Good practice principles in providing services to those affected by forced adoption and family separation

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Introduction

The prevalence of adoption in Australia has historically been high, particularly between the 1950s and the early 1970s. At its peak, there were around 10,000 adoptions in 1971–72 (Australian Institute of Health and Welfare, 2012), and it is estimated that this "adoption boom" has affected approximately 1 in 15 Australians. What is now understood about this period is that many pregnant unwed women (and their partners) were subjected to unauthorised separation from their children. "Forced adoption" or "forced family separation" are the terms now used to describe such an experience.

Forced adoptions occurred through maternity homes, hospitals and adoption agencies as well as privately; they were carried out by doctors, nurses, social workers and religious figures. Others, particularly their own parents, were often complicit in coercing the mother (and father) into "consenting" to the adoption.

An aligned Australian Government policy of this time was the practice of closed adoption. This involved sealing a child's original birth certificate and issuing an amended birth certificate instead. It effectively hid the identities of the mother and child, with the intention of establishing the child's new identity and relationship with their adopted family. Many adoptees were raised without any knowledge of their adoptive status.

While adoption practices in Australia have undergone considerable change since the 1980s, it is evident that the effects of forced adoption and family separation are still very much a part of the current lived experience for the many thousands of people involved. Further, concerns have been raised that identify the similarities existing between past adoption policies and practices and current child protection policies in some jurisdictions (e.g., permanency planning practices that focus on adoption rather than reunification or long-term out-of-home care) and alternative methods of family formation that are increasingly being used (e.g., inter-country adoption, surrogacy and assisted reproduction technologies). These include:

- the lack of consideration of the available evidence relating to the longer term effects of both local and inter-country adoptions;
- legislative changes in relation to local and inter-country adoptions prior to the implementation of the recommendations of the Senate Inquiry into the

Commonwealth Contribution to Former Forced Adoption Policies and Practices (Senate Community Affairs References Committee, 2012);

- attempts to increase the number of babies "available for adoption" in some jurisdictions;
- the assumption that "open" adoptions mitigate all risks or potential harm for adoptees longer term;
- the difficulties in maintaining or enforcing contact with families, and the reality that contact diminishes extensively over time; and
- the necessity for adoption when permanent care orders can provide the stability that children/young people in the child protection system need.

This resource is designed for use by a variety of service providers who may come into contact with individuals affected by forced adoption and family separation, including:

- information services;
- search and contact services;
- post-adoption support services;
- peer support/advocacy groups;
- generalist allied health and welfare service providers, such as:
  - general practitioner (GP) services;
  - mental health services;
  - alcohol and other drug agencies; and
  - relationship, housing, gambling and aged care support services.

It is also a useful tool for organisations, groups and services that are providing support to those involved in current adoptions and other methods of family formation.

The resource provides detailed information about the types of experiences those affected by forced adoption and family separation were subjected to, the subsequent effects, and how service providers are best able to engage, support and treat these service users.

We have gathered the information contained in this resource through undertaking several key pieces of research that have aimed to improve a knowledge base about the extent and effects of past practices, as well as to strengthen the evidence available to address the current service and support needs of people affected (see Kenny, Higgins, Soloff, & Sweid, 2012; Senate Community Affairs References Committee, 2012).

Importantly, the information used in this Good Practice Principles resource comes directly from people with an experience of past forced adoption and family separation, as well as the professionals/groups who work to support them.

Past adoption policies were promoted as being in the "best interests" of the child. Although potentially challenging, this resource may assist in developing the understanding that the underlying principle of adoption should truly be about children being in need of families, not families being in need of children.

Sensitive language

Adoption is inextricably linked to deep emotions for all concerned. When engaging with those affected by past practices, it is important to be mindful of the grief and heartache many have experienced.

One example of how service providers can do this is by being aware that some of the terms used in relation to adoption are perceived as "value-laden". For example, using the term "relinquishment" is not appropriate, as many mothers did not consent to the adoption of their child; "birth mother" is problematic, as any adjective in front of mother can be seen as a diminution of the role; and referring to adult adopted persons as an "adopted child" is inaccurate, as they are no longer children.

While we suggest that you use the same language as the individual you are engaging with, in general, the terms we recommend where possible are as follows:

- mothers (avoid the term "birth mother");
- fathers;
- adopted persons;
- adoptive parents; and
- other family members.

Fast facts

- Forced adoption was common in Australia, particularly during the 1950s, 1960s and early 1970s.

- A societal expectation existed for unwed women (the "undeserving") to "give up" their children to childless, married couples (the "deserving").

- These practices were unethical, immoral and often illegal.

- Adoption was viewed as the solution to both the illegitimacy of the child, and the infertility of married couples.

