

POST-ADOPTION SUPPORT FOR ADOPTIVE FAMILIES IN AUSTRALIA:

IS IT TIME FOR THE
‘TRIPLE-A’ APPROACH?



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Is it time for the ‘triple A’ approach?

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About Adopt Change

Adopt Change believes that every child has a right to grow up in a permanent, stable and loving home, and embraces adoption as a positive and important way of forming that family.

Adopt Change's mission is:

- to raise community awareness
- encourage ethical reform
- empower Australian's to engage with issues surrounding adoption

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About the Researcher

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Executive Summary

Adoption practice in Australia now stands at a cross-road. Over the past two decades researchers, lawyers and practitioners in the child protection field have aligned their efforts around the core concept of transparency in adoption. The social and emotional damage caused by the history of closed adoption in Australia is now widely acknowledged. Improved openness in adoption now represents the prevailing goal of current and emerging practice work because this is argued to yield strong benefits for children in terms of healthy attachment and identity development. In moving towards this objective, child protective services and adoption experts across Australia are seeking to revise and adapt legislation, policy and practice in adoption in ways which affirm openness while also ensuring children and families remain well supported. The constituent elements of impactful and meaningful supports for adoptive children and their families however, remain far from clear and continue to be defined.

To date, clarity on the issue of post adoption support has been difficult to achieve for a number of reasons. Firstly the provision of post-adoption support has represented a lower order priority for local child protective services. The numbers of children in foster care in Australia has grown and both government and NGOs rightfully continue to devote significant resources to meeting the needs of children in statutory Out of Home Care (OOHC) for whom safe, secure and permanent homes for life have not yet been achieved. As a consequence however, capacity to provide post-adoption supports has been constrained and a spirited public debate surrounding these issues has not occurred. Secondly the statistical case for post-adoption support has been difficult to establish. There are no regularly collected surveys capable of providing either time series data on changing demand, nor insights on indicative current demand for post-adoption support. Of the two national agencies responsible for consolidating and publishing data on children, family characteristics and parenting in Australia, neither the ABS nor AIHW can provide quantitative insights on post-adoption support specifically.

This paper offers new insights on the issue of post-adoption support in Australia by offering an alternative approach. Rather than seeking to look directly at demand, this paper examines the shared elements of adoption experiences, and the known empirical evidence regarding these experiences.

An analysis of key findings to emerge from published research literature finds that a robust rationale for the provision of post-adoption support in Australia is already present. Ten key factors underpin experiences of adoptive families in Australia in the contemporary context of open adoption. The ten reasons identified below each indicate a need for the availability of post-adoption supports for adoptive families.

1. Adoptive families experience a sequence of emotionally intense experiences which do not conform to accepted archetypes of family formation.
2. Modern forms of open adoption represent a radical departure from historical forms of closed adoption, and the social norms surrounding parenting in this context continue to be formed.
3. Social stigmas pervade adoption experiences.
4. Birth parents are co-creators of attachment and identity for children. Adoptive parents need knowledge and practical skills in supporting their children to explore and understand how these experiences create an intact and whole sense of self.
5. Many adoptive children have experienced not just single but multiple trauma events leading up to their placement with an adoptive family. Complex, and potentially costly ongoing therapeutic supports often need to be provided to children to help deal with this trauma.
6. Adoptive parents are likely to have experienced their own emotional hardships and challenges in the road to adoption.
7. Childhood traumas experienced pre-adoption mean that niche parenting skills or 'therapeutic parenting' will be required by the adoptive parents.
8. Adoptive families are at increased risk of experiencing secondary trauma.
9. Structural barriers exist and poor levels of 'adoption competence' across many parts of the human services system prevent adoptive families from both seeking and receiving help.
10. Australia is a signatory nation to a number of international agreements which highlight the state's obligation to provide ongoing post adoption support for adoptive families and their children.

