

Outcomes of Open Adoption from Out-of-Home Care in Australia

Executive Summary

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Barnardos
Australia

"The difference was, that they were going to be mine and I was going to be theirs."

Young man, permanently placed at 8 years

"Adoption will literally change your life, mostly for the better. Although there is a lot of emotional stress and confusion, there is also a sense of stability in your life. You feel like you belong to someone and are part of a family, as though you are worth being cared for."

Young woman, permanently placed at 8 years

"Never give up ... When you make the commitment it's got to be for life."

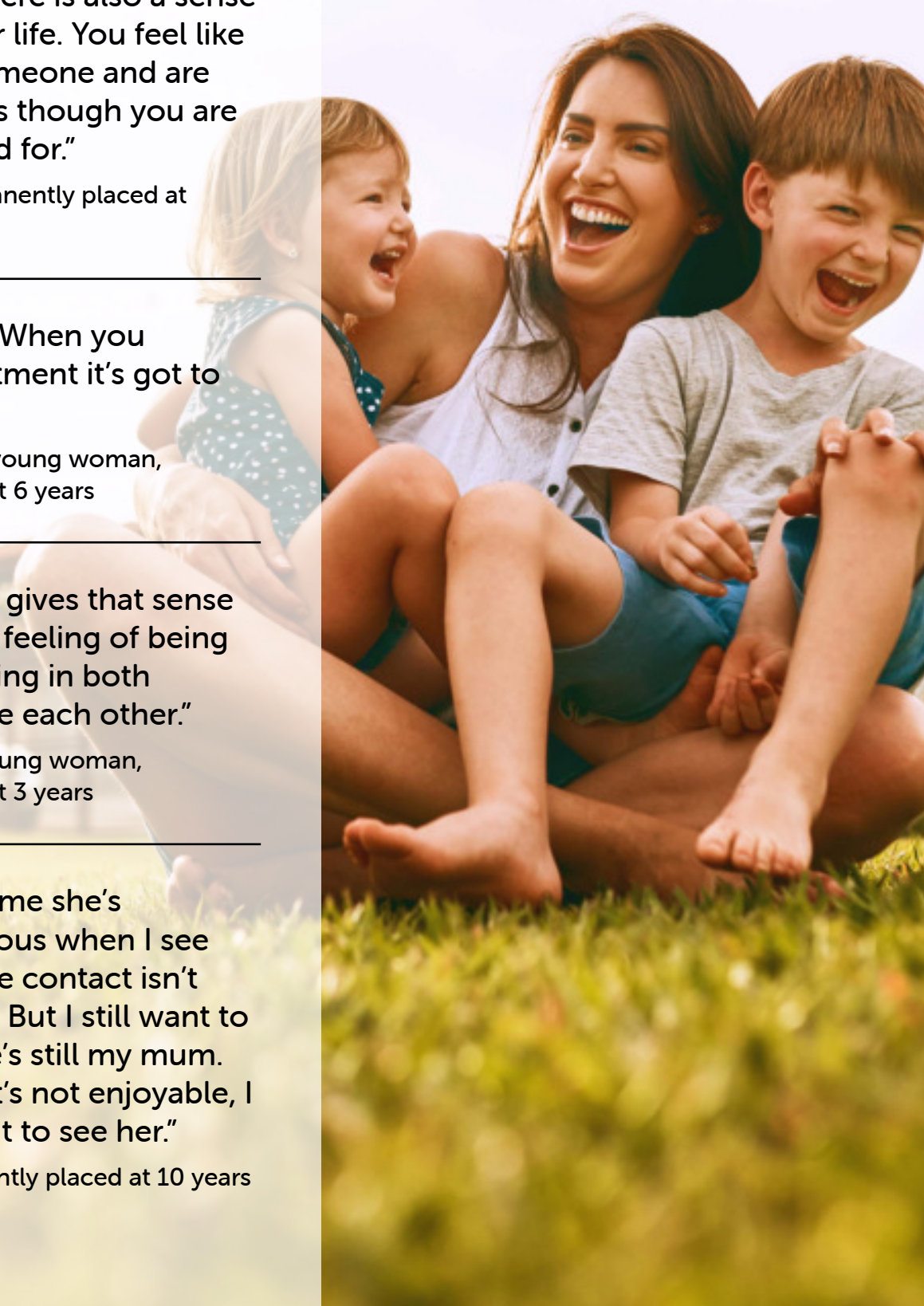
Adoptive parent of a young woman, permanently placed at 6 years

"[Open adoption] gives that sense of belonging and feeling of being in their family, being in both families, alongside each other."