- Adoption peaked in Australia from 1971–72, with almost 10,000 recorded during that period.

- It is estimated that 1 in 15 Australians have been affected directly or indirectly by past adoption practices.

- 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.

Understanding forced adoption and family separation

What happened?

A Senate committee investigated Australian forced adoption policies and practices and produced a report in 2012 (Senate Community Affairs References Committee, 2012). In that year also, the Australian Institute of Family Studies (AIFS) released the findings of their national study examining the service and support needs of those affected by past adoption policies and practices in Australia (Kenny et al., 2012).

Both investigations found indisputable evidence of:

- mothers being used for 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 and immediately after labour;
- mothers being administered drugs that caused impaired judgement/capacity to make informed decisions;
- mothers and fathers being informed that their newborn son/daughter was deceased when they were not;
- the unethical and illegal obtaining of consent to adopt (or no consent obtained at all);
- babies that were removed not actually being placed with adoptive families for months or even years after birth;
- babies that were removed being used for medical experimentations;
- adopted persons being placed with abusive adoptive parents;
- adopted persons being lied to regarding the circumstances surrounding their adoption, including the obtaining of consent from their parents;
- fathers being excluded from any decision-making regarding their unborn children;
- fathers very rarely being named on original birth certificates, furthering their sense of powerlessness to have a say in what was happening; and
- extended family members being affected by the "ripple effects" of the pregnancy and subsequent adoption, well into the years that followed (e.g., by needing to uphold the secrecy surrounding what happened).

How have people been affected by their experiences?

The effects of past forced adoption and family separation are diverse and longlasting, not only for mothers and fathers separated from a child by adoption, but also for the adult sons/daughters who were adopted as babies, and their extended family

members. The most common effects of past forced adoption are psychological and emotional, and include:

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

For example, the AIFS national study (Kenny et al., 2012) established that among the sample of over 1,500 study participants:

- *mothers* had a higher than average likelihood of suffering from a mental health disorder, with close to one-third showing a likelihood of having a severe mental disorder at the time of survey completion, and over half having symptoms that indicated the likelihood of having PTSD;
- the majority (around 70%) of *adopted individuals* agreed that being adopted had had a negative effect on their health, behaviour and/or wellbeing while growing up, regardless of whether the experience with their adoptive families was positive or negative; and
- although the number of *fathers* who took part in the study was minimal (just 12), one-third were likely to have had poor mental health at the time of survey completion, and more than one-third were likely to have shown many symptoms of PTSD (as well as almost all participants exhibiting at least some symptoms of PTSD).

Support services

What can support services do for those affected by adoption?

Most people who have an adoption experience are likely at some stage to seek support relating to the adoption. Service delivery models that can respond to the diverse needs of people affected by forced adoptions include those 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, relationship health, and social and economic wellbeing;
- can provide intensive and ongoing psychological and psychiatric counselling; and
- can provide flexible and individually focused care.

Did you know …

Counselling and mental health care services can perform a range of functions for those affected by forced adoption and family separation. These can include:

- concrete reparation, when agencies or professional groups in the past were contributors to the illegal, immoral and harmful practices;

- support for general difficulties, often described as "ongoing trauma";

- continuous, periodical (in response to external events, or "triggers"), or "random" availability;

- clinical diagnoses, such as depression, anxiety, and PTSD;

- help with dealing with emotions such as grief, loss, guilt or loneliness;

- support for clients who have difficulty forming and maintaining positive relationships with others, including partners and children, family and relationship breakdown, and parenting difficulties;

- support for clients to construct a positive personal identity;

- support for clients dealing with feelings of loss, abandonment and grief;

- support for clients presenting with physical health issues (including disabilities), and substance abuse; and

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

What is a trauma-informed service?

There is increasing recognition of the value of a "trauma-informed" or "trauma-aware" approach to service delivery. Good practice suggests that service providers should approach all clients with a forced adoption experience as if they might be trauma survivors.

It is particularly important that an integrated approach is taken wherever possible when treating trauma survivors with multiple conditions.

Being a trauma-informed service that incorporates awareness of grief, loss and attachment disruption ensures the provision of:

- a safe and supportive environment that protects against physical harm and re-traumatisation;

- an understanding and non-judgemental approach to the needs and necessary coping behaviours that are required of the trauma survivor to function in everyday life;

- an understanding of clients and their symptoms in relation to their overall life background, experiences and culture;

- an emphasis on building skills rather than managing symptoms;

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

- a focus on what has happened to a person rather than what is wrong with a person;

- 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;

- continued collaboration between service providers and clients throughout all stages of service delivery and treatment; and

- referrals to appropriate trauma-specific services, such as trauma-focused psychotherapy interventions.