With the case for post-adoptive support established, the second part of this paper is devoted to the structure and composition of post-adoption supports. An analysis of practitioner reflections, published research and program evaluations on post-adoptive supports is used to generate a conceptual framework. A key finding of this paper is that post-adoptive supports extend well beyond conventional understandings of therapeutic and casework interventions which have traditionally defined the child protection space. Analysis of post adoption supports, particularly those present in the US and UK, identifies three distinctly different modes of support. The conceptual framework presented herein highlights that post adoption supports are structured around three categories of activity - aid, ally or advocacy-based -modes of support. For the purposes of this paper these three activities are labelled the 'triple A' approach because this not only accurately describes the diverse modes of activity that can be used to support adoptive parents and adoptive children but also the superlative skill and high quality casework which must always be the primary goal of practitioners engaged in identifying, and working for, the best interests of the child.

Aid and assistance

In the post adoption phase, it is likely that children will need access to specialized supports because of histories emerging from prior trauma experiences associated with abuse, neglect, removal and/or time in OOHC. These forms of supports, labelled for the purposes of this paper as 'aid-based' supports are the most typical forms of support accessed by adoptive children and their families.

The role of advocacy

Effective post adoption support includes a category of activities which do not involve dispensation of direct therapeutic assistance to adoptive families. Advocacy-based supports are important because they seek to change the profile of services available to families and are focused on awareness raising and the changing of social norms and societal understandings of adoption experiences.

The importance of adoption allies in the provision of post-adoption supports

A wide range of research findings and practice highlight the need for the broader human services system to be populated with key professionals who exhibit sophisticated levels of adoption awareness, knowledge of the legal and practice terrain of adoption, and a readiness to adapt to the changing needs of adoptive families.

The notion of an ally is different to the traditional notion of an ambassador or a champion for a cause. Ambassadors may work in the collective interests of an issue or group of stakeholders. In contrast, 'allies' have a much more direct and applied role and can work closely in high-trust relationships with families to create and deliver meaningful supports of relevance to them.

The conceptual framework presented by this paper seeks to bring a deeper understanding to the rationale underpinning post-adoption support provision in Australia and highlights that a range of systemic responses are needed in both the short and long term. This paper argues that the meaningful classification of post adoption supports is not only possible but is instructive to understandings of the future development and adaptation of these supports in Australia.

Introduction

This paper explores approaches to post-adoption support for adoptive families and adoptees and offers insights on this area of service delivery in the context of contemporary human services practice in Australia¹. The conclusions of this paper are informed by the findings of domestic and international research literature which has been evaluated, compared and distilled with a view to:

- Capturing the diversity of post-adoption supports available;
- Codifying this diversity in a way that deepens understanding of the purpose and effectiveness of different models of support; and
- Contributing to broader policy and program discussions of post-adoption supports into the future.

Understanding the broad context for post-adoption in Australia

There is a dearth of statistical evidence capable of pinpointing key areas of demand for post adoption services in Australia. While post adoption supports are more prevalent overseas, these jurisdictions also cite challenges in the pursuit of data of quality, accuracy and comparability in the field of post-adoption demand (Holmes et al 2013). As it stands, there are no shared sector-wide conventions regarding either definitions of support, nor agreed measurements of effectiveness (Selwyn et al 2014; Zamostny et al 2003; Post 2000). An array of studies can provide insights on the design elements associated with post adoption supports, however due to the limited statistical evidence available, any definitive statements about the long term impacts derived from specific post adoption supports must be carefully considered.

There is however, a vast body of emerging primary data sources on childhood development, theoretical literature on attachment and secondary sources of evidence exploring paradigms of family and parenting. These sources of information can be used to shed light on how post adoption support might be configured in Australia. The discussion below looks systematically at rationales for the provision for post adoption support, and the options available when seeking to consolidate or expand features of program design in this field.

Why might adoptive families need support post-adoption?

In seeking to understand the nature and degree of support required by adoptive families after the making of a final adoption order, a number of challenges emerge. The demographic, socio-cultural and compositional dynamics of adoptive families vary greatly and have diverse support needs (Holmes et al 2013; Hushion et al 2006). In addition, the arc of an adoption journey is lifelong, with questions of identity and belonging likely to be revisited throughout an adoptee's lifetime (Kenneally 2012; Dunbar et al 2004; McManus 1992). Given the limitations of the data currently available, estimating the magnitude and intensity of supports likely to be needed by adoptive families is not possible. However, there are a number of key, well-documented and uncontested factors which appear universal to open adoption experiences and establish a baseline rationale for the provision of post adoption support in Australia. This paper offers new insights on the issue of post-adoption support by looking more closely at the shared elements which define adoption experiences, and the known empirical evidence regarding these experiences. The following discussion provides a brief summary of these elements.

