise with APAC about including content on PAE, as with issues like childhood sexual assault. But there may be resistance, as universities will say "if we have to teach everything... you'll never have the students leave." See: <www.psychologycouncil.org.au/>	Although this was suggested, it may not be feasible, as the National Standards are generic (there are no others that are related to specific content). Standard 10.5 <i>Treatment and Support</i> already states: "The MHS [mental health service] provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery." Currently the APS has "adoption" as a topic of expertise under "Personal" in their <i>Find a Psychologist</i> listing. Consideration could be given to also including "adoption" under the category of "Trauma/harm". <i>InPsych</i> articles need to be written by psychologists with expertise in past-adoptions who are members of APS. In the consultation, APS suggested that the lead author of this Scoping Study would be suitable to take the primary role, along with other interested psychologists, in developing an adoption edition.
Strategies for psychiatrists	Need to liaise with Royal Australian and New Zealand College of Psychiatrists (RANZCP) to identify strategies: <www.ranzcp.org>	Could be a task of the KTE unit.
Strategies for social workers	Need to liaise with Australian Association of Social Workers (AASW)—the professional representative body of social workers in Australia, with more than 7,000 members—to identify strategies <www.aasw.asn.au>	Could be a task of the KTE unit.

Aim	Action	Comments (incl. pros & cons)
Strategies for other workers in FSP-funded service agencies	DSS to make it a requirement of receiving FSP funding that agencies engage in a range of strategies, such as: - apologies, or other activities based on restorative justice principles (see Section 4.5, earlier) - including past adoption survivors as priority target clients (e.g., within VADCAS or other strategies)	DSS would need to develop a short resource sheet (in partnership with the KTE Unit?) to assist FSP providers with implementation ideas
Improve referral processes	Database of “preferred” providers who have an interest and expertise in PAE issues. This is needed for post-adoption workers to make referrals to GPs for assessment of mental health needs; and for GPs to make referrals to psychiatrists and/or psychologists for ATAPS services; and for the general public to know which GPs or other mental health/family support service providers will have expertise and sensitivity to PAE issues.	Will cost money to establish initial database, and to maintain, will need to have a central agency actively engaging with stakeholders to keep it up-to-date. A cheaper and more sustainable option might be to have a central interface, but for state/territory-based referral databases to be maintained by a “lead-agency” in each state. Some (minimal) funding may need to be provided to support this role initially—or put pressure on state/territory governments to include this within their own post-adoption services (internally; or externally contracted).
Identify “champions” within key professions to promote issues relating to past adoptions	Could be within the role of a KTE unit	Aspirational—but hard to be accountable for this role. Would take consistent relationship management to ensure role was effective.

For examples of trauma-informed evidence-based interventions and links to training/resources see:

- Australian Childhood Foundation <www.childhood.org.au> and Berry Street’s Childhood Institute <www.childhoodinstitute.org.au> both have links to generic trauma-aware counselling training.
- Australian Centre for Posttraumatic Mental Health <www.acpmh.unimelb.edu.au>.
- Evidence Compass: <evidencecompass.com.au>.

The literature review discusses in detail evidence-based interventions for treating trauma survivors that may be relevant for treating the psychological impacts experienced by people affected by forced adoption.

B. Expanding/enhancing existing post-adoption specific support services

Within existing post-adoption specific support services, the following have been identified by stakeholders as agencies or service types that should be the target of service enhancements:

- state/territory-funded Adoption Information Services;
- peer-support groups;
- agencies providing supports for people searching for, or making contact with family (including formal intermediary services); and
- the government agencies with whom these other services intersect (e.g., BDM registries, AEC, state child protection departments, Australian Government Department of Human Services (DHS) and Department of Health).

Table 19: Expanding/enhancing existing post-adoption specific support services

Aim	Action	Comments (incl. pros & cons)
Improve skills of specialist post-adoption workers	Grief/loss, and trauma-awareness training	Many stakeholders acknowledged that skills to engage in trauma, grief, loss and attachment therapeutic work are generic or transferable.
Improve search facilities	DNA testing National Contact register Access to subsidised international searching	Additional costs would need to be covered—either in funding agreements with suitable agencies, or to be used within “brokerage” funds administered by Local Networks.
Improving search/contact processes	Identified “champion” in each DHS agency (Centrelink, Child Support, Medicare) to pass on letters from recognised search/contact agencies	
Improving quality of search/contact services	Registration or other recognition of agencies approved to act as an intermediary (as in WA) A confidential “National Contact Register” that could be used by any agency or individual involved in searching, e.g., < www.jigsaw.org.au/contact-register/ > The UK Government has a central register for England and Wales: < www.adoptionregister.org.uk/ >	These agencies could then be the ones who receive funding to attend conferences, PD or other events. They can be authorised to send contact letters via DHS agencies, etc. Jigsaw WA have a contact register for WA that they are expanding to make national, but will need to charge fees for people to register to cover costs of manual checking and follow-up counselling and intermediary services if there is a match. Funds could be used to make this free.
Improving experience of Births, Deaths and Marriages in each state/territory	One contact point in each state to act as a champion (currently, experiences are variable, depending on the individual’s knowledge, empathy, experience, etc.) <i>Centralisation:</i> One single request form, which can then be activated in each state/territory to search across all Free access to searching. Free access to copies of birth certificates Nationally agreed service standards	Need agreement and cooperation from each state/territory BDM. Costs are prohibitive for searching, when you need to search for multiple year periods, across each state/territory. Stakeholders objected to people having to pay for their own personal information or birth certificate.
Enhance peer services	Identify and promote guidelines for good practice in running peer-support groups (e.g., VANISH have a manual). Role for independent facilitators (to avoid re-traumatising)	Money to support paid, independent facilitators
Access to current and past AEC national electoral roles, including dates of birth	Would require government to undertake legislative change.	There are a range of problems or limitations with other search tools, including state/territory electoral rolls. See Attachment H
Consistency of response, and clarity/transparency of decision-making around release of information	Nationally agreed service standards Transparency	Many stakeholders felt that individuals (in BDM registries, and in Adoption Information Services) were acting as “gatekeepers”, and unfairly withholding information. The fact that different information was available when a subsequent request was made was seen as evidence of this (though not always acknowledging that a change in legislative frameworks governing the release of information may have been the reason). If information exists, but a decision has been made to not release it, people want to know that.

Aim	Action	Comments (incl. pros & cons)
Improved knowledge-base and skill set of post-adoption workers	Run free training seminar/conference—e.g., pay for attendance at existing training (generic, e.g. ACF) or specific (e.g., VANISH), provide funds for supporting attendance of workers at specific conferences, or run cross-agency training in each jurisdiction	Could be coordinated by Local Networks, by the KTE Unit, or as an adjunct to the National Committee of Post-Adoption Service Providers.
Local Networks	Lead agency to manage referrals and recommendations, grants/brokerage funds	See Family Law Pathways Network Could include employing new counsellors, shared training; reimbursing client travel costs through brokerage funding; coordinating restorative justice activities across agencies.

Each of the actions identified in Section B would be enhanced by the coordinating role of a KTE Unit, and by an expanded membership and formalised role of National Committee of Post-Adoption Service Providers. For examples in other service sectors, see:

- National Association of Services Against Sexual Violence (NASASV) <www.nasasv.org.au>.
- The Women's Services Network (WESNET)—a national women's peak advocacy body which works on behalf of women and children who are experiencing or have experienced domestic or family violence <www.dvrcv.org.au/wesnet>.

National Committee of Post-Adoption Service Providers

A number of stakeholders identified the annual national committee meeting of state/territory-funded service providers as being a valuable resource for sharing information and expertise, and for professional development that could be expanded and strengthened. Ideas included:

- holding meetings more regularly (in one written submission, it was suggested that meetings be held quarterly);
- providing funding to support attendance (few or no organisations could afford to send a representative/s on a quarterly basis without funding): greater funding would allow agencies to send multiple representatives, which would expand the capacity of the meeting to act as a training and information sharing forum (could be an item for funding by proposed Local Networks, or as part of secretariat costs born by DSS or managed through the KTE unit);
- expand the “membership” to include other agencies not funded by state/territory departments; and
- include peer-support groups.

For a copy of the current draft terms of reference for the National Committee of Post-Adoption Service Providers, see Attachment M.

Support groups

Many workshop participants acknowledged the value of support groups, noting that they are an economical and effective way of providing ongoing targeted and general support to all service users in metropolitan and regional areas. The Senate Inquiry (2012), the AIFS National Study (2012) and the NSW Parliamentary Inquiry (2000) noted that support groups can play an important role in meeting some of the needs of people affected by forced adoption. While low cost, they are not without their organisational and financial costs—including venue hire, catering, facilitators, supervision and debriefing. Stakeholders often talked about their desire to offer regional outreach, including facilitated peer-support groups in non-metropolitan or outer metropolitan areas. However, this requires logistical and professional support from a host

organisation. Stakeholders often reported that support group attendance fluctuates, so it can be difficult to maintain stability and momentum for volunteer facilitators without ongoing support. The literature, however, cautioned against the use of peer-support groups when they are offered as a service without a trained facilitator because they have the potential to re-traumatise group members.

Elder care

A number of stakeholders identified that because those affected by separation from their child and adoption are ageing, challenges are arising when they are faced with arrangements for retirement and old age health care and accommodation. It appears that the trauma of loss and separation is triggered by interactions with past adoption providers who may now provide elder care, or with services and institutions that evoke memories of mothers' homes, babies' homes and hospitals.

VANISH, in their written submission, identified Open Place (Richmond, Melbourne) as an agency that has experience in addressing this issue for Forgotten Australians—many of whom also have a separation and/or adoption experience.

Grants to expand existing search/contact and counselling services

A consistent theme from stakeholders was the high level of demand for separation/adoption-specific counselling, and search/support services and the limited resources to meet this.

Secondary consultations

Networks could also manage secondary consultation services to counsellors (in private practice, or voluntary groups) operating in regional areas.

Brokerage funds

We were advised that previously VANISH received funding from the Victorian Government Department of Human Services to run a referral counselling service for one year where funds were used to pay for a set number of counselling sessions with private counsellors (i.e., “brokerage funds”). VANISH report that the service was well used and well received by clients. However, the high cost, and the partial duplication with Medicare and ATAPS (which cover psychiatrists and psychologists, but not other counsellors or psychotherapists) suggest that this is not the most efficient use of the additional funding.

C. Resources for professional development and training

For all service providers and agencies covered under A and B above (i.e., mainstream health/mental health and social services, as well as existing post-adoption specific support services), some resources, training materials and opportunities for professional development were suggested as outlined in Table 20.

Table 20: Resources for professional development and training

Type	Responsibility	Comments (incl. pros & cons)
Training of post-adoption workers	Ideally need to create a stronger national entity to coordinate sharing of resources such as training materials. Some materials exist—e.g., publications from VANISH, NSW ARCS, etc. Trauma-aware training (e.g., ACF <www.childhood.org.au/training>)	Some stakeholders are heavily critical of materials in existence – e.g., VANISH's materials have been criticised by a mother because they were developed by someone who is presumed to be an adopted person, and it uses language in the title that is suggestive of a particular view of adoption. Turf wars and acceptability of material is likely to be a problem
Resources for agencies, such as developing good practice guidelines, evaluation resources, etc.	A number of stakeholders commented that Activity 3 in the consultations, which AIFS developed for the Scoping Study, was an excellent set of guidelines that could be further developed and promulgated (see, Attachment G). It could also be expanded into an evaluation framework or a tool to help agencies review their services	Could be a role for a KTE Unit. Could be a role for a KTE Unit.
Community action kits, including media toolkit	Potential role for a "clearinghouse"	Could be accessed from web portal run by a KTE unit.
Regular (i.e., annual) conference for post-adoption practitioners working in "accredited" agencies	Responsibility could be shared across states and territories.	Small pool of funds could be allocated to support travel for NGO practitioners to attend. Could be part of the National Committee of Post-Adoption Service Providers.
Empathy/sensitivity awareness training for officers in information agencies—particularly BDM	Potential role for a "clearinghouse"	Could be accessed from web portal run by a KTE unit.
Brokerage funding, or grants scheme to enhance capacity of existing agencies and support groups		Need to agree to the principles as outlined in draft form in Activity 3 (see Attachment D)

D. Accessibility and coordination: Development of a national web portal

Across all the activities identified above (A, B and C), there was the consistent view among all stakeholders participating in the Scoping Study that strategies were needed to improve accessibility and coordination.