Fast facts

- The effects of forced adoption can be lifelong and far-reaching.

- Past forced adoption and family separation affects not only those directly involved, but also more broadly. This is commonly referred to as "ripple effects" that run deeply within and throughout relationships with loved ones, including subsequent partners and children.

- It has been established that the practices of forced adoption and family separation were illegal, unethical and immoral, regardless of the "social mores" of the time when adoption was at its peak in Australia.

- The most common effects of past forced adoption are psychological and emotional.

- Trauma, attachment difficulties, identity problems, abandonment and issues related to unresolved grief and loss are common among those affected.

- Understanding the complexity of issues associated with past forced adoption and family separation can be difficult for service providers, practitioners and policy-makers when thinking about translating newly obtained knowledge into concrete policy and practice interventions.

- It is recommended that services assisting affected individuals are trauma-aware/informed.

Key practice principles for service providers

Research undertaken by the Institute has identified the ways in which people would like to receive services. This information has helped us to identify key practice principles that service providers are encouraged to implement in order to best meet the needs of those individuals who have a past adoption experience and are seeking support.

A range of services currently exist that are available to support people affected by past forced adoptions, including 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. However, developing workforce capacity to deliver services appropriately and adequately has been a key need identified by those affected by forced adoption and family separation.

People participating in the two national studies undertaken by AIFS (Higgins, Kenny, Sweid, & Ockenden, 2014; Kenny et al., 2012) were able to identify the key components of service delivery that represent "good practice". These have been summarised into five key domains, and apply across the entire continuum of services and supports that are needed by affected individuals:

- accountability;
- accessibility;
- efficacy and quality of service interventions;
- diversity; and
- continuity of care.

Accountability

Recognition and ownership of involvement in past practices by institutions, organisations and professional bodies is an integral part of the journey towards healing for many of those affected by past forced adoption and family separation.

Accountability is demonstrated by expressing sincere regret for any part played in forced adoption and removal policies and practices, and taking steps toward meaningful restorative activities, such as "truth and reconciliation" processes.

Findings from the Senate inquiry (Senate Community Affairs References Committee, 2012) and the AIFS national study (Kenny et al., 2012) identified that rather than direct compensation schemes, restoration activities could focus on providing resources to meet the current needs of those affected. Restoration activities may 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;
- providing opportunities for truth-telling, storytelling and acknowledgement; and
- assisting with overcoming shame and recognising past actions through public activities and community awareness campaigns.

Questions to consider in planning delivery of services that demonstrate ACCOUNTABILITY

☐ Is our organisation transparent about our own past or current involvement with adoption? For example, is there a prominent disclosure statement included on our website and relevant brochures about our involvement?

  ☐ If applicable, have we made a formal and public apology to those affected for our past involvement?

  ☐ If applicable, do we have a disclosure protocol for when staff first have contact with a service user (including professional groups such as social workers, doctors and other welfare workers who may be perceived as "compromised" because of their involvement in past practices)? This extends to professionals who have personal experiences with adoption (e.g., are adoptive parents themselves).

☐ Do we have a procedure in place to refer service users to alternative organisations if they are uncomfortable using our agency?

☐ Do our current practices/policies reflect learnings from past mistakes, particularly in the current adoptions field? (For example, do we provide education for prospective adoptive parents; or joint training for those working with permanency planning in the child protection field, current local and overseas adoptions, or adults affected by forced adoption and family separation.)

☐ Do we have formalised complaints processes in place that are known and readily available to service users?

☐ Is our organisation/group overseen by an independent governing body (e.g., by a board or committee)?

☐ Where applicable, does our organisation employ an independent mediator who facilitates searching for and exchanging information?

☐ Do we routinely collect and record administrative data, including referrals and service uptake?

Accessibility

The ability of those affected by forced adoption and family separation to readily identify and easily use services is one of the most challenging aspects of achieving quality service provision across the broad continuum of need.

Accessibility is demonstrated when services prioritise the needs of service users in a way that ensures optimum availability of support, advice, referral and information.

Agencies, departments and professional associations can make their services more accessible by analysing what barriers might exist, such as hours of operation, cost,

location, gender or other aspects of staffing profiles, capacity for longer term service engagement, and so on.

Importantly, meeting the ongoing needs of those affected by forced adoption should not be contingent on their capacity to pay for services. Obtaining information and making and/or maintaining contact with lost family members are significant aspects of healing and recovery for some. Ideally, costs associated with these activities should be considered within the same context as any mental and physical support needs.