Adoptive parent of young woman, permanently placed at 3 years

"So most of the time she's stressed and anxious when I see her. Therefore, the contact isn't enjoyable for me. But I still want to see my mum. She's still my mum. So even though it's not enjoyable, I wouldn't not want to see her."

Young man, permanently placed at 10 years



Outcomes of Open Adoption in Australia: About the project

The key findings in this Executive Summary are drawn from a landmark research project into the outcomes of open adoption from out- of-home care. The study focussed on the 210 children and young people who were adopted through Barnardos Australia between 1987 and 2013. The program did not knowingly accept Aboriginal children. Despite the increasing use of adoption to provide permanence for abused and neglected children in out-of-home care who cannot safely return to their birth parents, relatively little is known about the needs, experiences and outcomes of those involved.

The project is a collaboration between the Universities of Oxford and Loughborough UK and Barnardos Australia. The researchers explored the characteristics, antecedents and experiences of the birth parents, adoptive parents and the children at the time they first entered their adoptive homes, and then traced the subsequent life trajectories of 93 (44%) of the adoptees until 2016, an average of 18 years after placement. This unique study of 'hard to place' adoptees and the adults who are most important in their lives is the first longitudinal research study of open adoption to have been undertaken in Australia.

The full report of the Study is currently being finalised and will be released in 2020. For information on the project team and the latest updates on the research see:

Rees Centre Oxford University project page: education.ox.ac.uk/research/outcomes-of-open-adoption-in-australia/

Barnardos Australia project page: barnardos.org.au/what-we-do/the-centre-for-excellence-in-open-adoption/research-underway/

Introduction

Adoption entails the permanent transfer of legal rights and responsibilities for a child from birth parents to adoptive parents. Inevitably, this can be controversial. In much of continental Europe 'domestic' adoptions (of local children placed with adoptive parents to whom they are not related) are relatively rare, because the rights of birth parents are considered to be virtually inalienable. In the UK and USA, adoption has increasingly been seen as an integral part of the child protection system, offering the possibility of permanency to abused and neglected children who cannot safely return home. Until recently, the legacy of past injustices and illegal practices has prevented Australia from following this route. However, reforms introduced in New South Wales through the Child Protection Amendment Act 2014 have seen the beginnings of change, and over the past few years the number of children adopted by foster carers has shown a slight rise. Greater understanding of the information and communication needs of adoptees has led to a stronger policy commitment to openness in the UK and USA; nevertheless, New South Wales and the Australian Capital Territory appear to be unique in requiring domestic adoptions to be fully 'open', by both legislating for, and implementing face-to-face post adoption contact between adoptees and birth parents as a prerequisite of the adoption order. The impact of this requirement is of international interest.

The Barnardos Find-a-Family program

Since 1985, the Barnardos Australia Find-a-Family program has been licensed to provide adoption services for a small number of non-Aboriginal children in out-of-home care. The program was introduced in New South Wales with the aim of exploring the possibility of developing open adoption as a service for abused and neglected children whom the Children's Court had already placed on care orders with a plan of 'permanent care'. The program was initially aimed at providing permanent homes for children who had been identified as 'hard to place' with long-term foster carers by virtue of age, behaviour and/or being a member of a large sibling group. Although in later years the entry criteria changed to focus increasingly on younger children including, from 2010, new-born infants, the objective has always been to provide a route to permanence for abused and neglected children in care who could not safely return home. Barnardos does not accept Aboriginal and Torres Strait Islander children for adoption; instead the organisation supports Aboriginal foster care agencies to whom these children are referred so that their cultural identity can be preserved.