Options canvassed in workshops and consultations included community-based service hubs, one-stop-shops, case-management, and a national website. The literature recommends case management for clients who are experiencing severe symptoms, particularly when their symptoms inhibit them from functioning in everyday life or attending scheduled appointments. For these clients, case management helps to aid the effective organisation and delivery of services. Service hubs, or one-stop-shops, are an option for addressing the fragmentation problems of the current service system; however, due to costing constraints, they would be difficult to implement. An alternative option may be the "gateway" approach, where specific centres are established to act as "gateways" to appropriate services, providing information, advice and referrals. This approach facilitates access to the services and information that clients need from a central service centre.

While there are merits, and aspects of each of these that could be incorporated, the most consistently supported option was a national web portal, which would:

- provide integration and reduce duplication in service;
- promote evidence-based practice through development and dissemination of resources;

- be a “virtual” one-stop-shop; and
- centralise resources, databases and points of contact.

For such a portal to be effective (both in terms of developing content, having it “acceptable” to stakeholders, and keeping it maintained), it needs to be housed in a suitable environment and appropriately resourced. These functions are known as “knowledge translation and exchange”.

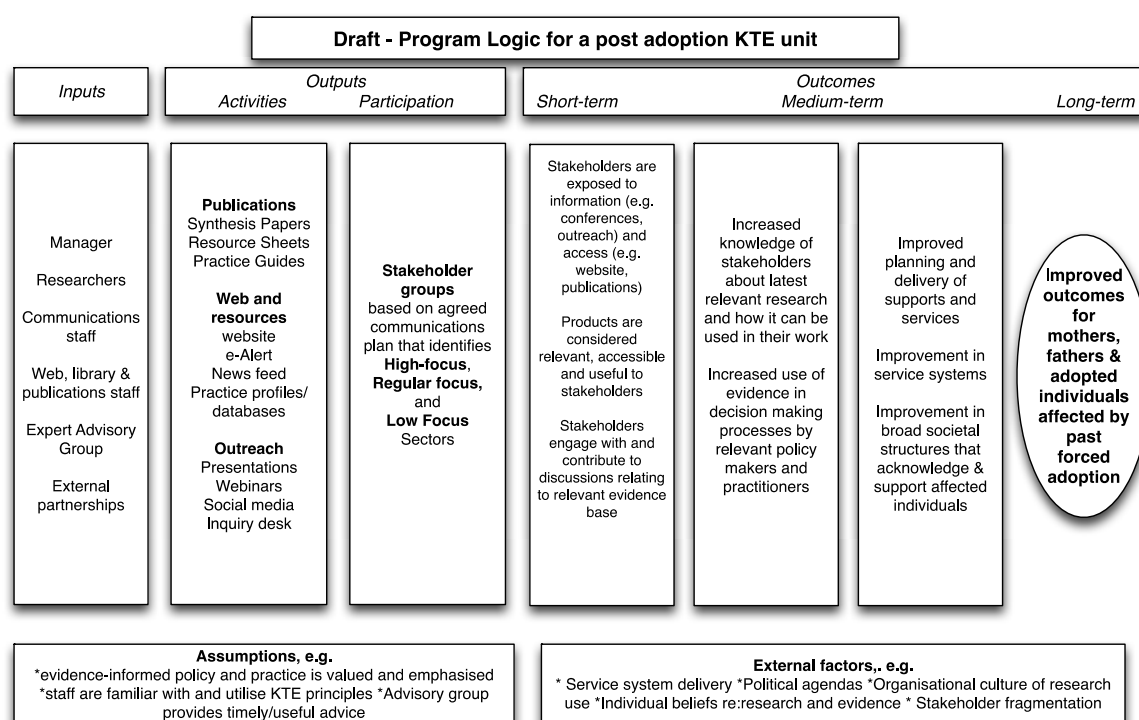


Figure 3: Draft program logic for a post-adoption knowledge translation and exchange (KTE) unit

Table 21: Accessibility and coordination: A national web portal

Type	Responsibility	Comments (incl. pros & cons)
Housing the various products identified in other sections (training materials, fact sheets, resource sheets, media toolkit, best practice guidelines, information sheets, etc.)		Good examples: Australian Centre for Posttraumatic Mental Health: <acpmh.unimelb.edu.au> Child Family Community Australia information exchange: <www.aifs.gov.au/cfca/>
1800 number for affected individuals		Didn't come up as a strong theme, but could enhance the functionality of a clearinghouse operating the web portal
Evaluation resources, including standardised tools for getting client feedback on services	KTE Unit	Could involve identifying and coordinating existing resources, but likely to also involve significant new work.
Communicating results of research that is conducted that relate to the impact of adoption, and efficacy of different models of treatment and support	KTE Unit	Could involve identifying and coordinating existing resources, but likely to also involve significant new work.
Information for mainstream service providers	KTE Unit DSS DoH	Could involve identifying and coordinating existing resources, but likely to also involve significant new work.
Resource sheet to assist agencies with ideas on how to provide responses based on restorative justice principles	KTE Unit	Could involve identifying and coordinating existing resources, but likely to also involve significant new work.

Type	Responsibility	Comments (incl. pros & cons)
Link to a national contact register	Could be a feature of a national website	Link to outsourced provider (similar to the service Jigsaw WA is developing)
Link to existing training manuals, and new ones as they are created	Could be a feature of a national website	A number of agencies have received state funding to develop resources, such as: VANISH, PARC NSW
Links to upcoming conferences, training events, seminars, etc.	Could be a feature of a national website	A KTE Unit or lead agency would need to take responsibility for identifying and updating information.
Information for the public (both those with an adoption experience, as well as the general public) on past adoptions, searching, costs, etc.		Could involve identifying and coordinating existing resources, but likely to also involve significant new work.

E. Community awareness and action

Aim: Raise awareness in general community of impacts of adoption.

Table 22: Community awareness and action

Type	Responsibility	Comments (incl. pros & cons)
Media toolkit	KTE Unit	Could involve identifying and coordinating existing resources, but likely to also involve significant new work.
Alignment of state adoption laws	DSS	While identified by some stakeholders, there is recognition that there are considerable impediments to realising this goal.

One of the major findings of the AIFS National Study, the Senate Inquiry and in the current Scoping Study in relation to the current service and support needs of those affected by forced adoption includes the certainty that this would never happen again—a guarantee provided in the National Apology. However, the current national discussion regarding the streamlining of processes for inter-country adoptions, and state-based legislative changes to increase the number of children from the OOHC system who are “available for adoption” has featured prominently throughout this study and directly relates to the consideration of how to most effectively meet the support needs of those affected by forced adoption.

There are inherent contradictions in what has been committed to as part of the Australian Government’s response to the findings of the Senate Inquiry (including increasing community awareness of forced adoption and removal policies and practices), and current inter-country adoption policies and practices. Further, any such progress in this matter is occurring before the recommendations of the Senate Inquiry have been fully implemented.

Specific considerations for the current government that stakeholders in the Scoping Study identified include:

- Increasing community and professional awareness of the transferability of practices of the past and their potential long-term impacts to the current adoptions (local and inter-country) arena in Australia, and transferring this awareness into action legislatively.
- Ensuring that any legislative changes are informed by evidence, not the motivations of parties with vested interest, for example with new adoption programs, including privatisation of adoptions.
- Reviewing the allocation of funding services to support those affected by forced adoption of those who are involved with current adoptions.

- The act of adoption is permanent and lifelong, and the implications of altering the identity of a child through modified birth certificates perpetuates the falseness of a child's biological and social history.

10.3 Web implementation options

Expand Find & Connect website

There were mixed views as to whether a nationally coordinated website relating to past adoption issues could be best delivered as an addition to the existing Find & Connect website: <findandconnect.gov.au>. Some saw this as an “efficient” use of resources. Others were adamant that the issues of past-adoption “survivors” would be largely invisible. However, the web “architecture” and some of the content could be used/adapted for an adoption-specific website.

A key consideration is the nature of the content to be developed and managed, and the range of services or “aims” for the website. A number of the proposals that were raised by stakeholders require a high level of sensitivity to the particular stakeholder groups, knowledge and “credibility” within the sector, and active outreach to service providers in order to develop and maintain the information that is needed. For this reason, a more efficient option would be to have a website developed and housed within a broader “knowledge translation and exchange” service that could implement a number of the proposals stakeholders raised.

Integrate as part of a “clearinghouse” or knowledge translation and exchange service

Many of the ideas raised by stakeholders are either dependent on, or would benefit from, a national, centralised approach, or require someone to take responsibility for developing, refining, promulgating, advocating, liaising or housing a product or service.

As previously described, KTE is disseminating research findings and resources in ways that encourage access by policy-makers, practitioners and lay audiences. Based on the principle that many professionals are time poor, and that both professionals and lay users need formats that avoid jargon or discipline-specific knowledge to be able to understand the material. This includes:

- disseminating research findings in user-friendly formats (alerting stakeholders to key findings from new research as it is published; synthesising knowledge across multiple studies; identifying debates, different perspectives and key issues);
- developing and sharing supports for program/service evaluations (e.g., program logic; evaluation frameworks; survey tools, etc.);
- sharing resources (e.g., how-to guides for searching; training kits);
- sharing information (conferences, training events, key contacts, directories of local experts);
- sharing innovation, good practice principles, service models, and results of user feedback and evaluations via initiatives such as promising practice profiles;
- leading in the development of service standards;
- assisting post-adoption specific services, and mainstream health/mental health and family support services to adopt evidence-informed approaches to the needs of those affected by adoption;
- ensuring the effective and sustainable implementation of programs and dissemination of programs; and

- disseminating programs, practices, strategies, tools and resources using best practice KTE and implementation approaches.

Our experience at AIFS in running information exchanges for almost 20 years has shown that although in-depth literature reviews on relevant topics remain important, there is a growing need for access to brief, targeted products that practitioners and policy-makers can more effectively integrate with their work in a time-pressured environment, and that also meet the needs of lay people wanting information about issues affecting them. Advances in digital communication tools will continue to add to the variety of methods that can be used for knowledge exchange. Multimodal, easy-to-use, quality research summaries that are relevant to policy and practice can include:

- webinars—presentations or seminars that are transmitted via the web;
- podcasts—radio-style, audio content that can be listened to on mobile devices such as MP3 players;
- social media—such as Facebook, Twitter and Google+;
- infographics and other data visualisation tools that provide easy to understand, graphic representations of data;
- practice guides and resource sheets;
- fact sheets;
- written summaries of research, synthesising findings across multiple studies; and
- short articles highlighting perspectives of practitioners and/or service users.

However, not all of these may be relevant—or practical—for the area of past adoptions. For example, feedback from stakeholders at our workshops suggests that use of social media is problematic. A number of workshop participants identified the unhelpful use of social media by affected individuals to the point where it has become “toxic”, with instances of very negative, derogatory interactions between different individuals and/or peer-support groups where differences emerge in their perspectives on an issue.

There is a growing sophistication about what is involved in translating knowledge to action.

New and highly effective modes of communicating research findings have emerged, alongside traditional modes, as well as relatively new disciplines, such as “implementation science”.¹⁸ Additionally, there is a growing expectation that information will not be provided in a passive manner—the ability to interact and be involved in learning is a key function of the Web 2.0 environment.

Web portal implementation

In implementation, care needs to be taken to reduce the likelihood that actions have unintended consequences. In one submission, we were advised that the approach to developing the National Archives website created some disquiet and even trauma for some individuals, who then sought support from peer-support providers.

The development of a national web portal would be a sensitive task, which would involve engaging individuals affected by forced adoptions. In one submission, it was suggested that whoever is tasked with developing a national web portal should first undertake a risk assessment in order to consider the impact on individuals who are already severely traumatised.

¹⁸ Implementation science is the carrying out of a plan for implementing evidence-based interventions in policy and program delivery—the “how” rather than the “what”. For more information see www.effektiveservices.org/media/web-articles/implementation-getting-what-works-into-public-services.

There were mixed views about the possibility of building on, or incorporating adoption-specific information as part of the current Find & Connect website. Many stakeholders acknowledged the efficiencies that could be achieved; and many suggested the importance of liaison and articulation with Find & Connect; however, the predominant view was that it needed to be a separate adoption resource.