> ## Questions to consider in planning delivery of services that demonstrate ACCESSIBILITY
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> ☐ Does your service have dedicated staff who are responsible for providing services to those affected by forced adoption and family separation?
>
> ☐ Do staff who are the first point of contact for service users have knowledge or have undergone training regarding forced adoption policies and practices and their associated effects?
>
> ☐ Does your service have policies that ensure staff respond to requests in a timely manner?
>
> ☐ Are your hours of operation flexible and do they cater to those who are engaged in the workforce?
>
> ☐ Do you offer services in remote locations?
>
> ☐ Does your service cater to those who unable to physically access the service?
>
> ☐ Are your services offered at a low cost or entirely free of charge?
>
> ☐ Can your service provide counselling and support on an ongoing/longer term and flexible manner, or does it have formalised arrangements in place to refer clients to organisations that can provide such services?

Efficacy and quality

In the context of service provision, efficacy means that the types of services that are being offered to clients have been demonstrated to be helpful; that there has been a positive change as a direct result of the way clients have been receiving support.

Achieving efficacy therefore requires an investment in *measuring* the success of services being provided. This is generally achieved through ongoing evaluation (by using, for example, client satisfaction surveys, or assessments of their wellbeing prior to and again after receiving the service, to see if things have changed for the better. (See Stewart, 2014, for more information about how to undertake evaluations in your workplace.)

Quality is about having good standards. Do the services provided measure up against the practices of other organisations/services in a similar field?

A very simple example here is comparing general practitioners at a local medical centre. All may technically have the same qualifications; however, are patients more

likely to continue seeing a doctor on an ongoing basis who listens to the presenting needs, invests time in ensuring they have completed a thorough investigation/assessment of all potential issues, and demonstrates a level of care and empathy, or the doctor who rushes through the appointment and takes little time to assess the patient's needs to the degree required?

Questions to consider in planning delivery of services that demonstrate EFFICACY AND QUALITY

- ☐ Are staff well-informed and do they have a demonstrated understanding regarding past forced adoption policies and practices and associated effects?

- ☐ Does your service demonstrate sensitivity to the needs of those seeking support (confidentiality, discretion, language used, etc.)?

- ☐ Are staff appropriately trained regarding adoption issues? That is, can your service address issues and problems associated with grief and loss, trauma, identity, shame, guilt, rejection, anger/hurt, difficulties in maintaining friendships or close relationships with family (attachment issues), anxiety, and self-confidence ?

- ☐ Are training/professional development opportunities available to staff on an ongoing basis?

- ☐ Does your service clearly articulate the conceptual underpinning of its model of service delivery?

- ☐ Does your service routinely collect information/data that can be used to assess (and address) the quality of the services you provide?

- ☐ Does your service evaluate the effectiveness of the program/service offered?

- ☐ Is external clinical supervision available to staff?

- ☐ Are your agency's services tailored to the relevant "stage of the journey" of clients?

- ☐ Are clients' expectations at commencement of support managed, particularly in relation to search and contact?

- ☐ Is support and follow-up from your agency provided on an ongoing basis?

Diverse service offerings

The information presented in this resource has shown that the experiences of those affected by past adoption and family separations are incredibly varied. People will view their needs through very different lenses at different stages in their lives. For example, an adopted individual may have had an interest in obtaining their original birth certificate as soon as they turned 18, but not wanted to go any further at that time. However, becoming a parent themselves at a later stage may trigger a desire to find out more about their family/biological history, the circumstances surrounding their adoption, and perhaps making contact with family members from whom they were separated.

Client choice is therefore an essential part of getting an effective service system right; a one-size model will, of course, not fit all.

In addition, taking into account more broadly of the "ripple effects" of past forced practices on other family members (such as subsequent partners and children, or the grandparents of mothers and fathers) is an important component of optimum service delivery. The AIFS national study (Kenny et al., 2012) found that other family members were likely to seek support for either themselves or their loved ones who had been directly affected by past practices. However, those who sought support found it difficult to find services that were able to adequately meet their needs. As an identified service gap, it is essential for services to consider broadening their service delivery focus to include other family members.

Questions to consider in planning delivery of services that demonstrate DIVERSE SERVICE OFFERINGS

☐ Are options for both professional and peer supports available to service users:

☐ through your own organisation?

☐ via referral to adjunct service providers?

☐ Are options available that suit a range of levels of participation that service users feel comfortable with?

☐ Are support groups offered for clients with a mix of experiences, such as mothers, fathers and adopted individuals?

☐ Is there the option of specialist groups, such as mothers meeting on their own, or just adopted persons?

☐ Are services provided at a range of support levels, such as:

☐ access to a support person, both onsite and in follow-up;

☐ directly through your service; and/or

☐ through formal links with or referral pathways to other organisations?

☐ Is support, education and information readily available for other family members?