At entry to Find-a-Family, children are placed with permanent foster carers. They are not assessed for adoption until after they have settled, and about half of those accepted by the program are eventually adopted. As with all adoptions in New South Wales, all children adopted through this program have explicit and detailed arrangements made for ongoing regular contact with birth family members to meet their identity and cultural needs. More than 300 children have been adopted through the program since 1987.

The study

This report presents the findings from a longitudinal research study that traced the needs, experiences and outcomes of the 210 children who were adopted through Find-a-Family between 1987 and 2013.

The study explored the characteristics, antecedents and experiences of children, birth parents and adoptive parents at the time the children first entered their adoptive homes, and then traced the subsequent life trajectories of 93 (44%) of the adoptees until 2016, an average of 18 years after placement.

Aim

The overall purpose of this study was to explore the value of open adoption as a route to permanence for abused and neglected children in out-of-home care in Australia who cannot safely return to their birth families. The primary objective was to assess the outcomes of open adoption from care. Within this context the study asked which factors contribute to positive (or negative) life trajectories for adoptees; how adoption is experienced by adoptive parents and adoptees; and how adoptees perceive their experiences. The study also explored whether adoption provides a better chance of permanence and more positive outcomes than long-term foster care for children whose previous experiences have been marked by extensive adversity. It also examined whether open adoption, entailing continuing face-to-face contact mandated by the courts as part of a legally enforceable adoption plan agreed by all parties, can avoid some of the detrimental consequences of past policies in which adoption was shrouded in secrecy and children frequently grew up with a conflicted sense of identity.



Methodology

This is a mixed-methods longitudinal study, undertaken in three stages. Baseline administrative data concerning all 210 adoptees, their birth parents and adoptive parents, collected at the time of the adoption order and held on case files and other records, were harvested. Follow-up data were then collected through an online survey completed by adoptees and adoptive parents between June and October 2016, between 5 and 37 years after placement. Finally, in the following year (2016-2017), a subset of adoptees and adoptive parents who had responded to the survey were interviewed. Most data collected from the case records and the survey were quantitative and these were analysed using the statistical package SPSS; qualitative data from interviews and a small number of free text questions on the survey were subject to thematic analysis.

Not all of the 210 adoptees and 138 adoptive parents in the original cohort were invited to participate in the survey. Two adoptive parents (in one household) and five adoptees were known to have died; a further 29 adoptees and 30 adoptive parents could not be traced. Eight adoptees were considered too young to take part, although their adoptive parents were invited to do so. Altogether 168 (80%) adoptees and 107 (78%) adoptive parents were invited to participate in the online survey; and this produced responses concerning 93 adoptees: 47 from adoptive parents and adoptees; 39 from adoptive parents alone and 7 from adoptees alone. These 93 adoptees form the core follow-up sample. Attempts to trace non-participants led to the collection of some minimal data on a further 31 adoptees, with the result that some follow-up data are available on 124 of the original 210 children in the sample.

The 93 adoptees in the core follow-up sample were compared on a number of key

variables with the 117 adoptees for whom there were no follow-up data, in order to ascertain whether there was any significant sample bias. The only statistically significant difference was that, at the time of first notification of maltreatment, the follow-up sample were, on average, 11 months older than those adoptees for whom only baseline data were available.

Twenty adoptees and 21 adoptive parents took part in interviews; 34 of these were dyads (i.e. adoptees and adoptive parents who were related to one another through the adoption). All dyads were interviewed separately. Altogether, interviews focussed on 24 adoptees: 13 young men and 11 young women.

This is a highly sensitive study that collected confidential, and often painful, information from a wide range of participants. Ethical approval was sought and obtained from Barnardos Australia and from Loughborough University, UK (where some of the research team were originally based).

STRENGTHS AND WEAKNESSES OF THE STUDY

One of the strengths of the study is the extensive involvement by Barnardos staff in fieldwork and in recruiting the follow up sample. While this may well be why the response rate for the follow-up survey and interviews is relatively high by the standards of adoption research, their involvement led to concerns about a potential conflict of interest and the difficulties the agency would encounter in attempting to avoid subjective interpretations of data. In order to ensure objectivity, academic researchers with no connection to Barnardos were appointed to lead the project and to undertake all data management and quantitative and qualitative analysis. They were further supported by a local independent research advisory group and an independent academic adviser.