In terms of cost—while there was almost universal¹⁹ support for the idea of a new, central web portal for forced adoption information, there was also a strong theme that funding for this should not be at the expense of other priorities (for example, training, and increasing the organisational capacity to deliver “core direct services” such as counselling, and supports for searching and making contact).

10.4 Broader service delivery implementation implications

Overriding themes are:

- education/awareness for all professionals;
- improvements in knowledge of who to refer clients to, across the continuum of care needs; and
- recognition and support for diversity, multiple entry points and pathways (and re-entry over time) across the search-contact-reunion continuum, underpinned by access to support and counselling.

Principles:

- Recognise the wide range of service needs across the search-contact-reunion continuum, underpinned by access to support and counselling, as well as specific treatment services for recognised mental health problems. The literature highlights the importance of both psychoeducation, such as providing information and supportive counselling, and psychotherapies for people who are experiencing mental health problems such as PTSD, depression, anxiety or complicated grief.
- Consider the capacity of both the current service delivery sector and the role of other community organisations.
- Recognise the tension between wanting to have a single service provider who provides an “end-to-end” service, covering all dimensions across the continuum of service, and the need for diversity.
- Recognise the role of informal peer supports, formal peer-based organisations, and professional agencies that are based on a self-help model that includes workers who have personal experiences of the issues.
- To be aware of the “political” context of stakeholder groupings and organisations.
- To not undermine the role of existing community organisations, and the central, cohesive role they play in the lives of many affected individuals who have already sought, or are currently receiving support.
- Balancing the expertise, credibility and history of existing post-adoption support agencies (including government departments running post-adoption support services themselves), with the capacity constraints, and the increased accessibility that could result from including other generic welfare providers in the service mix. Some of the answers to this will be

¹⁹ At one workshop, a single participant expressed a very strong view against funds being used for a website, as this was seen as unnecessary and wasteful. But others attending the same workshop didn’t share that view.

jurisdiction specific, dependent on the current level of servicing that's available—as demonstrated in the service mapping exercise (see Chapter 7).

- Be cognisant of who is qualified to make mental health diagnoses (psychiatrists, psychologists and GPs).
- Capacity to be trauma-informed, sensitive, humble and sensitive to a vulnerable client group. Trauma-informed services are supported in the literature as a critical component of a comprehensive service system. Trauma-informed services decrease the risk of re-traumatising clients, and allows for a correct diagnosis and treatment plan to be established.
- Existing service providers have a vested interest in maintaining (and expanding the funding for) their services.
- Sustainability (\$5M won't go far).

As a funder of a wide range of child/family welfare agencies through funding streams such as the Family Support Program <www.dss.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program>, the Australian Government Department of Social Services (DSS) is in a unique position to influence the approach taken by agencies to address the needs of those affected by past adoptions—whether through undertaking actions based on restorative justice principles, or in other ways, such as re-focusing services to prioritise and engage those affected by forced adoptions. This could be effected through a range of strategies, such as:

- explicit contractual obligations for agencies receiving funding;
- explicit inclusion of past adoption issues in the program guidelines; and
- leveraging opportunities through relationships with the funded peak body for service providers (Family Relationships Services Australia).

10.5 Local network implementation options

Enhancing (or creating) services in rural and regional areas was identified as a priority. However, for professional networks to be effective, there needs to be a critical mass of services. Therefore, a staged implementation may be the most effective:

- Commence with one network in each state.
- Existing state/territory-funded post-adoption support service could be asked to host or facilitate.
- In the Northern Territory, where there is no separate territory-funded post-adoption support service, either the relevant government department would need to host, contract another agency to play this role, or combine with an adjacent state (e.g., South Australia).
- As the network matures, implement a strategy of developing local networks in more discrete regions, appropriate to the geography and population density of the jurisdiction.
- Once this has occurred, a more local set of relationships may evolve, and natural alliances can form (e.g., Northern Territory might naturally sit with a Far North Queensland local network).
- Ideally 10–20 networks would organically develop, based on existing service expansion and capacity building, as well as coordinated outreach services.

11 Implementation considerations

The following section provides a high level summary of a set of tensions that underpins many of the options presented in the Scoping Study.

11.1 *Peak vs diversity*

Fund and create a single national peak body. Note: Forgotten Australians and Former Child Migrants have three funded national advocacy services, each representing different issues on behalf of their members.

VS

Recognise the existing diversity of perspectives, support/advocacy group, and services, and work within this complex framework.

- This did not emerge spontaneously in the stakeholder consultations and workshops. It would be difficult to achieve consensus, given the three key groups' (mothers, fathers, adopted persons) different perspectives (e.g. on how adoption should be viewed—and whose view is legitimate; the conceptual basis of service provision for those affected by past practices; and the role of mothers, fathers and other family members).
- Although having such a peak body would make it easier to establish and operate many of the services suggested in this scoping study (web portal, development and implementation of resources, training and information tools, referral networks for mental health services, and enhancing post-adoption counselling and support), the time, cost and risks of further fragmentation of the sector are likely to outweigh the benefits.

11.2 *Existing vs new service providers*

Strengthen the quality and reach of existing post-adoption providers.

VS

Establish new service providers.

- Enhancing existing services is likely to be more sustainable, given the funding is time-limited.
- However, diversity is needed. A diverse range of support services is confirmed in the literature as a key area of need. The range of support services could include telephone support, specialist face-to-face counselling, and emotional and therapeutic support before, during and after connection, as well assistance when accessing records. For example, the Northern Territory has no other service in relation to past adoptions outside of the government department responsible for facilitating access to adoption information.
- The acceptability of some agencies is an issue. (Some mothers say they will never access services from agencies they see as “compromised” because of the philosophical model these agencies adopt, their inclusion of adoptive parents in their services, or their involvement in supporting current adoptions.) The literature supports the view that a supply of impartial services is needed to address the issue of “compromised” agencies or professionals.
- Although creating a new national, system-wide provider would have a number of benefits, the costs (in time, funds and stakeholder management) are prohibitive. A better solution is to improve the visibility and coordination of entry points.

11.3 Information vs therapy

Balance between funding to expand information support (i.e., self-help guides and assistance with records tracing, family searching and connecting with family).

VS

Therapeutic services to address recognised mental (and physical) health consequences of the “disenfranchised”—grief, loss, trauma and attachment disruption.

- The Scoping Study confirmed what the AIFS National Study and the Senate Inquiry has demonstrated: both are needed.
- They can be seen as part of a service continuum.

The AIFS National Study (2012) identified that ongoing support was needed to assist people affected by forced adoption throughout their entire search and contact journey, and afterwards, due to the highly personal, sensitive and potentially re-traumatising information and experiences that they are likely to be dealing with. The literature on the mental health problems that a number of people affected are experiencing, including grief and loss, identity and attachment issues, anxiety, depression, PTSD and complex PTSD, suggests that long-term, intensive interventions are needed, particularly because the symptoms have been ongoing for many years and the untreated effects have developed into long-term effects, and because their conditions are likely to be further complicated by co-occurring disorders.

11.4 General vs specialist

Funding specialist, qualified therapeutic/clinical services to provide longer-term therapy for grief, loss, trauma and attachment disruption.

VS

Funding more general (but still adoption-specific) assistance with searching and counselling to support clients with information, search and contact.

- Both are needed.
- Using additional funds could risk duplicating other funding options, such as the funding already allocated to ATAPS, or existing Medicare-funded psychology or psychiatric services.
- The biggest issue raised was the skill set and expertise of generalist (mainstream) services, the capacity of existing specialist services (limited by resources, but also variable in terms of standards, accountability, etc.), and facilitating referrals to appropriate service providers (need a database of preferred providers who have undergone training, and/or have interest and skills, and positive feedback from clients about their experiences).

11.5 Professional expertise vs personal experience

Fostering home-grown, diverse models, including self-help and peer-support.

VS

Evidence-based, interventions by trained, recognised professionals.

- A strong theme throughout this study is the value of self-help models, and the importance of peer support. The literature identifies that peer support has a valuable role for supporting people affected by forced adoption. In terms of peer-support groups, they provide a safe place, validate the experiences of those affected and normalise their symptoms, reduce

stigma and isolation, and provide an opportunity for members to share stories and experiences; however, the literature recommends against peer support when it is not run or facilitated by a qualified and experienced facilitator.

- Equally, a number of stakeholders identified the potential for peer support to be re-traumatising, and for affected persons to be alienated, silenced, etc. This is consistent with the literature on peer support for trauma survivors, which discusses some of the dangers associated with peer support when traumatised individuals come together without the presence of a trained facilitator.
- There are evidence-based models for responding to grief, loss, trauma and attachment disruption in related fields (e.g., EMDR, mindfulness-based therapies, trauma-focused cognitive behavioural therapies, hypnosis, group therapy, narrative exposure therapy, Circle of Security, etc.) See NHMRC guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder
- To what extent does funding need to be contingent on agencies providing services that are consistent with the evidence base on responding to trauma?
- Many stakeholders (particularly professionals) saw trauma skills as generic and readily transferrable after some initial factual information about the history of forced removal policies and practices that led to adoption and/or institutional care, and issues faced by affected individuals.
- Others (particularly mothers from advocacy groups) saw forced adoptions as a very separate issue to other types of trauma, and one into which affected individuals have a unique insight.

11.6 Individual vs systemic responses

Individual responses (trauma counselling; services to assist with finding and making contact with family)

VS

Systemic responses based on restorative justice principles (including implications for current adoption, donor insemination and surrogacy)

- What proportion of the funding should go to redressing the harms for individuals vs advocacy to make systems change, and possibly prevent harms to future generations?

11.7 Trauma model vs grief/attachment

Confronting or avoiding different fundamental views of past adoption and the conceptual underpinning of services: e.g., “adoption triangle” or “triangulated model” as it is sometimes termed by detractors (which is seen as part of—or sympathetic to—the current “pro-adoption lobby”).

VS

Seeing the separation of parent and child as an inherent trauma

- Many of the current state-funded post-adoption services are seen to be compromised by some stakeholders, who have expressed reluctance to seek services from these agencies because they consider them as compromised and don't want to risk being re-traumatised.
- Accepting the view that separation is an inherent trauma (rather than “potential trauma”) excludes the minority (even though still a substantial group) of people who do not report having been traumatised by their adoption experience (e.g., around 1/3 of adopted persons who participated in the AIFS National Study (Kenny et al., 2012))

- Some stakeholders present it as a divide between viewing the adoption experience as “grief and loss” (and thereby diminishing its fundamental impact on their lives) vs “trauma”. However, there were many examples of service providers, and other stakeholders who were able to accept the range of ways in which past experiences can affect present functioning (e.g., grief/loss, attachment disruption, and trauma), and that there is place for using different theoretical/conceptual tools for understanding harms (and formulating therapeutic responses), and recognising that even though different labels are used, many of the conceptual underpinnings actually have a high degree of commonality. The evidence in the literature favours service settings that address multiple or co-occurring conditions, for example mental health, trauma and substance abuse, through an integrated approach, rather than service settings that treat each symptom separately from the underlying experience—forced adoption—through the use of different professionals, treatment plans and service systems.

11.8 Scope of knowledge translation/exchange functions

Basic, passive website (pointing to existing agencies and resources).

VS

An active knowledge translation/exchange service, which functions as a conduit for information, actively engages with stakeholders, and creates quality-assured, evidence-based materials and resources.

- Unless the responsibility for hosting sits with an agency actively operating and networking in this space, the content is likely to become out-of-date, and it will rely on passive usage, rather than developing and implementing active stakeholder engagement strategies and communication plans.
- Although needing to have expertise, such an agency would need to be seen as “neutral”. If the agency was involved in current service provision, it may be viewed as a conflict of interest. A knowledge translation/exchange may be better placed in the research/academic sector, but would need strong skills in research translation, and engagement with policy and practice (i.e., expertise and experience in knowledge translation and exchange).
- Many of the other options either rely on, or would be enhanced by, a central web portal within an active knowledge translation and exchange service.

11.9 Role of National Committee of Post-Adoption Service Providers

Confirm the existing role of the National Committee of Post-Adoption Service Providers—focused on state/territory departments and the NGOs they fund to provide Adoption Information Services (AIS).

VS

Seek to expand the membership and role of the National Committee of Post-Adoption Service Providers by providing funding and/or support (e.g., secretariat support) to play a more active and regular role in coordination and dissemination.