1 *Adoptive families experience a sequence of emotionally intense experiences which do not conform to accepted archetypes of family formation*

Whether the adoption is inter-country, known, local and/or emerging from a statutory care experience, all adoptions have a common bedrock of experiences which without exception mean:

- A child has experienced a break in attachment to birth parent/s which offers profound potential for attachment-related trauma to emerge for the child at some point throughout life (Penny et al 2007);

¹ The purview of this paper is confined to the experiences of adoptive families who have undertaken their journey in the era of open adoption. Adoption supports, policy and practice pertaining to two key stakeholder groups - birth parents and families who continue to live with the legacy of the closed adoption system - are not discussed within this paper. The author respectfully notes the importance of these stakeholder views, and further argues that but their experiences are of such great significance that effectiveness of focused supports to these stakeholders warrants distinctly separate and detailed examination.

- Everyday parenting is identified to be no longer possible for the birth parents or kin of the birth family of a child;
- The adoptive family represents a permanent and loving family home for the child, and this arrangement is formalised using legal process which is complex and presents emotional challenges for all parties; and
- That adoptive families as social institutions face heightened expectations which exceed those placed upon biological, nuclear families. As family units adoptive families are anticipated to be sites for profoundly therapeutic and transformative experiences to occur. Adoptive families are places of hope and promise for both adoptive parents and children.

The combined impact of these expectations and experiences can mean that adoptive families and adoptive children face extremely high societal expectations which may be near to impossible to fulfil.

2 *Modern forms of open adoption represent a radical departure from historical forms of closed adoption, and the social norms surrounding parenting in this context continue to be formed*

The immense psycho-social damage caused by closed adoption has been well documented in many jurisdictions across the world (Grotevant et al 2014; Adoption Institute 2007; Baran & Pannor 1993). The closed adoption system has left a vast legacy of social and familial narratives about adoption which are powerful and continue to shape normative beliefs and understandings of adoption. Negative perceptions of adoption continue to impact adoptive families today, even those participating in open and transparent adoption processes, because of the negative long term personal, social and economic costs of closed adoption (Grotevant et al 2014; Higgins 2010).

There is now strong and growing consensus amongst academic and practitioner communities and growing acceptance within the broader community that open adoption is beneficial for children and their families (de Rosnay 2016; Berge et al 2006; Berry et al 1998). However, wider understandings about how best to ‘do’ open adoption are only now beginning to become part of consolidated discourses on family and family practice (NSW FACS 2016). In helping adoptive children to navigate attachment, identity and contact issues, adoptive parents are not able to draw on a bank of accumulated understandings nor known social

norms to inform parenting behaviour (Brodzinsky 2015; Parker 2003; Livingston-Smith & Howard 1999). For adoptive parents, the closed adoption system offers few instructive insights and little to no information about how to create a transparent and open family climate, and sustain this openness in an age appropriate way throughout the course of childhood. The relative ‘newness’ of open adoption as a concept means that society is only now truly coming to terms with what transparent adoption means for children, young people and their families.

3 *Social stigmas pervade adoption experiences*

Stigmas about adoptive families are reinforced in society using both overt and subtle means. Feeling a sense of ‘difference’ is common to adoptive children and their families, and this has been well documented (Brodzinsky 2011). While a detailed examination of the complexities associated with the societal stigma of adoption lies beyond the scope of the paper it is worth noting that language and terminology applied to adoptive families is powerfully stigmatizing. The description of children as ‘adopted’ is itself problematic as one high profile US adoption advocate notes because “children begin to understand that the word ‘adopted’ must mean this is the most important thing they need to know about themselves” (Cravens 2016). Labels such as dissolution and disruption are often used by practitioners, with the best of intentions, to justify access to post-adoption support but ultimately serve to further entrench stigmas surrounding adoptive experience. As Selwyn et al (2014) notes, the term ‘dissolve’ intensifies perceptions of adoptive families as abnormal because the term is never used to describe the experiences of non-adoptive families, even when facing periods of disconnection and crisis.