Key findings: Before the adoption

ISSUES FACING THE BIRTH PARENTS AND THEIR IMPLICATIONS FOR OPEN ADOPTION

Comprehensive information was available on all birth mothers and on most (85%) of the birth fathers, only 17 of whom were unknown. Almost all the birth parents were Australian, New Zealanders or European. The many challenges that they faced shed some light into the children's experiences before being placed in out-of-home care and provide a context for evaluating open adoption. Birth parents showed a high incidence of factors that are known to be associated with recurrent child abuse. About a third of the birth mothers had experienced abuse in their own childhoods, and one in six had been in care. In adulthood, almost all birth parents were struggling with complex combinations of factors such as mental ill health, drug and alcohol abuse and domestic violence that placed their children at risk of harm. For some parents these factors were exacerbated by cognitive impairment. Before the children were born, almost half the birth mothers were known to statutory child welfare services, and nearly a third (29%) had already experienced the permanent removal of at least one child. There are indications that birth fathers had similar experiences, although missing data make comparisons difficult. Many birth parents had difficulties in making and sustaining relationships – only 10% were still in a relationship with each other at the time the children entered their adoptive homes. At the time of the adoption order, almost a quarter (23%) of the birth mothers and over half the birth fathers (60%) had already lost contact with their children.

CHILDREN'S EXPERIENCES BEFORE ENTERING THEIR ADOPTIVE HOMES

There were similar numbers of boys and girls in the cohort of adoptees, and over half (58%) of them entered the program with at least one sibling. Almost half the adoptees

(49%) were four years old or more when they entered their adoptive homes. Before being separated from birth parents, almost all the adoptees had experienced serious, and often multiple, forms of maltreatment. This had been the primary reason for removing over 90% of them from home. A high proportion of them (58%) had a health condition or developmental delay; some of these were related to early experiences of maltreatment. Adverse Childhood Experiences (ACEs) related to negative life trajectories were common and indicated that, at entry to the program, the children were four times more likely than the general population to experience adverse outcomes in adulthood (Felitti et al, 1998).

Delayed decisions to place in out-of-home care, followed by further delays in achieving permanence, had increased the children's vulnerability: the mean length of time between notification of abuse and first separation was 11.5 months, and between first separation and permanent placement was 27 months. Moreover, in the period between removal from birth parents and achieving permanence, one in three (32%) children had experienced failed reunifications and almost half of them (48%) had three or more placements. Adverse childhood experiences before entry to care, compounded by harmful experiences in out-of-home care, as well as repeated exposure to grief and loss, are likely to have been factors underlying a high prevalence of emotional and behavioural difficulties. At entry to their adoptive homes, 49% of the adoptees were reported to have behavioural problems and 13% required support at the two highest care levels; at least 41% of them had accessed mental health services before the adoption order was made.

The research team categorised the children at entry to their adoptive homes according to the presence of eleven factors identified by other robust studies as increasing the

risk of negative life trajectories: all of the adoptees had experiences which reached the threshold on at least one of these factors, and over half them (57%) were identified as at high risk, having reached this threshold on six or more factors. It is likely that the adoptees were more vulnerable than the general population of children in out-of-home care in Australia – not only had they been assessed as requiring permanent protection, but also many had been selected on the explicit criteria that they were ‘hard to place’. Their extreme vulnerability provides a context for assessing their subsequent experiences.

THE ADOPTIVE PARENTS

Almost all the adoptive parents were heterosexual couples, although there was a small number who were single or in same sex relationships. Adoptive parents were better educated and significantly better off than birth parents. Most (96%) were living in owner occupied homes. Almost all secondary carers were in full-time work or self-employed, and most (62%) were in managerial positions or professional occupations; over half (59%) of the primary carers were also working outside the home. Adoptive parents were also on average ten years older than birth parents and had been in a relationship for much longer – most (69%) of them for ten years or more.