- Could expand membership to include other adoption-support services not funded by states/territories (including peer-support groups), and other key stakeholders such as BDM registries and relevant Australian Government departments (Social Services, Human Services and Health).
- Given the fragmented nature of the sector, the inclusion of peer-support groups would be highly contentious. It would massively expand the number of representatives and therefore

the running costs if support was to be provided for travel, if training/conference opportunities were provided in conjunction with meetings, and if the frequency of meetings was increased.

- However, to exclude peer-supports would also be contentious, and risk the entire service model being “rejected” by stakeholders.
- A compromise might be to include peer supports in the local networks, and ask local networks to manage membership and attendance at National Committee meetings.
- The National Committee (or more efficiently, a subgroup appointed to take on this task) could act as an expert advisory group to the KTE functions, and play a role in providing feedback and endorsing products and services that are produced or promulgated through the proposed KTE national web portal, and through the proposed local service networks (e.g., publications, training materials, evaluation resources, etc.)
- For a copy of the current draft terms of reference that has been considered through COAG processes, see Attachment M.

11.10 Organisational capacity vs service delivery

Aiming funding at direct service delivery for professionals engaging in evidence-based or evidence-informed services.

vs

Focusing funds on resources, training and supports to enhance the organisational capacity and skills of workers, including peer supports.

- Currently, there is little focus on provision of services that can demonstrate an evidence base compared to other sectors such as veterans’ counselling, where there is a knowledge translation and exchange unit that synthesises the evidence base around what works in trauma-based therapies for PTSD and other mental health consequences of active military service.
- Therefore, its hard to know whether simply providing more funding to current services to do what they already do will have the desired effect. In contrast, development and promotion of good practice principles, and synthesis/dissemination of the research evidence relating to broader therapies for grief, trauma, loss and attachment disruption will build the capacity of existing services—both mainstream and adoption-specific.

11.11 National vs jurisdictional specific

All services and information to be truly national and consistent.

vs

Allow for national coordination, and centralisation of access points, but with state/territory variation.

- Some services are already nationally consistent (e.g., funding of mainstream services through Medicare, and additional funds through ATAPS).
- Other services, such as state-funded post-adoption support services, are tailored to meet local circumstances—reflecting the differences in the laws around the country (relating to information release, contact and vetos, and processes such as registered mediators in WA), and the local networks of services, including variability in the locations and nature of peer-support groups.

- The amount of resourcing that would be required to either introduce a new nationally consistent service (either by starting a new agency, or expanding the scope of existing national services such as Link Up or Find & Connect) is likely substantial, and given the time-limited nature of the funding, raises questions about the sustainability of any “new” service delivery mechanism. National coordination of existing services would be a more cost-efficient option, if an appropriate agency was identified to take on this role, and seen by stakeholders as having sensitivity and credibility:
 - providing additional funds to one of the existing state/territory-funded services might cause professional jealousies and tensions;
 - could be an independent agency that is commissioned to take on this role, or one that already plays a similar role in a related field; and
 - might be able to be combined with other functions, such as knowledge translation and exchange.
- The results of the service mapping suggests that given the breadth of existing service options, a more cost-effective and sustainable option is not to focus on any new national service, or even to expect national consistency, but rather focus on coordination and centralisation of access points, but with state/territory variation. However, where there are gaps identified, that the proposed local networks have a strategy to develop new services through a coordinated approach, to address the gaps. Key gaps include, for example, where there are no options for services other than from an agency currently involved in adoptions, or providing services to adoptive parents, meaning some mothers feel excluded and/or risk re-traumatisation.

These tensions reflect the high level of complexity evident in the service delivery arena within which services for those affected by forced adoption and past removal practices currently operate. The service model options outlined in Chapter 10 respond in a comprehensive way to the issues raised by stakeholders in the current Scoping Study. However, it is in the implementation that many of the challenges will emerge. Therefore, it is important to consider the principles of good practice that were developed from the literature (see Chapter 4, and Attachment G), and were endorsed by workshop participants as being the best way of enhancing and expanding the current supports for mothers, adopted individuals, and their families.

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Attachments

Attachment A: Senate Committee recommendations

Recommendation 1

The committee recommends that a national framework to address the consequences of former forced adoption be developed by the Commonwealth, States and Territories through the Community and Disability Services Ministers Conference.

Recommendation 2

The committee recommends that the Commonwealth Government issue a formal statement of apology that identifies the actions and policies that resulted in forced adoption and acknowledges, on behalf of the nation, the harm suffered by many parents whose children were forcibly removed and by the children who were separated from their parents.

Recommendation 3

The committee recommends that State and Territory governments and non-government institutions that administered adoptions should issue formal statements of apology that acknowledge practices that were illegal or unethical, as well as other practices that contributed to the harm suffered by many parents whose children were forcibly removed and by the children who were separated from their parents.

Recommendation 4

The committee recommends that apologies by the Commonwealth or by other governments and institutions should satisfy the five criteria for formal apologies set out by the Canadian Law Commission and previously noted by the Senate Community Affairs Committee.

Recommendation 5

The committee recommends that official apologies should include statements that take responsibility for the past policy choices made by institutions' leaders and staff, and not be qualified by reference to values or professional practice during the period in question.

Recommendation 6

The committee recommends that formal apologies should always be accompanied by undertakings to take concrete actions that offer appropriate redress for past mistakes.

Recommendation 7

The committee recommends that a Commonwealth formal apology be presented in a range of forms, and be widely published.

Recommendation 8

The committee recommends that the Commonwealth, States and Territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices.

Recommendation 9

The committee recommends that the Commonwealth fund peer-support groups that assist people affected by former forced adoption policies and practices to deliver services in the areas of:

- promoting public awareness of the issues;
- documenting evidence;
- assisting with information searches; and
- organising memorial events.

And that this funding be provided according to transparent application criteria.

Recommendation 10

The committee recommends that financial contributions be sought from state and territory governments, institutions, and organisations that were involved in the practice of placing children of single mothers for adoption to support the funding of services described in the previous two recommendations.

Recommendation 11

The committee recommends that the Commonwealth should lead discussions with States and Territories to consider the issues surrounding the establishment and funding of financial reparation schemes.

Recommendation 12

The committee recommends that institutions and governments that had responsibility for adoption activities in the period from the 1950s to the 1970s establish grievance mechanisms that will allow the hearing of complaints and, where evidence is established of wrongdoing, ensure redress is available. Accessing grievance mechanisms should not be conditional on waiving any right to legal action.

Recommendation 13

The committee recommends that:

- all jurisdictions adopt integrated birth certificates, that these be issued to eligible people upon request, and that they be legal proof of identity of equal status to other birth certificates; and
- jurisdictions investigate harmonisation of births, deaths and marriages register access and the facilitation of a single national access point to those registers.

Recommendation 14

The committee recommends that:

- all jurisdictions adopt a process for allowing the names of fathers to be added to original birth certificates of children who were subsequently adopted and for whom fathers' identities were not originally recorded; and
- provided that any prescribed conditions are met, the process be administrative and not require an order of a court.

Recommendation 15

The committee recommends that the Community and Disability Services Ministers Conference agree on, and implement in their jurisdictions, new principles to govern post-adoption information and contact for pre-reform era adoptions, and that these principles include that:

- all adult parties to an adoption be permitted identifying information;
- all parties have an ability to regulate contact, but that there be an upper limit on how long restrictions on contact can be in place without renewal; and
- all jurisdictions provide an information and mediation service to assist parties to adoption who are seeking information and contact.

Recommendation 16

The committee recommends that the Commonwealth provide funding to extend the existing program for family tracing and support services to include adoption records and policies, with organisations such as Link Up Queensland and Jigsaw used as a blueprint.

Recommendation 17

The committee recommends that the states and territories extend their Find and Connect information service to include adoption service providers.

Recommendation 18

The committee recommends that non-government organisations with responsibility for former adoption service providers (such as private hospitals or maternity homes) establish projects to identify all records still in their possession, make information about those institutions and records available to state and territory Find and Connect services, and provide free access to individuals seeking their own records.

Recommendation 19

The committee recommends that the Community and Disability Services Ministers Conference, in consultation with non-government organisations that had responsibility for adoption services and hospitals, agree on and commit to a statement of principles for access to personal information, that would include a commitment to cheaper and easier searches of, and access to, organisational records.

Recommendation 20

The committee recommends that the Commonwealth commission an exhibition documenting the experiences of those affected by former forced adoption policies and practices.

Attachment B: Commonwealth Government response to Senate Inquiry recommendations

Recommendation 1

The committee recommends that a national framework to address the consequences of former forced adoption be developed by the Commonwealth, States and Territories through the Community and Disability Services Ministers Conference.

Response to recommendation 1

The Australian Government agrees with this recommendation in principle but notes this is also a matter for the states and territories.

The national framework will be progressed through the Standing Council on Community and Disability Services (formerly known as the Community and Disability Services Ministers' Conference) in 2013 and will comprise the following key elements:

- the national, state and territory apologies;
- the establishment of a suite of specialist services to support those affected by forced adoption practices;
- working towards harmonisation of birth records and re-connection services between state and territory jurisdictions; and
- the National Archives Forced Adoption Experiences History Project.

Recommendation 2

The committee recommends that the Commonwealth Government issue a formal statement of apology that identifies the actions and policies that resulted in forced adoption and acknowledges, on behalf of the nation, the harm suffered by many parents whose children were forcibly removed and by the children who were separated from their parents.

Response to recommendation 2

The Australian Government agrees with this recommendation.

On 19 December 2012, the former Attorney-General, the Hon. Nicola Roxon MP, announced that the Australian Government's formal apology on behalf of the nation would be offered to those affected by forced adoption on 21 March 2013 at Parliament House in Canberra.

The former Attorney-General received advice on the wording of the apology and associated events from the Forced Adoptions Apology Reference Group ("the Reference Group"), which was chaired by the Honourable Nahum Mushin, former Family Court Judge and Adjunct Professor of Law at Monash University, and included people directly affected by forced adoption.

The work of the Reference Group was informed by 48 face-to-face consultations with individuals and groups across Australia and over 300 written and email submissions on what the apology should contain.

Recommendation 3

The committee recommends that State and Territory governments and non-government institutions that administered adoptions should issue formal statements of apology that acknowledge practices that were illegal or unethical, as well as other practices that contributed to the harm suffered by many parents whose children were forcibly removed and by the children who were separated from their parents.

Response to recommendation 3

The Australian Government agrees in principle with this recommendation, but notes that statements of apology from state and territory governments and non-government institutions are a matter for those institutions.

In April 2012, the Attorney-General wrote to state and territory attorneys general and community ministers asking them to consider whether a public apology would be appropriate in their jurisdictions. Apologies for forced adoption practices have been made by the Governments of each state and the Australian Capital Territory.

The Australian Government notes that some non-government institutions have also delivered apologies or announced an intention to apologise.

Recommendation 4

The committee recommends that apologies by the Commonwealth or by other governments and institutions should satisfy the five criteria for formal apologies set out by the Canadian Law Commission and previously noted by the Senate Community Affairs Committee.

Recommendation 5

The committee recommends that official apologies should include statements that take responsibility for the past policy choices made by institutions' leaders and staff, and not be qualified by reference to values or professional practice during the period in question.

Response to recommendations 4 and 5

The Australian Government agrees in principle with recommendations four and five but notes that statements of apology and the respective wording from state and territory governments and non-government institutions are a matter for those institutions.

The Reference Group has advised the Australian Government on the content of the national apology. The Reference Group considered the five criteria for formal apologies set out by the Canadian Law Commission during its development of its advice to the Australian Government on the apology content. A major focus of the Reference Group was ensuring that the national apology will not be qualified by the reference to past values or practice.

In April 2012, the Attorney-General wrote to state and territory attorneys general and community ministers asking them to consider whether a public apology would be appropriate in their jurisdictions. Apologies for forced adoption practices have been made by the Governments of each state and the ACT.

The Australian Government notes that some non-government institutions have also delivered apologies or announced an intention to apologise and some have implemented the principles outlined in the recommendations into their statements of apology.

Recommendation 6

The committee recommends that formal apologies should always be accompanied by undertakings to take concrete actions that offer appropriate redress for past mistakes.

Response to recommendation 6

The Australian Government agrees with this recommendation.

The Australian Government's response to the Committee's report will form the basis of these concrete measures (see response to recommendations 8 and 20).