☐ Are there other agencies available that are independent from any past practices so that clients are not affected in their recovery journey or experiences with the service system more generally?

Continuity of care

One of the most important factors when considering the achievement of "good practice" in health and welfare service systems in general is the establishment and maintenance of functional networks, including both professional and informal services.

Direct services and supports for those affected by past adoption and family separation relate to a continuum of care that recognises the importance of appropriate and

targeted responses to all levels of engagement in any support system. This ranges from the first point of seeking information about a lost family member, to the lifelong need for some people with multiple, complex issues to move in and out of service systems.

Not all people will need intensive levels of support; nor may obtaining identifying information about lost family members necessarily be the only area of need that a person requires assistance with in their lifetime. It is therefore essential that there are established working relationships between service providers that promote a seamless response to individuals navigating the service system (see <aifs.gov.au/projects/forced-adoptions-community-practice> to access the Institute's resource for effectively establishing and building networks).

Continuity of care is closely tied with the need for diversity in support options available to those affected, as service continuity allows for flexibility in the way in which individuals can choose to participate (or not) at any stage of their journey.

Questions to consider in planning delivery of services that demonstrate CONTINUITY OF CARE

☐   If your own service is unable to meet the full range of presenting needs of service users, are there formalised links or arrangements with other relevant services for referral or shared care arrangements?

☐ Are adoption-related supports incorporated into existing services and referral networks (such as Family Support Program services or Medicare-funded psychological services)?

☐ Are regular networking activities undertaken, both within and external to adoption-specific agencies?

☐ Are awareness-raising activities regarding the history and effects of forced adoption and family separation prioritised in your organisation?

Types of services for those affected by forced adoption

More detailed information is provided in this section about the types of services that are available to those affected by forced adoption and family separation, which may be useful for providers who are not directly "in the know".

Further to the more general overview provided, we outline a number of key points for consideration for those working in each of the identified service provision areas. The aim is for employees (particularly those at a management level) in these services to take the opportunity to reflect upon some of the main areas identified by service users as being deficient, and provide information and strategies that can be used to enhance the quality of the services being provided.

Information services

Fast facts

- Information services generally refer to state/territory government-run services (e.g., the offices of births, deaths and marriages) that assist people to access their adoption records, but may extend to hospitals and other institutions involved in the arrangement of past adoptions.

- Relevant laws pertaining to adoption are applied in each state/territory (such as the type of information that is available and the parties to whom it is made available).

- Information services sometimes offer short-term counselling on the receipt of adoption information.

- Delivery of information requires a high degree of sensitivity, understanding and empathy.

For many individuals affected by adoption, obtaining information about themselves (e.g., adopted individuals, mothers and fathers) or a lost family member is often the first experience they will have of engagement with a service. It is therefore important that this experience is as positive for the individual as possible.

A key finding of the AIFS national study (Kenny et al., 2012) was that staff in government and non-government agencies responsible for holding and distributing adoption information need to receive specialised training in how to sensitively and effectively manage sharing this information and the likely emotional reactions from those receiving it.

Why is a more sensitive approach required?

Participants in the AIFS national study (Kenny et al., 2014) stated that one of the most helpful aspects of information, search and contact services was the attitude of the staff—their capacity to be understanding, sensitive, respectful, professional and knowledgeable of the issues faced by those affected by past adoption and family separation.

How staff interact with people seeking information about themselves and/or other family members can be the "make or break" moment for some. Professionals must take a sensitive approach as they do not know what clients may have experienced in their adoption journey, what it has taken for them to reach a decision to seek information, and what the consequences of seeking information may be for them and their loved ones.

What issues may confront frontline workers?

The following provides examples of common types of service users and the types of issues their enquiries might raise.

Adopted individuals applying for original birth certificates

While not all adopted individuals will find the experience of receiving their original birth certificates challenging, for many, it can be a complex and emotional journey. Some jurisdictions have mandated a compulsory counselling session that coincides with the receipt of original documents, which is one way of at least providing individuals with the option of support, regardless of whether they may feel they need it or not at that point in time.

Late discovery adoptees

The veil of secrecy surrounding adoption was perpetuated through the predominant attitude of the time, that the adopted child would assimilate more readily with their adoptive family if they were not informed of their adoptive status.

Therefore, there are individuals who only discover that they were adopted well into adulthood, often after their adoptive parents have passed away. A common way in which a person discovers their adoptive status is when they need to obtain a birth certificate. They may be asked a question such as "Which birth certificate do you need a copy of?", or the adopted person may notice that their document has different information on it compared to others.