Considerable attempts were made to match children with adoptive families of the same ethnicity and culture, and these appeared to

have been mostly successful. Efforts were also made to place siblings in the same adoptive households: 77% of the children who had siblings were placed in intact groups of two or three, and only ten (8%) children who had entered the program with a sibling were placed alone. Almost half the adoptive parents took in more than one child, and about 10% of them adopted three or more. However, many adoptive parents already had children of their own (or another adoptee or foster child) still living with them, and meeting the often disparate needs of a complex household may have been a stressful task. Although about one in five (20%) adoptive parents had said that their primary motivation was to help a child, the vast majority (72%) had applied because they were infertile. Adoptive parents received a formal induction and training from Barnardos, designed to prepare them for some of the complex issues that they might encounter. They also received extensive support during what was often a lengthy period before the adoption order was made; after the order they were referred as far as possible to community-based services. Although the data suggests that the majority of adoptive parents were in a good position to offer a nurturing home to an adoptee, we also know that they faced a number of challenges. These included supporting children with extensive emotional and behavioural difficulties, parenting sibling groups with possibly diverse needs and managing face-to-face contact with birth parents.

Key findings: Progress and outcomes after the adoption

Data from the online survey and the interviews with adoptees and adoptive parents were analysed to explore the outcomes of adoption. The following findings mostly concern the 93 adoptees for whom extensive information was available at follow-up (just under half (44%) of the full cohort of adoptees discussed above). The 93 adoptees in this core follow-up group ranged in age from five to 44 years: 60 (65%) of them were aged 18 or over when they completed the survey, and more than one in three (37%) had been placed more than 20 years previously.

LEGAL, RESIDENTIAL AND PSYCHOLOGICAL PERMANENCE

There is substantial evidence to show that achieving legal, residential and psychological permanence (Brodzinsky and Livingston Smith, 2018) provides a positive context within which vulnerable children are most likely to achieve successful outcomes in adulthood. The adoptees all achieved legal permanence through their adoption orders; there is no evidence that any of them subsequently returned to out-of-home care.

The vast majority also achieved residential permanence: over half (56%) of them were still living with their adoptive parents, on average 13 years after placement, and the majority (71%) of those who had left, had done so for normative reasons (to study or to live independently or with a partner). There were some powerful examples of children achieving stability in adoptive homes after numerous placements in out-of-home care. Not all placements were successful: twelve adoptees had left their adoptive homes before their eighteenth birthday, indicating a relatively high breakdown rate of 13%, and about one in four placements were fragile in that the adoptee had left on at least one

occasion and had then returned. To some extent, these findings may reflect the age of the Barnardos adoptees and the policy to select 'hard to place' children. However, it is possible to compare the adoptees' experiences with those of young people who left care at a similar time (Cashmore and Paxton, 2007). The average age at which the adoptees had left home to live independently was 21, two to three years older than the care leavers. Moreover, a distinguishing factor was that they could and did return to their adoptive parents if things did not work out. Comparisons with normative data indicate that, while more adoptees than young people in the general population leave home in their teens, at least as many or more continue to live with their parents in their early twenties.

There was also strong evidence of psychological permanence. Almost all adoptees thought that their relationship with their adoptive parents had improved (64%) or stayed the same (26%) since they were adopted, and only a small minority (10%) thought it had deteriorated. At follow-up, over two-thirds (70%) of them thought they fitted in well with their adoptive families and almost all 'always' or 'mostly' thought that adoption had been the right decision for them: 83% considered that their adoptive family had been the greatest influence in their lives. Almost all adoptive parents regarded adoptees as fully integrated members of their family and most adoptees shared this perception. By the time they responded to the survey, most adoptees and adoptive parents had reached a point where they rarely thought about the adoption.

There is also evidence that these relationships endured. Almost all adoptees continued to receive financial and/or emotional support and to communicate

with their adoptive parents after they had left home. Even after a disruption, most adoptees continued to have a relationship with their adoptive parents. On the measure utilised by this study, only eight adoptees appeared to be poorly integrated, with no enduring relationship, or only a minimal relationship with their adoptive parents by the time they completed the survey. Comparisons with Australian population data showed that adult adoptees were more likely to be estranged or have minimal relationships with their adoptive parents than their peers in the general population. However, their relationship was twice as likely to persist into adulthood as that between care leavers and former foster parents as per the Cashmore and Paxman (2007) study.