In particular, the Australian Government has committed \$11.5 million:

- \$5 million over four years to improve access to specialist support services, peer and professional counselling support and records tracing support for people affected by forced adoptions;
- \$5 million for the development of guidelines and training materials for mental health professionals to assist in the diagnosis, treatment and care of those affected and increase the capacity of the Access to Allied Psychological Services (ATAPS) program to deliver psychological services to this target group in the immediate post apology period, while specialist support and counselling services are being established; and
- \$1.5 million to the National Archives of Australia to deliver a Forced Adoption Experiences History Project.

Recommendation 7

The committee recommends that a Commonwealth formal apology be presented in a range of forms, and be widely published.

Response to recommendation 7

The Australian Government agrees with this recommendation.

The national apology will be accessible to all interested Australians. Comprehensive information about the apology is available on the Attorney-General's Department website. The apology will be publicised and broadcast over various mediums. Additionally, the event will be accessible for people with hearing difficulties and a DVD of the apology will be produced. The exhibition by the National Archives of Australia will also focus on the apology.

Recommendation 8

The committee recommends that the Commonwealth, States and Territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices.

Response to recommendation 8

The Australian Government agrees in principle with this recommendation.

The Australian Government recognises the importance of specialised support and counselling services and will be contributing \$5 million over four years to deliver a suite of services for those affected by former forced adoption policies and practices.

In addition, the Australian Government will provide funding of \$5 million over four years for the development of guidelines and training materials for mental health professionals to assist in the treatment of those affected and increase capacity of the Access to Allied Psychological Services (ATAPS) program to deliver psychological services to this target group in the immediate post apology period, while the specialist support and counselling services are being established.

The Australian, state and territory governments commissioned the Australian Institute of Family Studies (AIFS) to undertake a National Research Study on the Service Response to Past Adoption Practices. This study was published in August 2012 and found that the availability of one-to-one support and counselling interventions delivered by professionals who had specialised training or experience in adoption-related issues such as trauma, relational and attachment focused theory, was a key service need (2012:9).

All states and territories currently fund some level of services to support those affected by forced adoption policies and practices. The Australian Government will work with state and territory governments to undertake a scoping study of the services currently available and gaps in the service system for those affected by forced adoption practices.

Recommendation 9

The committee recommends that the Commonwealth fund peer-support groups that assist people affected by former forced adoption policies and practices to deliver services in the areas of:

- promoting public awareness of the issues;
- documenting evidence;
- assisting with information searches; and
- organising memorial events.

And that this funding be provided according to transparent application criteria.

Response to recommendation 9

The Australian Government agrees in principle with this recommendation.

The Australian Government recognises that peer-support groups can be effective in supporting vulnerable people with shared experiences.

The AIFS National Research Study on the Service Response to Past Adoption Practices (2012:185) affirmed that there is a role for peer-support models to assist people affected by former forced adoption policies and practices. The study identified that a number of groups have already been established in metropolitan areas and proposed an option of incorporating adoption-related peer-support services into existing services such as family support, parenting or phone line services.

All states and territories currently fund some level of services to support those affected by forced adoption policies and practices. The Australian Government will work with state and territory governments to undertake a scoping study of the services currently available and gaps in the service system for those affected by forced adoption practices.

The findings of the scoping study will inform governments' considerations of how to best integrate and complement the Australian Government \$10 million support package and existing Australian, state and territory government peer-support services.

Recommendation 10

The committee recommends that financial contributions be sought from state and territory governments, institutions, and organisations that were involved in the practice of placing children of single mothers for adoption to support the funding of services described in the previous two recommendations.

Response to recommendation 10

The Australian Government agrees in principle with this recommendation.

All jurisdictions have some existing post-adoption support services and many have funded additional services as part of their forced adoptions apologies.

It is expected that the Australian Government will progress this work through the Standing Council on Community and Disability Services and senior officials represented by the Standing Council on Community and Disability Services Advisory Council.

Recommendation 11

The committee recommends that the Commonwealth should lead discussions with states and territories to consider the issues surrounding the establishment and funding of financial reparation schemes.

Recommendation 12

The committee recommends that institutions and governments that had responsibility for adoption activities in the period from the 1950s to the 1970s establish grievance mechanisms that will allow the hearing of complaints and, where evidence is established of wrongdoing, ensure redress is available. Accessing grievance mechanisms should not be conditional on waiving any right to legal action.

Response to recommendations 11 and 12

The Australian Government notes recommendations 11 and 12.

Reparation and redress schemes are matters for each state and territory government and relevant non-government organisations.

The Australian Government led discussion about these recommendations at the Standing Council on Law and Justice (SCLJ) meeting on 5 October 2012. At that meeting, these recommendations were referred to the Standing Council on Community and Disability Services (formerly known as the Community and Disability Services Ministers' Conference) for further consideration.

Recommendation 13

The committee recommends that:

- all jurisdictions adopt integrated birth certificates, that these be issued to eligible people upon request, and that they be legal proof of identity of equal status to other birth certificates; and
- jurisdictions investigate harmonisation of births, deaths and marriages register access and the facilitation of a single national access point to those registers.

Recommendation 14

The committee recommends that:

- all jurisdictions adopt a process for allowing the names of fathers to be added to original birth certificates of children who were subsequently adopted and for whom fathers' identities were not originally recorded; and
- provided that any prescribed conditions are met, the process be administrative and not require an order of a court.

Response to recommendations 13 and 14

The Australian Government agrees in principle with recommendations 13 and 14, but notes that birth certificates and births, deaths and marriage registers are the responsibility of state and territory governments.

The Australian Government led discussions with the states and territories about these recommendations at the Standing Council on Law and Justice on 5 October 2012. At that meeting, agreement was reached for an officer level working group to examine these recommendations. The Group will report back with progress in early 2013.

Recommendation 15

The committee recommends that the Community and Disability Services Ministers Conference agree on, and implement in their jurisdictions, new principles to govern post-adoption information and contact for pre-reform era adoptions, and that these principles include that:

- all adult parties to an adoption be permitted identifying information;
- all parties have an ability to regulate contact, but that there be an upper limit on how long restrictions on contact can be in place without renewal; and
- all jurisdictions provide an information and mediation service to assist parties to adoption who are seeking information and contact.

Response to recommendation 15

The Australian Government agrees in principle with this recommendation, but notes that this is also a matter for the states and territories.

As recommended by the Committee, it is expected that the Australian Government will progress this work through the Standing Council on Community and Disability Services and senior officials represented by the Standing Council on Community and Disability Services Advisory Council.

Recommendation 16

The committee recommends that the Commonwealth provide funding to extend the existing program for family tracing and support services to include adoption records and policies, with organisations such as Link Up Queensland and Jigsaw used as a blueprint.

Response to recommendation 16

The Australian Government agrees in principle with this recommendation.

The Australian Institute of Family Studies National Research Study on the Service Response to Past Adoption Practices (2012:175) found that over half of the adopted

individuals and almost 70 per cent of mothers had used search and contact services. The study suggested the need for improvements to the navigation of the search and contact service system and the need for support and guidance from experienced professionals.

The scoping study of the current service system (as proposed in response to recommendations 8 and 9) will include an exploration of family tracing and support services such as Link Up Queensland and Jigsaw.

The findings of the scoping study will inform governments' considerations of how to best integrate and complement the Australian Government \$10 million support package and existing search and contact services.

Recommendation 17

The committee recommends that the states and territories extend their Find and Connect information service to include adoption service providers.

Response to recommendation 17

The Australian Government agrees in principle with this recommendation, but notes this is a matter for the states and territories.

The Australian Government has established the Find and Connect network of support services to provide specialist trauma informed counselling as well as records tracing, supported release and peer support tailored to the needs of Forgotten Australians and Former Child Migrants. Foundational to the Find and Connect network of support services is the Find and Connect web resource. This web resource demonstrates an effective model for making information and records relating to past providers of 'care' available to care leavers.

The scoping study of the current service system (as proposed in response to recommendations 8, 9 and 16) will include an exploration of existing Australian, state and territory government information services supporting those affected by forced adoption practices.

The findings of this exploration will inform governments' considerations on improving information services and actioning this recommendation will require consideration of the response to recommendation 10.

Recommendation 18

The committee recommends that non-government organisations with responsibility for former adoption service providers (such as private hospitals or maternity homes) establish projects to identify all records still in their possession, make information about those institutions and records available to state and territory Find and Connect services, and provide free access to individuals seeking their own records.

Response to recommendation 18

The Australian Government agrees in principle with this recommendation, but notes this is a matter for the non-government organisations.

The Australian Government acknowledges that access to records is of critical importance to those affected by forced adoption practices and that the organisations that hold these records need to make every effort to ensure records are made available, free of charge, to individuals who are seeking them.

With regard to making these records available through the Find and Connect web resource, it should be noted that the Government's response to recommendation 17 looks to identify the most appropriate mechanism for information sharing for those affected by forced adoption practices. The findings of recommendation 17 and consultation with key stakeholders will inform the final direction of recommendation 18.

To this end, the Australian Government supports the recommendation that former adoption service providers establish projects to identify all records still in their possession, make information available to the information sharing service agreed under recommendation 17, and provide free access to individuals seeking their own records.

Recommendation 19

The committee recommends that the Community and Disability Services Ministers Conference, in consultation with non-government organisations that had responsibility for adoption services and hospitals, agree on and commit to a statement of principles for access to personal information, that would include a commitment to cheaper and easier searches of, and access to, organisational records.

Response to recommendation 19

The Australian Government agrees in principle with this recommendation.

As part of the scoping study that will be undertaken to guide the composition of the specific service response, a Past Adoption Practices consultative forum, led by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, will be convened. The study would be undertaken by an independent consultant and would be supported by a national consultation group involving people affected by forced adoption practices, Commonwealth and state and territory government officials, archival experts and existing service providers

This work will be progressed through the Standing Council on Community and Disability Services.

Recommendation 20

The committee recommends that the Commonwealth commission an exhibition documenting the experiences of those affected by former forced adoption policies and practices.

Response to recommendation 20

The Australian Government agrees with this recommendation.

The Australian Government is funding National Archives of Australia \$1.5 million over three years to deliver a Forced Adoption Experiences History Project. This will include an exhibition to increase awareness and understanding of experiences of individuals affected by forced adoption practices and a website to identify and share stories of forced adoption experiences.

Attachment C: Workshop Activity 1 worksheet

Activity 1: Strengths and weaknesses

My service type:

Based on your own knowledge and experience, please indicate to what extent you believe each service type addresses the listed service and support needs of those affected by past adoption policies and practices.

Response options ☐X = No ☒ = Yes ? = Unsure

*** If you wish to differentiate between the types of people accessing the service types, please use M to indicate mothers, F to indicate fathers and A to indicate adopted individuals.**

Service type

Can this need be addressed?	Information Services (including identifying information and access to personal records)	Search and Contact Services	Post Adoption Support Services	Therapeutic Services	Peer Services
Trauma lens					
Grief and loss					
Secrecy and shame					
Identity, attachment, abandonment and relationships					
Assist with contacting family separated by adoption					
Information (Birth Certificates; Medical histories; hospital records etc.) that is accurate and provided in a timely and sensitive manner					
Affordable					
Accessible					
Diversity of support interventions					
Educating and raising community awareness					

Attachment D: Workshop Activity 3 worksheet

Activity 3: Good practice principles and accountability

My service type:

1. As your service/group/agency currently operates, how would you be able to demonstrate accountability for what your service can do?
2. In the spreadsheet, indicate the degree to which the current services/system matches what research shows are elements of good practice.

Response format:

☒ ☐ indicates this is a key strength of this particular service type

☒ indicates this service type meets these criteria to some degree, but improvements are needed

X indicates this service type does not meet

N/A indicates this element of good practice is not applicable to the service type.

If you wish to differentiate between the types of people accessing the service types, please use M to indicate mothers, F to indicate fathers and A to indicate adopted individuals.

	Information Services (including identifying information and access to personal records)	Search and Contact Services	Post Adoption Support Services	Therapeutic Services	Peer Services
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Accountability

Formalised complaints processes in place that are known and readily available to service users					
Overseen by an independent governing body (board/committee)					
Independent mediator facilitates searching for information and exchanging information					
Administrative data are recorded – including referrals and service uptake					

Accessibility (including affordability)

Identifiable staff to be point of contact					
Flexible hours of operation					
Servicing remote locations or those unable to physically access the service on site					
Low cost or free					
Timely responses to requests					
Ongoing counselling and support					

Knowledge of presenting issues and capacity to respond

Well-informed staff who understand the issues associated with adoption					
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Sensitivity to the needs of those seeking it (confidentiality, discretion, language used, etc.)					
All staff are trained					
Ongoing training/professional development opportunities are available to staff.					
External clinical supervision is available to staff.					