Mothers and fathers who experienced forced separation from their child

Many women have reported that they still experience issues such as guilt, shame and unresolved grief as a result of the forced removal of their child. Trauma-related conditions are common among this group. As discussed above, the secrecy surrounding adoptions was common. For many mothers and fathers separated from a child by adoption, the pregnancy, birth and subsequent removal of their children was kept a secret. Not only was this the case for them at the time of the adoption, but the secrecy continues for some to the present time. It may be that no one else knows about the child from whom they were separated.

An additional complexity (and tragedy) exists for those women and men who were told their babies had died at the time of their birth, only to later find out (sometimes decades later) that this was, in fact, untrue.

What can service staff do to better understand forced adoption and past family removal practices?

- Contact your local post-adoption support service and invite someone to come and speak to your team.

- Read the information that is available about past practices so you are well-informed and understand the issues associated with adoption for all members of the adoption circle (see the list of resources/further reading).

- Ensure ongoing training opportunities are available to frontline workers.

Some dos and don'ts

- Do respond to requests for information in a timely way.

- Do check first what information clients are expecting or hoping to receive.

- Do deliver information in a sensitive and respectful manner. Remember, you don't know what the experience of the person seeking information is.

- Don't respond to a request if you're not sure about the type of information you are providing. Ask someone who will know.

- Do offer contact information of adoption support services in your area.

- Do make sure service users are aware of your complaints processes.

- Do be open to the feedback you receive from clients about how you/your organisation conduct your services.

Summary

Good information services (including identifying information and providing access to personal records) are:

- delivered by trained staff;

- responsive to requests in a timely way;

- accessible (e.g., via moderated websites, and/or 24-hour phone lines);

- provided with sensitivity to the needs of those seeking it (confidentiality, discretion, language used, etc.);

- relevant to the "stage of the journey" of individuals;

- provided with a range of support levels (e.g., access to support person, both onsite and in follow-up);

- proactive in providing advice and information about what to expect throughout the entire journey, not just about how to search; and

- accountable in regard to poor levels of professionalism by providing formalised complaints processes to service users.

Search and contact services

Fast facts

- Search and contact services provide information and support, short-term counselling, and assistance (where required) in making contact and mediation between parties to an adoption.

- Organisations providing assistance with the search and contact process will frequently use state and territory information services (and often have well-established relationships with these government departments).

- Delivery of information requires a high degree of sensitivity, understanding and empathy and, generally, staff in search and contact services are well trained.

The decision to embark upon searching for information about lost family members is, in most instances, one that is made with careful consideration. People who choose to look for their relatives can engage the assistance of a search and contact service, which can work directly with the client, or support an agency that the client has already contacted and/or built a relationship with. Search and contact services have a wide client base and are not specialised in only providing services for people affected by forced adoption and family separation.

The types of services offered can include information and support, short-term counselling, and assistance in making contact and mediation between parties to an adoption.

What issues might frontline workers face?

The outcomes of searching for and potentially making contact with lost relatives are often not what the searching individual expects. It is therefore important to manage the expectations of clients early in the engagement process.

The complexity of problems that individuals affected by forced adoption can be confronted by when faced with the prospect of having contact with lost family members should never be underestimated. They may be managing issues like guilt, secrecy, abandonment, other family members' reactions, divided loyalties and loss of trust.

Formal contact vetos, death, missing/destroyed records, an unwillingness of parents to be contacted and a lack of information that is available to make a search successful are all possible negative outcomes. Another very real possibility is that some parties to an adoption may not even be aware of their involvement (e.g., adult adoptees who may not be aware of their adoptive status; fathers who were not informed of the pregnancy, either intentionally or due to circumstances outside the mother's control, such as being involved in wars or other conflicts; or mothers who were informed that their babies had died at birth). These types of situations require an extremely delicate, sensitive and respectful approach from frontline staff, and applied to all parties involved.

Where family members are able to be located and also willing to proceed with establishing contact with the searching party, it is recommended that this process be taken slowly, and at a pace that all parties feel comfortable with. "Rushing" any type of contact can jeopardise the chances of a successful outcome for either one or all parties.

The current capacity of online technology and social media to help locate lost family members is a delicate area in many senses, not least of which are the legal issues involved in making contact with someone who does not wish to be contacted. Always make sure clients are aware of the legal ramifications of contacting a family member using informal avenues (e.g., it is an indictable offence in Queensland if a client contacts someone informally when a contact veto is in place).

What can service staff do to better understand forced adoptions?

- Contact the funded Forced Adoption Support Service in your state/territory for up-to-date information regarding legislative and other changes that may have occurred in your jurisdiction.

- Contact your local post-adoption support service and invite someone to come and speak to your team.

- Keep up-to-date with the latest research on good practice when working with those affected by past forced adoptions.

- Ensure information is made available about past practices so staff are well informed and understand the issues associated with adoption for all members of the adoption circle.