POST ADOPTION CONTACT AND RELATIONSHIPS WITH BIRTH FAMILY MEMBERS

From the beginning of the Find-a-Family program, ongoing face-to-face contact between children and their birth family members was included as part of the adoption arrangement. This early voluntary arrangement was reinforced with the New South Wales Adoption Act 2000, when post-adoption contact was mandated by the courts as part of the legally enforceable adoption plan. Almost all adoptees continued to have some contact with birth family members after they were placed with adoptive families: 87% had continuing contact with at least one birth parent; 78% continued to see grandparents and/or other relatives; and 95% of those who had siblings had contact with them. Only four adoptees had no contact with any birth family members. Adoptive parents were expected to arrange visits and accompany the children to them. Face-to-face contact with birth parents and siblings took place about four times a year. By the time they completed the survey, on average 18 years after entering their adoptive homes, more than half the adoptees (56%) were still seeing at least one member of their

birth family; 40% of those adoptees who had contact with birth mothers at the start of the placement were still in touch with them, and 34% were still in touch with birth fathers. Post-adoption contact tended to reduce as the adoptees grew older: those who were still in contact were on average ten years younger than those who were not. Nevertheless, at the time of the survey, those adoptees who had maintained contact with birth parents had done so for an average of 14 years, and about one in three were now over 18 years old; five were over 30. There was no evidence to support the widespread concern that contact would destabilise the placement – in fact it was the few adoptive parents who discouraged or tried to prevent contact who had the least successful relationships with adoptees.

However, contact was often painful for all involved, and it did not result in the re-creation of happy families. Although in 40% of cases contact visits went relatively smoothly, over half (60%) of the adoptees and their parents found them problematic. Birth parents' adverse behaviour during the contact was the most significant problem: some arrived under the influence of alcohol or drugs, some were accompanied by the person who had abused the child, and some tried to undermine the placement. About one in three adoptees became very stressed before contact and their behaviour deteriorated. Nevertheless, contact persisted regardless of children's wishes until they were twelve, when they were considered to be of sufficient age and understanding to make decisions. Contact ceased for a number of reasons, often because birth parents died or disappeared; however, the most common reason, given in 36% of cases, was that the adoptee had decided to curtail it. The evidence suggests that contacts with birth family members need to be promoted according to the needs of each individual child, and carefully managed where there have been concerns about abuse. The same is true of placements with siblings: while many birth siblings who were adopted into

the same family had very close, mutually-supportive relationships, not all benefited from being placed together.

On the other hand, contact introduced a 'painful transparency': it reminded adoptive parents that they were not birth parents; clarified birth parents' problems and poor relationships with adoptees; and prevented children from fantasising about their birth families. It also forced birth parents and adoptive parents to have at least a minimal relationship and dispelled some of the negative myths they held about each other; some began to see one another as honorary members of an extended family. In the longer term, contact could support the adoptees' need to develop a strong sense of identity by incorporating knowledge of their antecedents, and it could mitigate the difficulties with attachment, separation and loss experienced by children who had been transplanted from one family to another. Finally, contact helped adoptees to come to terms with their birth parents' limitations and understand and accept the reasons why they had been removed from their care. Adoptees who had succeeded in reaching this level of understanding no longer perceived themselves as defined by their past experiences and had moved on with their lives; these adoptees had better adult outcomes than those who had not yet achieved closure.

Ultimately, over two thirds of both adoptive parents and adoptees (69%) thought that regular face-to-face post adoption contact with birth parents had been beneficial.

PROGRESS AFTER PLACEMENT

When they entered the placement, 40% of the adoptees in the core follow-up group showed signs of developmental delay, and 13% were rated by their adoptive parents as being in poor, or very poor physical health. Their mental health was of particular concern: more than one in three (38%) adoptees were rated by their adoptive parents as being in poor, or very

poor, mental health at placement, and about a third of these went on to develop psychiatric illnesses such as schizophrenia and bipolar disorder. However, the mental health problems displayed by many of the adoptees appeared to be signs of acute distress rather than incipient psychosis, and this is likely to have been related to their earlier experiences. Although adoptees showed both internalising and externalising emotional and behavioural problems, 'anger' was the word that both they and their adoptive parents most frequently used to describe their emotional state. It is not surprising that almost half (49%) the adoptive parents rated the first year of placement as having been 'stressful' or 'very stressful'.