Diversity

Options for both professional and peer supports					
Range of options for participation, i.e. mixed, mother/adoptee-specific, etc.					
Range of support levels (e.g., access to support person—onsite and follow-up).					
Support, education and information for the other family members is readily available.					

Service interventions

Address issues associated with grief and loss; trauma; identity; shame; excess feelings of guilt; rejection; emotions of anger/hurt; difficulty in maintaining friendships or close relationships with family (attachment issues); anxiety; and self-confidence problems					
Services are tailored to relevant “stage of the journey” of individuals					
Clients’ expectations at commencement of support relationship are managed, particularly in relation to search and contact.					
Support and follow-up from the agency involved is provided on an on-going basis.					

Continuity of Care

Service has formalised links or arrangements with other relevant services for referral or shared care arrangements where own service can’t meet the presenting needs of service users.					
Adoption-related supports are incorporated into existing services (such as Family Support Program funded services, or Medicare-funded psychological services)					
Regular networking activities both within and external to adoption-specific agencies.					
Awareness-raising of the impacts and history of past adoptions is prioritised.					

Attachment E: Support service agencies approached

A thorough search of existing forced adoption support services produced 48. All these agencies were sent invitation emails to participate in a workshop to inform the scoping study.

Australian Capital Territory

- Adoption & Permanent Care Family Information Service
- Adoption Mosaic
- Canberra Independent Adoption Support Group
- Within these Walls
- Editor of *Australian Journal of Adoption*

New South Wales

- Adoption Information Unit (of the Department of Family and Community Services (FACS))
- Post Adoption Resource Centre (PARC)—Benevolent Society
- Origins NSW
- The Apology Alliance
- Link Up NSW
- Special Search Services—Salvation Army
- International Social Services
- Adoption Focus and Support Group—Mother Support Group
- Anglicare
- CatholicCare

Northern Territory

- Adoption Unit—Department of Children and Families

Queensland

- Adoption Loss Adult Support Group (ALAS)
- Adoption Privacy Protection Group
- Adoption and Permanency Programs, Department of Communities, Child Safety and Disability Services
- Family Tracing Service—Salvation Army (QLD)
- Jigsaw QLD
- Link Up QLD
- North QLD Combined Women's Services Inc.—Townsville
- Origins QLD
- Post Adoption Support—Benevolent Society (PARQ)
- Salvation Army—Family Tracing Services
- WASH (White Australian Stolen Heritage)

South Australia

- Adoption and Family Information Service (AFIS)—Department for Education and Child Development
- Identity Rites
- Nunkuwarrin Yunti
- Post Adoption Support Services (PASS)—Relationships Australia (SA)

Tasmania

- Relationships Australia (Tas.)
- Adoptions and Permanency Services—Department of Health and Human Services
- Centacare Family Services

Victoria

- Adoption & Permanent Care—Community & Family Services, Department of Human Services
- Anglicare Victoria
- Association Representing Mothers Separated from their children by Adoption Inc. (ARMS) Vic.
- CatholicCare (formerly Centacare) Catholic Family Services (Adoption and Permanent Care Teams)
- Family Information Networks and Discovery (FIND)—Department of Human Services
- International Social Service Australian Branch
- Origins Vic.
- Relationships Australia (Vic.)
- Uniting Care Connections (Adoption and Permanent Care Program)
- Victorian Adoption Network for Information and Self Help (VANISH)
- Independent Regional Mothers

Western Australia

- Adoption Jigsaw WA Inc.
- Adoption Research Counselling Service (ARCS)
- Department for Child Protection and Family Support
- Relationships Australia WA
- Yorgum Aboriginal Corporation

Attachment F: Letter of introduction sent to stakeholders



Australian Government
Australian Institute of Family Studies

Re: Invitation to participate in the Forced Adoptions Service Providers Scoping Study

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has commissioned the Australian Institute of Family Studies (AIFS) to undertake the **Forced Adoptions Service Providers Scoping Study**. The study will be conducted between August 2013 and February 2014.

The study is part of the Australian Government's response to the recommendations of the Senate Inquiry regarding the Commonwealth's contribution to former forced adoption policies and practices. These were announced by the then Prime Minister, the Hon. Julia Gillard, when she apologised on behalf of the Australian Government to people affected by forced adoption or removal policies and practices on 21 March 2013.

The purpose of the scoping study is to develop options for service models that will enhance and complement the existing services to improve support for people affected by forced adoption policies and practices. The scoping study will:

- Map the current support available for people affected by forced adoptions;
- Determine how the system currently meets the needs of those affected;
- Identify any gaps in the service system; and
- Provide options for how to complement the existing services to improve the support available to those affected.

One of the key activities of the study will involve AIFS researchers organising a series of half-day workshop-style consultations across the country with service providers.

This will include adoption-specific services (who provide therapeutic support, peer support, family tracing services), but will also include mainstream services where people affected by past adoptions are likely to seek support (including health, mental health, psychological and counselling services). This series of national workshops and consultations will be held in both metropolitan and regional locations in all states, and in one location in the ACT and the NT.

The workshops will concentrate on two distinct areas:

1. Presentation of the findings of the National Research Study on the Service Response to Past Adoption Practices, and subsequently gathered information which has identified the needs of those affected by forced adoption, and the support to adequately meet those needs.
2. Discussion with participants to consider how 'best practice' models can be incorporated into the current network of services.

We are seeking your help to ensure we have the best possible response to this study.

By participating in the scoping study, your organisation has the opportunity to help inform the 'best way forward' following the National Apology on behalf of the Australian Government to people affected by forced adoption or removal policies and practices.



Australian Government
Australian Institute of Family Studies

We would like to invite you and your relevant staff to attend the workshop in your local area in October 2013. We will be in contact with you to discuss the specific timing in the coming weeks.

In order to help promote the study we would greatly appreciate it if you could:

- a) Put information about the study on your website, including a link to the AIFS study website (<http://www.aifs.gov.au/pae/scopingstudy/index.html>)
- b) Put information about the study in your newsletters and other relevant material that you circulate.
- c) Forward information to other contacts you have who may be willing to promote and/or be involved in the study.

To register your interest in participation, or if you have any questions, please contact Pauline Kenny by:

- Email: Pauline.Kenny@aifs.gov.au
- Phone: 03) 92147893

Thanking you in anticipation.

With best wishes,

Professor Alan Hayes AM
Director
Australian Institute of Family Studies

10 September 2013

Attachment G: Draft guidelines for good practice in forced adoption support service delivery

The following good practice principles apply to service organisations, agencies and groups involved in the provision of forced adoption support services, including information services (including identifying information and access to personal records), search and contact services, post-adoption support services, therapeutic services and peer services. The principles are drawn from research and their application enables high quality service delivery.

Accountability

- Transparency about organisation's past involvement on the website, in brochures and in the first sessions
- Formalised complaints processes in place that are known and readily available to service users
- Overseen by an independent governing body (board/committee)
- Independent mediator facilitates searching for information and exchanging information
- Administrative data are recorded—including referrals and service uptake

Accessibility (including affordability)

- Identifiable staff to be point of contact
- Flexible hours of operation
- Servicing remote locations or those unable to physically access the service on site
- Low cost or free
- Timely responses to requests
- Ongoing counselling and support

Knowledge of presenting issues and capacity to respond

- Well-informed staff who understand the issues associated with adoption
- Sensitivity to the needs of those seeking it (confidentiality, discretion, language used, etc.)
- All staff are trained
- Ongoing training/professional development opportunities are available to staff
- Clearly articulate conceptual underpinning of the agency/service's service model
- External clinical supervision is available to staff.

Diversity

- Options for both professional and peer supports
- Range of options for participation (i.e., mixed, mother/adoptee-specific, etc.).
- Range of support levels (e.g., access to support person—on site and follow-up).
- Support, education and information for the other family members is readily available.

Service interventions

- Address issues associated with grief and loss; trauma; identity; shame; excess feelings of guilt; rejection; emotions of anger/hurt; difficulty in maintaining friendships or close relationships with family (attachment issues); anxiety; and self-confidence problems.
- Services are tailored to relevant “stage of the journey” of individuals.
- Clients’ expectations at commencement of support relationship are managed, particularly in relation to search and contact.
- Support and follow-up from the agency involved is provided on an ongoing basis.

Continuum of care

- Service has formalised links or arrangements with other relevant services for referral or shared care arrangements where own service can’t meet the full range of presenting needs of service users.
- Adoption-related supports are incorporated into existing services (such as Family Support Program funded services, or Medicare-funded psychological services).
- Regular networking activities both within and external to adoption-specific agencies.
- Awareness-raising of the impacts and history of past adoptions is prioritised.

Attachment H: Adoption Information Provided by State

State	Legislation	Access conditions	Information available	Contact and information vetoes
NSW	<i>Adoptive Act 2000</i>	<ul style="list-style-type: none"> Adoptees and natural parents can apply for information if adoptee is aged 18 or over If adoptee is under 18 years, permission from the adoptive parent or guardian is required The Adoption Information Unit in the Department of Family and Community Services facilitates access. 	<ul style="list-style-type: none"> If adoption took place before 1 Jan 2010, adoptees and natural parents can access identifying information Identifying information includes name, date of birth, address, original birth certificate, amended birth certificate, and birth record and adoption order 	<ul style="list-style-type: none"> Natural parents and adult adoptees are able to lodge a contact veto if adoption took place before 26 Oct 1990 Contact veto provisions do not apply to adoptions made after 26 Oct 1990
Vic.	<i>Adoption Act 1984</i>	<ul style="list-style-type: none"> All parties to an adoption can apply for information Vic. Government's Family Information Networks and Discovery (FIND) service facilitates access 	<ul style="list-style-type: none"> Adoptees can access identifying information in adoption records, including natural parents' names and origins Permission from natural parent is required if information concerning their current whereabouts is sought Other parties, including natural parents, can access non-identifying information initially, including placement and adoptive family history Other parties can access identifying information with written consent of adoptees aged over 18 years, or of adoptive parents if adoptee is under 18 	<ul style="list-style-type: none"> No contact veto system in Victoria Restrictions on the release of identifying information can be placed by adoptees via the Adoption Information Register
Qld	<i>Adoption Act 2009</i>	<ul style="list-style-type: none"> Qld government-funded Post Adoption Support Queensland (PASQ) service facilitates access Adoptees, natural parents and eligible relatives can apply for information if adoptee is aged 18 or over Restrictions apply if a Children's Court order prevents information's release, where that release would pose an unacceptable risk of harm 	<ul style="list-style-type: none"> Adoptee, natural parents and eligible relatives if adoptee is aged 18 or over can access identifying information Specific criteria are in place regarding information to and from natural fathers 	<ul style="list-style-type: none"> Contact veto in place for adoptions that took place before June 1991 Objections to contact were replaced by "contact statements" in Feb 2010 Contact vetoes are impacted by the <i>Adoption Act 2009</i>. The Act allows information provision if the seeker signs an acknowledgement indicating they are aware a contact statement is in place and that it would be an offence to contact the other person. (Offence provisions with a maximum penalty of imprisonment for two years apply.)