4 *Birth parents are co-creators of attachment and identity for children. Adoptive parents need knowledge and practical skills in supporting their children to explore and understand how these experiences create an intact and whole sense of self.*

Since the 1980s, three key sources of evidence have consistently highlighted the need for adoptive parents to be aware of and responsive to the need for children

to maintain some engagement with birth family and/or birth family history.

The voices of adoptees themselves have helped to broaden perceptions and enrich understandings of adoption. Since the 1980s, published life history narratives of adoptive people have made an important contribution to the body of evidence associated with adoption. In particular, these narratives highlight that adoptive parents play a critical role in helping their children to understand their history by remaining open to talking freely and without judgement about birth family when children need to. In the US for example, Betty Jean Lifton's work has helped to re-define mainstream understanding of adoption in the US (2009; 1994) by emphasizing the important role/s of both adoptive parents and birth parents in adoptive experiences. In Australia, the lifelong shame and grief which individuals and communities experienced when the opportunity to explore birth and cultural history was suppressed has been explored in national inquiries to document the experiences of forced adoption common to the Forgotten Australians and the Stolen Generation (Commonwealth of Australia 2004; HREOC 1997). The continuing forced closed adoption of Aboriginal children up until the 1980s makes the sensitivities and impacts associated with adoption very recent and very real for the Australian community and the Australian psyche (Gair 2012). Some researchers argue that the cumulative impact of the trauma created by closed adoption for children and their families has permanently re-cast thinking about closed adoption and intensified the need for adoptive families to remain sensitive to the needs of birth parents particularly in Australia (Swain & Swain 1992).

The academic body of evidence surrounding identity, attachment and children has grown over the last two decades and this overwhelmingly highlights a need for awareness of and engagement with birth parents and birth family (wherever possible) for children. The body of literature on the impact of trauma experiences on childhood development is significant and growing. Research findings note that the ability of children to experience 'felt security' and attain a sense of safety in the post adoptive phase can be profoundly impaired (Peterson 2012). As Beauchamp (2014), citing the evocative words of the National Council for Adoption in the UK, notes that the adoptive period is

when the genuine therapeutic work on past trauma begins as "children are left with a suitcase of questions and feelings of trauma and loss".

The field of child protection has also re-defined relationships between adoptive families and birth families. Practitioners working in this field have identified adoptive families to play a central role in facilitating and maintaining open adoption partnerships (NSW FACS 2016). Practitioners highlight that prescient knowledge of birth parents/family and improved communication skills can assist adoptive families in negotiating these relationships. The notion of 'communicative openness' for example, has emerged as an important concept which practitioners use to describe appropriate messaging between adoptive parent and child around issues of birth parent and birth family (Jones & Hackett 2007). As one researcher affirms, the effectiveness of communicative openness is absolutely critical and can either help or harm children (Brodzinsky 2011; Brodzinsky 2005). As it stands, the current practice frameworks surrounding communicative openness are under-developed and will require significant adaptation if they are to be translated into materials which can be used to support, instruct and guide adoptive parents. "Adoption social work and support practices will, in most cases, need to be significantly reformed so as to adequately support the capacity of adoptive parents to navigate both their own emotions around adoption as well as the social stigma they encounter, and thereby to fulfil their communicative obligations" (Baylis & McLeod 2014).

The vernacular surrounding communicative openness also continues to change (Cravens 2016) and this reflects the fluidity associated with parenting discourses between birth parents and adoptive parents. For example the term biological parents has slowly been replaced with birth parents, which is now being replaced in some jurisdictions with a range of alternative labels argued to validate the experiences of birth parents while not diminishing the primary importance of the adoptive parent as the child's parent or 'everyday parent'. The emergence of terms such as 'tummy mummy', 'first parents', 'parents of love' all indicate that practitioners themselves continue to experiment with the language that adoptive parents and children might apply so that

constructive meaning can be generated from these experiences for adoptive children in the long term.