Inevitably, their emotional and behavioural difficulties and developmental delays had affected the adoptees' academic progress, and three quarters (76%) of them had problems at school. Most faced specific challenges, which required specialist help from adoptive parents and other professionals if they were to be adequately supported. There are indications that more might have been done to address adoptees' delayed development and physical and mental health issues in the lengthy period between separation from birth families and permanent placement. Nevertheless, substantial progress was made after they entered their adoptive homes: about three quarters (74%) of the adoptees saw improvements in their physical health and two thirds (68%) also saw improvements in their academic performance. The mental health of about two thirds (66%) of the adoptees also improved. Overall, improvements in both physical and mental health may have helped about a third (32%) of those adoptees who had initially been identified as experiencing developmental delays to catch up lost ground. Evidence of the challenges faced by adoptive parents at the start of the placement and their attempts to deal with them provides a powerful case for careful preparation and extensive post adoption support.

ADULT OUTCOMES

Sixty adoptees were aged 18 or over at follow-up. Their adult outcomes were explored across a range of dimensions that together contribute to a composite measure of adult functionality. Positive outcomes include having achieved educational qualifications and employment; being able to make positive relationships; having reasonable mental and physical health and wellbeing; and an absence of criminal or addictive behaviour patterns. Although there were some caveats due primarily to missing data and differences in sample sizes and age ranges, the outcomes achieved by the adult adoptees on each of these key domains could be compared both with those of the normative Australian population and the care leavers studied by Cashmore and Paxman (2007). In comparison with other Australians (Australian Bureau of Statistics, 2017), the adoptees appeared to have similar, though slightly less positive, outcomes on the following variables:

- education (year 12 or higher): 63% vs 66%
- completed bachelor's degree or expected completion: 27% vs 30%
- in full time education, employment or training: 62% vs 65%

They also had similar, though slightly less negative, outcomes than other Australians in terms of the following:

- having had a mental health diagnosis: 17% vs 20%
- experiencing domestic abuse (women): 19% vs 23%

However, markedly more adoptees than other Australians were NEET (not in education, employment or training) (20-30% vs 5-12%) and/or misusing substances (37% vs 13%), and male adoptees were considerably more likely to have been victims of domestic abuse (36% vs 8%).

The cohort of care leavers studied by Cashmore and Paxman (2007) were younger

than the adult adoptees. They had a smaller age range (21-23 vs 18-44) and had spent less time living independently (an average of 4-5 years vs 10 years). Their outcomes were likely to change as they grew older. This needs to be kept in mind when comparing their outcomes with those of the Barnardos adoptees. Notwithstanding this caveat, the data indicate that the adoptees did significantly better than care leavers on the following variables:

- educational qualification (year 12 or more): 63% vs 42% ($p = 0.04$)
- expected or completed bachelor's degree or higher: 27% vs 10% ($p = 0.037$)
- in full-time education, employment or training: 62% vs 34% ($p = 0.007$)

However, the adoptees did markedly worse than care leavers on the following variables, all of which are indicative of negative outcomes:

- substance use: 37% vs 17% ($p = 0.039$)
- substance misuse (i.e. problematic substance use): 16% vs 10% (not significant, $p = 0.376$)
- mental health issues: 58% vs 45% (not significant, $p = 0.235$)

A similar proportion of both groups had been victims of domestic violence (26% adoptees vs 29% care leavers) and/or had a formal mental health diagnosis (19% adoptees vs 17% care leavers). According to a composite measure developed by Cashmore and Paxman (2007), a higher proportion of adoptees (53%) than care leavers (41%) were functioning successfully as adults. It is noteworthy that, amongst the adoptees, almost as many young men (50%) as young women (55%) had achieved success in adulthood: other studies have tended to show that young men are markedly less resilient than young women (Cashmore and Paxman, 2007; Stein, 2004).

Very negative early experiences were difficult to overcome, and may account for the difference in mental health outcomes.