- Ensure ongoing training opportunities are available to frontline workers.

Some dos and don'ts

- Don't promise what you can't deliver.

- Don't push clients to go at a pace that they're not comfortable with.

- Do address expectations before any contact is made and provide ongoing support afterwards.

- Do encourage all parties to try and be respectful of each other's decisions/choices, no matter how difficult they might be to accept.

- Do check in with how clients are travelling on an ongoing basis. This may seem an obvious point to make, but it is an important one given that the evidence tells us that many of those affected by past forced adoption and family separation are likely to have poorer mental health and wellbeing than the general population.

- Do respond to queries in a timely manner.

- Do be impartial.

Summary

Good search and contact services:

- enable access to counselling and ongoing support during the search and contact journey;

- provide advice and information about what to expect throughout the entire journey, not just about how to search;

- try to make sure staff are available as required, so that they can be a point of contact when/if needed, and operate with flexible hours to accommodate the varying needs of service users, including meeting the needs of those living in more remote locations, where access to a physical site may be impossible;

- provide ongoing support and follow-up from the agency involved, in acknowledgement that for those affected, it is not just about getting the information and then being left to deal with the outcomes of contact;

- make support, education and information for the other family members readily available; and

- use an independent mediator wherever possible to facilitate searching for information and exchanging information.

Professional services and informal supports

Fast facts

Professional services

- General practitioners are often the first port of call for those affected by forced adoption who may seek assistance for seemingly unrelated issues. GPs should never make assumptions about the effects an adoption experience may have had on their patients.

- Therapeutic services may be provided to those affected by forced adoption and family separation by specialist health and allied health professionals, such as psychiatrists, psychologists and social workers.

  – Referral to specialist therapeutic services generally occurs via post-adoption support services, peer support groups and, commonly, word-of-mouth.

  – The quality of therapeutic services is highly variable given the deficiency of public awareness regarding forced adoptions, and the subsequent lack of available professionals who are well versed in treating the issues experienced by affected individuals.

- Training opportunities and the development of practice guidelines/standards to enhance the skills, knowledge and experience in this specialised field are currently being developed.

Fast facts

Peer (self-help), advocacy and informal support groups

- In the absence of appropriate professional services, peer and informal support groups have a longstanding history in the provision of support to those affected by forced adoption.

- These groups are typically run and facilitated by members who have had a personal experience of forced adoption.

- One of the distinctive aspects of peer support is that it can provide a degree of understanding from others with a similar personal experience of forced adoption. These groups play an important role in the validation and acknowledgement of the experiences of participants.

- Groups often vary in their focus of support. For example, some groups are open to all parties involved in adoption (mothers, fathers, adopted person, adoptive parents, as well as other family members), while others provide services specifically for one or two parties, most often mothers and/or adopted persons.

- The types of services provided may include regular group meetings, online discussion forums, information sharing and advocacy, but vary depending on the size and capacities of the group (e.g., funding, location etc.)

The breadth of need of those affected by forced adoptions is incredibly wide. For many individuals, simply finding out information about themselves or their family members is all they need support for. Others will have had experiences that have affected them (and often their loved ones indirectly or as a consequence of these experiences) so badly, that they may require intensive and ongoing psychological, physical and social therapeutic intervention. So the spectrum of service supports is complex and often very difficult to facilitate in a way that makes sure there is a "best fit" for those seeking support.

Fortunately, steps are being taken to address the gaps currently existing that have been highlighted in this resource. In particular, the development of training and practice resources for those in professional and allied health fields who historically have had limited to no understanding of forced adoptions and the resulting health and social effects on their clients/patients. These resources will be of benefit also for non-professional services that have been providing support of a more informal nature to those affected by forced adoption.

What issues may confront frontline workers?

Professional services

Sometimes the presenting need of a client/patient (e.g., high-prevalence mental health disorders such as anxiety and depression, or more complex conditions like borderline personality disorder, PTSD, complex PTSD, and attachment disruption) may not be understood as being directly related to their forced adoption experience, and symptoms

may remain unexplained or even misdiagnosed. Alcohol and other drug issues, homelessness, and physical health issues are also common among those affected by forced adoption, and can remain inadequately addressed as a consequence of not having a full understanding of a client/patient's history.

Service users have also reported that they often feel frustrated by the need to "train" their therapist or other treating professional on the effects of forced adoptions, and how this relates to their medical, psychological or other social presentation. Conversely, service providers have expressed frustration at the lack of disclosure by their clients with regard to having had an adoption experience, and how this may interfere with providing appropriate intervention or referrals to more experienced professionals in this particular area.