State	Legislation	Access conditions	Information available	Contact and information vetoes
WA	<i>Adoption Act 1994</i> and <i>Adoption Amendment Act 2003</i>	<ul style="list-style-type: none"> Adoptees, natural parents and adoptive parents may apply for information Permission for access is at the discretionary authority of the departmental Chief Executive Officer The WA Government's Past Adoption and Information Services facilitates access Since 1995, future contact and information exchange is facilitated by an adoption plan negotiated between natural parents and prospective adoptive parents prior to a child's placement WA also operates a message box system, which allows parties' anonymous contact 	<ul style="list-style-type: none"> Adoptees, natural parents and adoptive parents may, if granted access, obtain both identifying and non-identifying information Identifying information includes names, addresses, ages or dates of birth, and occupations Non-identifying information includes that from adoption records and files, such as a physical description, hobbies or interests, education or medical details 	<ul style="list-style-type: none"> Contact and information vetoes were prohibited in WA under changes to the <i>Adoption Act 1994</i> by the <i>Adoption Amendment Act 2003</i> The amendment prohibited any new contact or information vetoes on adoptions since that date and existing information vetoes ceased to be effective from 1 Jun 2005
SA	<i>Adoption Act 1988</i> and <i>Adoption Regulations 2004</i>	<ul style="list-style-type: none"> Adoptees, their natural parents, adoptive parents and certain relatives may apply for information if adoptee is aged 18 or over A message system allows for a message to be left explaining reasons for a veto The Adoption and Family Information Unit, Department for Education and Child Development, facilitates access. 	<ul style="list-style-type: none"> Adoptees aged 18 or over can access: information in their original birth certificate; natural parents' names and dates of birth; names of any siblings who were also adopted and are aged 18 years or over; information relating to natural parents and adoption circumstances; any message, information or item left by another party; and authority to obtain their original birth certificate If adoptee is aged 18 or over, natural parents can access: the name given to adoptee by their adoptive parents; names of adoptive parents; other information relating to the adoptive parents or adoptee; and any message, information or item left for them With adoptee's consent, adoptive parents can access: information relating to the natural parents; and also any messages left 	<ul style="list-style-type: none"> If adoption took place before 17 Aug 1989, parties to the adoption can place a veto (valid for five years) on identifying information being given to other parties Vetoes for adoptions completed after 1989 were prohibited by the <i>Adoption Act 1988</i> However, adoptive parents remain able to lodge an information veto against natural parents, with a provision that this does not prevent the adoptee and natural parents from making contact with each other Additionally, if a veto has been placed, the department may still release non-identifying information to an adoptee aged 18 years or over—such as details about their natural parents' interests and backgrounds found on the adoption file, or messages left by their natural parents

State	Legislation	Access conditions	Information available	Contact and information vetoes
Tas.	<i>Adoption Act 1988</i>	<ul style="list-style-type: none"> Adoptees, their natural parents, natural relatives and lineal descendants may apply for information if adoptee is aged 18 or over The Tas. Government's Adoptions and Permanency Service facilitates access for a fee, however the fee is waived for adoptions that took place prior to 1988 	<ul style="list-style-type: none"> Adoptees aged 18 or over can access their pre-adoption birth record and information from the adoption record, including their natural parents' identifying information Natural parents, natural relatives and lineal descendants of an adoptee can apply for non-identifying information at any time, or for identifying information when the adoptee is aged 18 or over Natural parents, natural relatives and lineal descendants of an adoptee may receive information that includes the name of a natural parent only with the written permission of that natural parent 	<ul style="list-style-type: none"> A contact veto may be registered by any adoptee, natural parent, natural relative, lineal descendant of an adoptee or adoptive parent Where a veto has been registered, identifying information is released only after an undertaking not to attempt any form of contact has been signed; an attempt to make contact where a veto is in force is an offence The contact veto system is managed by the Tas. Government's Adoptions and Permanency Service
ACT	<i>Adoption Act 1993 and Adoption Amendment Act 2009</i>	<ul style="list-style-type: none"> Adoptees, their adoptive parents, natural parents and natural relatives may apply for information if the adoptee is aged 18 or over 	<ul style="list-style-type: none"> Adoptees aged 18 or over can access identifying information Adoptive parents, natural parents and natural relatives can also access identifying information if the adoptee is aged 18 or over The <i>Adoption Act 1993</i> is retrospective and allows for identifying information to be released for adoptions that occurred under previous legislation, but also the opportunity for parties to say no to future contact or communication 	<ul style="list-style-type: none"> Adoptees aged over 17 years 6 months, adoptive parents, natural parents, adult natural relatives, adoptive relatives and adult children or other descendants of the adoptee have the right to lodge a contact veto On lodgment of the veto, it becomes an offence for the information recipient to try to make contact with the person who imposed the contact veto Under the <i>Adoption Amendment Act 2009</i> vetoes can no longer be lodged in respect of adoption orders made after 22 April 2010
NT	<i>Adoption of Children Act 1994</i>	<ul style="list-style-type: none"> All parties to the adoption are able to apply for information Aboriginal and Torres Strait Islander childcare agencies are authorised to counsel for the purpose of supplying identifying information The NT Government's Department of Children and Families Adoption Unit facilitates access 	<ul style="list-style-type: none"> All parties to the adoption can access identifying information, such as the person/s and their address at the time of adoption, unless a veto has been lodged All parties to the adoption can access non-identifying information recorded at the time of adoption All parties to the adoption can access documentation that will allow an adoptee to obtain their original birth certificate 	<ul style="list-style-type: none"> Adoptees or natural parents can lodge a three-year renewable veto for adoptions that took place before 1994 The veto can apply to identifying information to another party, contact with that party, or both There is no veto provision for adoptions finalised under the <i>Adoption of Children Act 1994</i> (i.e. after 1994)

Attachment I: Tasmanian Department of Health and Human Services: Adoptions and Permanency Services

Statement of Purpose



Adoptions and Permanency Services

STATEMENT OF PURPOSE	<ul style="list-style-type: none">• To provide permanent family placements for children who cannot be cared for by their biological family.• To provide appropriate counselling and access to information to persons affected by past adoptions and to facilitate reunion where this is the wish of both parties• To provide timely financial assistance to care leavers and to provide support and access to information and reunion services to all persons who were once in State Care in Tasmania.																
VISION	<ul style="list-style-type: none">• To ensure that all Tasmanian children who cannot live with or return to their birth families have timely access to alternative, caring, permanent families in order to secure their ongoing development and positive life outcomes.• To ensure that all persons affected by past interventions of the State of Tasmania, in particular adoptions and out of home care services, have access to support, information about their identity and biological origins and the opportunity for assisted reunion if they so wish.																
GUIDING PRINCIPLES	<ul style="list-style-type: none">• Adoption and permanent care are services for children and the welfare and interests of the child are the paramount consideration at all times.• Children have a right to be raised within a safe and secure, permanent family unit in which they have legal status as a family member.• Birth Parents have the right to express wishes relating to the placement of their child, to be informed about arrangements that are made and to receive information on the child s welfare, progress and development.• All persons have a right to information about their biological, social and cultural origins and identity.• All persons are entitled to have their privacy and freedom from intrusion respected.																
VALUES	<table><tr><th>VALUE</th><th>WHAT DOES IT MEAN?</th></tr><tr><td>Trustworthiness</td><td>We will do what we say</td></tr><tr><td>Honesty</td><td>We will tell the truth, even if it is difficult</td></tr><tr><td>Gentleness</td><td>We will be sensitive to individual circumstances and temper our truth telling with gentleness</td></tr><tr><td>Confidentiality</td><td>We will treat personal information with discretion and sensitivity wherever possible</td></tr><tr><td>Accessibility</td><td>We will make ourselves available to our clients helping them to overcome the client-worker power imbalance by being humble</td></tr><tr><td>Diligence</td><td>We will fulfil all our obligations and commitments and work efficiently in all we do</td></tr><tr><td>Respect</td><td>We believe that all people are equal and inherently valuable and deserve to be treated with positive regard.</td></tr></table>	VALUE	WHAT DOES IT MEAN?	Trustworthiness	We will do what we say	Honesty	We will tell the truth, even if it is difficult	Gentleness	We will be sensitive to individual circumstances and temper our truth telling with gentleness	Confidentiality	We will treat personal information with discretion and sensitivity wherever possible	Accessibility	We will make ourselves available to our clients helping them to overcome the client-worker power imbalance by being humble	Diligence	We will fulfil all our obligations and commitments and work efficiently in all we do	Respect	We believe that all people are equal and inherently valuable and deserve to be treated with positive regard.
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Attachment J: Government website usability testing

Department	Website usability issues	Usability rating
NSW Family and Community Services <www.community.nsw.gov.au/docs_menu/parents_carers_and_families/fostering_and_adoption/adoption.html>	Information mainly focused on new adoptions Clicked on "past adoptions" Found some phone numbers of the Post Adoption Resource Centre under "additional support" No obvious support information for people who have been adopted. Clicked on "adoptions pre 2010" Information mainly concerned with adoptive parents	Medium
Qld Dept Communities, Child Safety and Disability Services <www.communities.qld.gov.au/childsafety/adoption>	Several links on the first page, no mention of support Clicked on "past adoptions" Clicked on "Support services and further information" Found information linking to benevolent.org Benevolent website provides easy-to-filter services and interactive maps to support services.	Medium/easy
Dept Human Services Victoria <www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/adoption-and-permanent-care>	Clicked on "adoption and permanent care" Forefront information on how to adopt in Victoria No mention of support for past adoption services or support	Hard
Dept Health and Human Services Tasmania <www.dhhs.tas.gov.au/children/adoption>	Clicked on "Adoptions and Permanency Services" Clicked on "past adoptions services" Forefront information regarding discovering origins and identity. Nothing obvious regarding support services Clicked on "past adoption practices in Tasmania" Forefront information regarding the apology for forced removals Clicked on "adoption services" Forefront information for potential adopters. Nothing obvious regarding support services	Hard
Families SA (Department for Education and Child Development, South Australia) <www.families.sa.gov.au/default.asp?navgrp=366>	Adoption links provide information for potential adopters. Nothing obvious regarding support services. Searched "adoption support" Top hit "past adoption support" Links to CLAN, Benevolent, Relationships Australia SA Clicked on Relationships Australia, information on support services for adoptees. Information about Past Adoption Support Services (PASS) but no contact information easily accessible	Medium
ACT Community Services <www.communityservices.act.gov.au/home>	No obvious links to any adoption information. Clicked on the "Children, Youth & Families" link. Found "adoption" at the bottom of the page under "human services" Clicked on a document for support for adoptees. No information regarding support services. Searched "post adoption support" Came up with the same document as above. Only departmental contacts provided	Hard
Northern Territory <childrenandfamilies.nt.gov.au/Adoption/index.aspx>	Searched "adoption support" resulted in text regarding applying for adoption. No links to any support or advice for post adoption. Email link and phone number "or more information"	Hard
Western Australia Department for Child Protection and Family Support <www.dcp.wa.gov.au/Pages/Home.aspx>	Clicked the link "past adoption information & services" Clicked the link "how can I access counseling and support services" Provides a hyperlink to a list of non-government organisations as well as information that the department provides on free past adoption services. Non-government organisations listed: ARCS, ASFC, Jigsaw, ARMS, IAC. Also listed are independent counsellors	Easy

Attachment K: Overview of search tools (including electoral rolls)

Tool	Description
AEC National Electoral Roll	Access to both current and previous AEC electoral rolls is seen as essential for those who provide search and intermediary services. Often when the person cannot be found directly, it is important to be able to search laterally by going to old AEC rolls and build up a family tree, and then search for other relatives. Service providers expressed frustration at the change in policy by the AEC that prevents purchase or access to the rolls, and note that it is easier to search in the UK—where rolls are accessible—than in Australia.
State/territory electoral rolls	Agencies can only access their own state electoral rolls and in some cases, such as NSW, not even their own rolls. The WA Government and WAEC have stated that they cannot purchase other states' rolls. State libraries around Australia have complete AEC national electoral rolls up to 2007, some have 2009, but there are no rolls available beyond and the gap widens every year.
Telephone books and WhitePages.com	<p>Telephone books and White Pages can be very useful for cross-referencing, but not as a primary search tool. They do not list first names, thus a search for a Joan Andrews may yield many hundreds of J. Andrews as the J may be for John, Justine, Josephine, Joe, Jack, etc. It is not feasible to write to hundreds (and for some names, thousands) of people.</p> <p>Many phones are only in a partner's name, and unless you know their name, you won't identify them in that instance. Many people do not have a landline and may not have their mobile number in the phone book.</p>
Ancestry.com	Commercial family history tracing websites, such as Ancestry can be very useful for historical searches and building a family tree, however it does not include information beyond 1980 and there are no records for South Australia.
Online search, e.g., Facebook	<p>Online searching can be useful for an uncommon name. However, if it is a common name (i.e., Joan Andrews) you can yield thousands of possibilities often with no ability to filter results or link people to a current address.</p> <p>Messages through Facebook must not identify adoption and are often ignored. It is possible that Facebook will charge to send messages to a person's private inbox.</p>
Online search sites	It is an offence under a number of state/territory adoption laws to publicly identify someone as being involved in adoption. Even if that were not the case, it can cause great distress to publicly name someone as being involved in adoption. Many mothers are not computer literate and need experienced support to deal with such a contact. Often only one party is searching.
Commercial records	Paying to use commercial debt collection sites can be useful, however they are very incomplete and out of date. It is not uncommon for 30% of letters to be returned as 'Not at this Address' and no-one respond as being the right person. Therefore, it is not known if the right person has received a letter but does not want contact, whether the right person has not been located on the accessible records, or whether the person is a match, but they have simply moved address and the new residents are not aware of a forwarding address.
Death notices	Death notices can be used to build up a family tree of the searched for party, however once a name has been identified, their current details still need to be discovered.
Land title searches	Conducting land title searches can sometimes be helpful, however they rarely help us to locate current details.
Ryerson Index, Trove, National Archives of Australia, historical societies in country towns	These can be useful sources to obtain information and build a family tree. However, they do not provide current contact information.