Nevertheless, adoption appears to have acted as a powerful protective factor, and only extreme indicators of vulnerability at entry to the adoptive home correlated with poor adult outcomes. The major difference between the experiences of adoptees and care leavers was the presence of a committed and supportive parent figure who helped the young people both access the services they needed and function satisfactorily in adulthood despite ongoing consequences of earlier abuse. Almost all adoptive parents considered the adoptees to be their own children and continued

to support them, regardless of what were sometimes severe emotional and behavioural problems and challenging mental health issues. Better understanding of how this parental bond is formed would enhance recruitment, training and support programmes.

IMPLICATIONS FOR POLICY AND PRACTICE

The findings from this study have numerous implications for policy and practice in several areas.

Child protection policy and practice

Implications for child protection policy and practice include a need for greater awareness of the long-term consequences of abuse and neglect in early childhood and for a focus on early intervention policies aimed at addressing parents' difficulties and preventing maltreatment from occurring. Where abuse and neglect have occurred, those affected will require long-term support, whether they remain living with birth parents, are placed in long-term foster care or are adopted. Decisions about whether or not children can safely remain with birth parents need to be timely, definitive, and focus on the child's need for permanence. Some adoptees had poor experiences in out-of-home care before reaching their adoptive home, and the findings indicate the importance of providing high quality, sensitive foster care that meets children's developmental

needs. Frequent moves in out-of-home care were common and this study provides further evidence of their adverse impact on children's wellbeing. Action should be taken to monitor moves within out-of-home care, and to reduce them wherever possible.

Adoptive parents were able to provide much greater support for young people making the transition from adolescence to adulthood than foster carers could offer. The findings indicate that more could be done to improve outcomes for care leavers. Policies designed to bring the experiences of young people ageing out of care to a closer approximation of normative family life, allowing them to stay in foster homes until they are older, to return when plans fall through and to access continuing support as independent adults would reduce the vulnerability of this group and be likely to improve their long-term outcomes.

Adoption policy and practice

Although Australia is almost unique in mandating face-to-face contact with birth parents as part of a legally enforceable adoption plan, in most jurisdictions domestic adoptions from care now carry an expectation that contact will continue. One of the consequences is that this brings the role of adoptive parents closer to that of foster carers and this should be a consideration in setting eligibility criteria for recruitment. Contact sessions clearly benefitted from the presence of the adoptive parent, but they could have been better managed. It was evident that practitioners should be clear about the purpose of contact, particularly where children make it evident that they do not want to spend time with adults who have hurt them in the past; where relatives are abusive towards the adoptee; or where they arrive at contact sessions under the influence of alcohol or drugs. It is clear from this study that contact needs to be tailored to the needs of each individual child, and their concerns heard.

Where there is a risk of re-traumatisation, indirect contact or a break until children want to re-connect would be beneficial.

The findings also have implications for the preparation of adoptive parents, making it clear that this needs to include the impact of abuse and neglect on children's subsequent development, the impact of secrecy and deception on children's sense of identity and the rationale behind open adoption policy and practice. Preparation also needs to cover therapeutic parenting skills within the context of the needs of children adopted from out-of-home care: adoptive parents needed to learn both how to better support their children themselves and also how to access specialist services where appropriate. Finally, many adoptees and their families continued to require specialist support, particularly during adolescence, but also often into adulthood. The findings from the study make a strong case for the provision of post-adoption support services that can be accessed as and when required.

Conclusion

The findings from the study address many of the concerns that underlie the reluctance to develop stronger policies to support adoption from out-of-home care in Australia. There was, for instance, no evidence of inappropriate removal from birth families or of Aboriginal children being targeted. While infertility was the primary motivation for most adoptive parents, there was no evidence to support the view that decisions to place for adoption were driven by adult interests. Almost all the adoptive parents became deeply committed to the children they adopted. Almost all the adoptees believed that adoption had been the right decision for them. They valued the change in legal status it brought because it gave them security and a sense of belonging, but they did not lose their links with their birth family. Almost all the adoptees had experienced high levels of abuse or neglect before being separated from their birth parents; they could not safely return home. The decision to place them for adoption was designed to provide a better chance of stability and long-term commitment than could be offered in long-term foster care. The evidence presented in this report suggests that for most adoptees this proved to be the case.

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