This is, of course, not an easily solved problem. Many people affected by forced adoption do not feel comfortable disclosing their adoption experience for a multitude of reasons, such as feeling they will not be believed or they will be judged, or being unsure about whether what they are going through is related.

It is therefore essential that professional health service providers complete a thorough assessment that includes questions about whether or not the service user has had an adoption experience, and whether this experience is related to their current (or previous) presentation.

Peer (self-help) and informal support groups

The increasing awareness of forced adoption and family separation (and subsequent government responses) can be largely attributed to the lobbying of individuals and groups that have over a number of decades been providing informal and/or peer support to those affected. Without the commitment and tenacity of such people and associated groups, many thousands of people would have been left without any level of support to this point in time.

An area that peer, advocacy and informal support groups need to be mindful of, however, is that concerns have been raised about the possible re-traumatisation of members when groups (both face-to-face and online) are not moderated appropriately, or where different philosophical ideologies exist regarding aspects of adoption experiences and are not respected by other group members (e.g., adult adoptees may have a close relationship with their adoptive parents, and mothers may feel this is a betrayal given the illegal/immoral/unethical nature of many adoptions).

Information obtained in the AIFS national study (Kenny et al., 2012) and the Senate inquiry (Senate Community Affairs References Committee, 2012) found that it is not appropriate for counselling services to be promoted as a part of the suite of services that informal groups can provide unless there are trained professionals providing such therapeutic interventions.

In addition, because many groups are self-governed, levels of accountability are often lacking should an individual have a negative or traumatising experience and wish to make a complaint. It is therefore recommended that peer, advocacy and informal support groups undertake training in governance and accountability measures.

What can service staff do to better understand past forced adoptions?

- Access the [research undertaken by AIFS](#), which provides extensive information about past practices, current service and support needs, and other important reading at: <aifs.gov.au/our-work/research-expertise/past-adoption-and-forced-family-separation>.

- Contact the Forced Adoption Support Service in your state/territory to find out about any resources/training that may be available in your area.

- Keep up-to-date with the progress of [guidelines for practitioners](#) being developed by the Australian Psychological Society (funded by the Department of Health) at: <www.psychology.org.au/forced-adoption/>.

- Keep up-to-date with the Forced Adoption Support Services in each state and territory and their call for membership to their associated local networks.

- Keep up-to-date with the progress of the Good Practice Standards being developed by AIFS (funded by the Department of Social Services) at: <aifs.gov.au/projects/forced-adoptions-community-practice>.

Some dos and don'ts
Professional services

- Do ask questions! For example: Do you have an adoption experience?; Do you think your presentation today may be related to this experience?

- Do act with sensitivity, understanding and patience. This is not an easy area for many people to discuss.

- Do put your own feelings, experiences, beliefs and any judgements aside.

- Do listen to the expertise of your patients/clients. Remember, they have most likely been dealing with their issues independently for some time, and they know what they are talking about!

- Do share your gained understanding of forced adoption and associated effects throughout your professional networks.

- Do ensure that self-care is a priority for staff who are dealing with traumatic material (including the value of clinical supervision, reflective practice, peer-support etc.)

Some dos and don'ts
Peer and informal supports

- Do know the limits of your service and be prepared to refer on.

- Do be open to change how you provide your services.

- Don't discriminate based on an individual's place within the "adoption circle".

- Do develop internal standards for acceptable behaviour, particularly on social media.

- Do value diversity.

- Do have good governance, such as a formal constitution, membership forms requiring people to agree to standards of behaviour, and an external complaints process.

- Do clearly define the nature of the services and what service users can expect.

- Do provide resources and supports for leaders (such as training in managing trauma and dealing with conflict).

- Do actively network with other groups and agencies (for training, referrals and professional support).

Summary

Quality professional and informal supports:

- incorporate adoption-related supports into existing services (such as Family Support Program services, or Medicare-funded psychological services);

- provide options for both professional and peer supports;

- address trauma, loss, grief and identity issues;

- sensitively enquire about a person's adoption experience;

- have formalised referral processes in place with adoption-specific service providers/professionals with experience in working therapeutically with those affected by forced adoption;

- have formal processes in place for service users to provide feedback and make complaints; and

- provide ongoing training opportunities for staff.

Let us know what you think

AIFS acknowledges that the real experts in this sector are those working "on the ground" with clients, and that it is important that our resource sheets are relevant and useful to service providers. We welcome any feedback you may have about what has been helpful, what you think we could do to improve this resource sheet, or anything else that might be useful. Please send feedback to:

Email: <pap@aifs.gov.au>

Phone: Freecall 1800 352275

Resources

For [further reading and links](#) to other resources, go to: <aifs.gov.au/our-work/research-expertise/past-adoption-and-forced-family-separation>.

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