Source: Based on written submission from JIGSAW WA, and supplemented with views from stakeholder workshops. For information about the AEC Electoral Roll, see: <www.aec.gov.au/Enrolling_to_vote/About_Electoral_Roll>

Attachment L: Information sheets, publications, training and resources

Organisations

Adoption Jigsaw, WA

- Using a mediator

Past Adoption Resource Centre (PARC), Benevolent Society, NSW

- (For birth parents) Pros and cons of approaching adoptive parents
- Access to adoption information across Australia
- Adolescence: Does adoption make a difference?
- Adopted people affected by a Contact Veto in NSW
- Adoptees considering a reunion
- Adoptees
- Adoption support groups and services across Australia
- Adoptive parenting and infertility
- Am I really adopted?
- Birth parents affected by a Contact Veto in NSW
- Birth parents considering a reunion
- Coming to terms with the reality of your child's adoption
- Counselling sessions with Post Adoption Services (A)
- Counselling sessions with Post Adoption Services (B)
- Discovering you are adopted
- For women who have placed more than one child for adoption
- How to apply for your Supply Authority
- Information about the Advanced Notice in NSW
- Information for adopted people about lodging a Contact Veto in NSW
- Information for adoptive parents: Is your adult son or daughter adopted in Queensland thinking of searching for birth parents?
- Information for adoptive parents whose adult sons or daughters are thinking of searching for birth parents in NSW
- Information for adults who were adopted in Queensland and are thinking of searching for birth relatives
- Information for birth parents about the Contact Veto in NSW
- Information for birth parents who are thinking of searching for their adult adopted child in NSW
- Information for UK adoptees and birth relatives wanting to search
- Intercountry and transracial post-adoption services
- Intermediary service
- Partners of adoptees
- Partners of birth parents

- Recommended reading on post-adoption issues
- Release of information about unacknowledged birth fathers in NSW
- Responding to contact from a birth relative
- Searching British Births, Deaths & Marriages information in Australia
- Siblings of an adoption that took place in NSW
- Siblings of an adoption that took place in Queensland
- Supporting a child through loss
- What is a contact statement? For adoptions in Queensland
- Writing to a birth mother or birth father
- Writing to an adopted person

Centacare, TAS

- The Adoption Option

Children and Youth Services, Department of Health and Human Services, Tas.

- Adoptions Search Guide—October 2012
- Apology for forced adoption
- Apology to people hurt by forced adoption practices (Tas. Government)
- Tree of Hope: A Memorial Dedicated to People Impacted by Past Adoption Practices in Tasmania

Department of Child Protection and Family Support, WA

- Contact and Mediation
- Guidelines for the Message Box
- Obtaining Adoption Information
- Past Adoption Register and Outreach Service
- ROADS: An index of location and access to adoption records

Family Information Networks and Discovery (FIND), Department of Human Services, Vic.

- Adoption: Myth and Reality
- Adoption Act Amendments
- Adoption Contact Statement
- Adoption Contact Statement FAQs

Adoptions and Permanent Care Unit, Department of Community Services, ACT

- Former Forced Adoption Practices
- An Apology to People Affected by Former Forced Adoption Practices FAQs
- Search and Reunion
- Adoption Information and Post Order Support Services

Adoption Information Unit, Department of Family and Community Services, NSW

- Adoption Before 2010: Information about a Past Adoption

Relationships Australia, SA

- DNA-testing
- Intercountry adoption information for teachers
- Making contact with your adult adopted child
- Making contact with your found birth family
- Making contact with your found birth family in Korea
- Parenting self-esteem: The parent's job, not the child's
- Racism and intercountry adoption
- Searching for birth family in intercountry adoption
- Searching for birth family in Korea
- Searching for birth family relatives if you were born and adopted in the UK and now live in Australia
- Searching for your birth mother if you were born or adopted in SA
- Searching for your adult child placed for adoption in SA

VANISH, Vic. (information pages for professionals and consumers)

- FAQs
- Adoption Questions
- Referral for counselling
- Facts and Statistics on Adoption
- Search guide
- Support Group Facilitator's Handbook

Salvation Army, NSW

- Special Search Service

Training programs

PARC training program

The Post Adoption Resource Centre (Benevolent Society) offers three training packages to individuals, groups and originations interested in learning more about the history, impacts and service delivery for those affected by forced adoption. These training packages include:

- two-hour presentation discussing the basics of the history and impacts of post adoption (normally for organisations or school counsellors);
- half-day presentation for counsellors and practitioners; and
- full-day training for counsellors and psychologists with specific clinical information and case discussions.

The training sessions were initially established in 2005 and continued to be delivered until 2007, when they were stopped due to a lack of demand. In 2013, the trainings were re-established and are currently being reviewed and updated (Henegan, personal communication, 6 January 2013).

VANISH training program

VANISH has recently launched its free two-day training program for GPs, health and welfare professionals and counsellors titled Looking Through the “Lens of Adoption” in Working With Loss and Trauma. According to the details of the workshop, available on the VANISH website, the first day focuses on support for individuals experiencing separation and loss through past adoption practices and is designed for a broad range of professionals in the health and community sector (such as GPs and nurses). The learning objectives of day one state: “recognising the context and impact of past adoption practices; engaging empathically with individuals separated by adoption; identifying the effects, loss and possible expressions of grief and trauma; and providing support to individuals and identifying potential resources for healing and growth.” (VANISH, 2013, “Looking through the lens”, p. 1)

The second day of training focuses on counselling individuals experiencing separation and loss through past adoption practices and is designed for counsellors, psychotherapists, etc. As stated on the training guide, the learning objectives of day two are to “identify personal and systemic issues relating to the complexities of adoption and the effects of grief and trauma; draw on a range of counselling and therapeutic approaches to support adaptive recovery; and to work with three unique areas of adoption complexity (the “late discover” adoption status, the re-emergence of trauma and grief responses during search and contact, and the phenomenon of genetic sexual attraction).” (VANISH, 2013, “Looking through the lens”, p. 1)

Relationships Australia (PASS) training program

Relationships Australia states on its website that they:

provide professional training to enhance the work of counsellors, social workers and other professionals from community service organisations who work with or are interested in adoption-related issues. (Relationships Australia, 2013, “Professional Training”, para.1)

They also provide a workshop on “Trauma Informed Care and Practice” that engages clients in learning skills in practicing a trauma-informed approach.

Other training programs

Professionals seeking further training on how to best provide trauma-informed services can attend general training and conferences. An example of such a conference is the annual WA Family Pathways Network Annual Conference, which is scheduled for 14 May 2014 and will be focusing on “Using attachment and trauma-informed practices to support families”.

Good practice guides and training manuals

The urgent need for counsellors and psychologists to be trained in addressing the long-term impact of forced adoption was a key message that emerged from previous research and inquiries into forced adoption. The use of training guides has been recommended as a useful approach to improving training and awareness (Kenny et al. 2012; Senate Inquiry, 2012).

Information and Resource Kit—Post Adoption Resource Centre (PARC)

In response to a recommendation from the NSW Legislative Council Standing Committee on Social Issues (Parliament of NSW, 2000) the Department of Community Services funded the Post Adoption Resource Centre (PARC) to produce and distribute a post-adoption resource and training kit for counsellors with a particular focus for counsellors in regional NSW.

In 2005, the Benevolent Society published *Adoption in NSW: An Information and Resource Kit for Counsellors and Practitioners in Regional NSW* (Young, 2005). This guide to adoption in NSW includes information on the relevant legal framework and a comprehensive overview of the issues facing all parties in an adoption. The Benevolent Society also published *Intermediary Services in Post Adoption Reunion; A Resource and Training Guide for Counsellors Assisting in Family Reunion* (Armstrong, Ormerod, & Young, 2005), which includes structured models for formal mediation and sample letters to parties sent to facilitate the mediation. This booklet is available for sale from the Benevolent Society. Both of these resources are currently being reviewed and updated to reflect the recent changes in adoption legislation in NSW (Henegan, personal communication, 7 January 2013).

VANISH guides

Currently VANISH hosts an informative website that has recently been updated. It includes access to a *Support Group Facilitator's Handbook* and a *Search Information Guide*. The *Support Group Facilitator's Handbook* is a comprehensive manual on setting up and running support groups and includes comprehensive good practice guidelines along with forms such as a "Support Group Facilitator's Agreement" form, VANISH's Code of Conduct, and a feedback and complaints policy form. It also provides advice on issues regarding privacy, self-care, debriefing and conflict of interest.

Selecting and Working With a Therapist Skilled in Adoption

The *Selecting and Working With a Therapist Skilled in Adoption Guide* was published in July 2012 by the Child Welfare Information Gateway. The guide outlines the various therapeutic approaches, such as individual psychotherapy and trauma-informed therapy, and continues to explain the types of treatment settings available. However, the guide is an American publication so the usefulness of some of the advice, such as how to find and work with a therapist, is limited. Furthermore, it is focused on accessing therapeutic support for current adoptions rather than past adoptions, but it can still provide some context for people seeking advice on selecting a therapist.

Attachment M: Terms of reference—National Committee of Post-Adoption Service Providers

Terms of reference

National Committee of Post-Adoption Service Providers

Background

Following an informal meeting of representatives from post-adoption service providers prior to the 2008 National Adoption Conference in Sydney and it was identified that there was an ongoing need for an annual meeting to involve the government and non-government service providers involved in the delivery of post-adoption services.

The first official meeting occurred in Adelaide in September 2009 and it was agreed during the 2010 meeting in Brisbane that, a National Committee is needed in order to support the meeting to continue annually. Draft terms of reference for the group which were to be discussed and confirmed during the 2011 National Meeting of Post Adoption Service Providers held in Sydney are described below.

Purpose of the national meeting

To provide an opportunity for service providers in the field of post adoption services across Australia to meet to discuss and analyse:

- service delivery challenges and solutions;
- practice wisdom and innovations;
- the current context of post-adoption service delivery across the government and non-government sector in Australia;
- the future of post-adoption service delivery;
- to foster and enhance relationships across state and territory, and the government and non-government post-adoption service delivery sector; and
- to identify and collate shared service delivery trends, risks and challenges for consideration on the National Agenda and to inform the development of future policy and programs.

Purpose of the National Committee of Post-Adoption Service Providers

- To be the contact point for each state to distribute information about the national meetings and to provide assistance to the hosting-state to co-ordinate the meetings if required.
- To facilitate the exchange of information and to progress agreed priority actions following the national meetings.
- To act as a reference group of representatives from direct service delivery providers in the area of post adoption who will co-ordinate the exchange of information regarding contemporary practice and research developments.
- To raise the profile of the service delivery area of post adoption with local, state and federal authorities in order to mobilise additional resources, research and services and to enhance practice and policy development to meet emerging trends and service delivery demands.
- To further consider the establishment of national minimum best practice standards in post-adoption service delivery.

Outcomes

- Enhanced national awareness within the post-adoption service delivery sector of the challenges, solutions and practice innovations across the sector of post-adoption service delivery.
- Enhancement of relationships between government and non-government post-adoption workers and volunteers.
- Identification and collation of service delivery trends, risks and challenges which may inform the development of future policy and programs, both at state and national levels.

Membership

Each state and territory authority responsible for administering government post-adoption service provision is required to nominate a representative for the committee.

Non-government services funded by state or territory governments to provide post-adoption services & non-government services (including volunteer agencies) whose governance establishes the provision of specific post-adoption services within their organisation; can also nominate a representative from each of their organisations.