While there is increasingly strong understanding that knowledge, awareness and contact with birth parents can yield strong benefits for children, the practice which might support families to undertake this potentially sensitive relationship management continues to form. As Selwyn et al (2014) notes some level of openness in adoption has formed part of mainstream foster care and permanency practice in the UK for a long period of time, yet knowledge and understandings of attachment theory still varies greatly across the sector.

It must also be noted that there is inconsistency in practice across the post-adoption support sector, and adoptive parents face an increasingly confusing range of options when seeking advice about how best to negotiate relationships with birth family, and manage conversations and information within an adoptive family about contact (Beauchamp 2014; Egbert 2003). Put more simply, what the system and society requires of adoptive parents has significantly changed, and institutional responses that might assist adoptive parents in meeting these challenges remain woefully underdeveloped.

5 Many adoptive children have experienced not just single but multiple trauma events leading up to their placement with an adoptive family. Complex, and potentially costly ongoing therapeutic supports often need to be provided to children to help deal with this trauma.

The majority of children who undergo adoption have experienced a removal from birth family due to abuse, trauma and/or neglect (NSW FACS 2016; Crowe & Murray 2005). While it must be noted that some children are adopted through a direct negotiation between birth parent and an adoptive parent (a known local adoption agreement) these adoptions are extremely rare (AIHW 2015).

Early trauma events, whether comprising physical abuse, emotional abuse and/or neglect affect neural pathways in ways which make children vulnerable to developmental challenges down the track (Perry 2004; Perry & Pollard 1998). Peterson (2012) notes that while many adoptive children do not experience significant challenges, there does appear to be an

evidence base suggesting a higher incidence of behavioural and emotional issues amongst adoptive children (Barth & Miller 2000; Brodzinsky 1987). The legacy of trauma is also a feature of intercountry adoptions because there is a higher incidence of institutional care amongst children adopted from overseas settings. Institutional settings have their own documented legacy of developmental and psycho social 'aftershocks' for children (Eigsti et al 2011: 629). Researchers highlight that children adopted from another country lose not just family but their sense of place and culture as well (Peterson 2012; Viana & Welsh 2010).

While it must be noted that social, physical and emotional challenges are associated with the development arc of any lifecourse, as no childhood is trouble free, these challenges are intensified when trauma, neglect, abuse or severance in primary care attachment forms the backdrop of experience (Peterson 2012). "For most children adopted from care their child development will have been compromised by their experiences of abuse and neglect, leaving them with a long-term legacy of emotional, behavioural and developmental difficulties. Those difficulties will, in turn, have an effect on their ability to build and maintain positive attachment and relationships, including with their new adoptive parents who will represent their best opportunity of overcoming the impact of their early trauma" (Pennington 2012: 3).

The act of adoption itself, though a positive and joyful event, can also generate forms of grief which children find difficult to come to terms with (NSW FACS 2016). Adoption prompts identity and attachment questions which will be revisited throughout a young person's life (NSW FACS 2016; Morgan 2006; Benevolent Society 2006). Adoptees generate their own narratives about adoption (Cravens 2016) and these represent a confluence of both positive and negative imagery including: media and pop culture portrayals; psycho-social understandings of the family and relationships (Passmore, 2007); cultural and socio-demographic history; individual personality and disposition; discussions with family and peers; and core beliefs about self (Penny et al 2007; Brodzinsky et al 1998).

Research evidence suggests conclusively that adoptive parents and adoptive children will have to sensitively manage, negotiate and address issues of identity, and they will need support in doing so. The degree of support required however is difficult to quantify, as needs will vary from family to family and individual to individual (Selwyn et al 2014).

6 Adoptive parents are likely to have experienced their own emotional hardships and challenges in the road to adoption

In the quest to finalise a legal adoption, adoptive parents have undoubtedly faced challenges which may include: infertility (Goldberg et al 2009); struggles with bureaucracy (Selwyn 2014); financial difficulties (NSW FACS 2016); and their own personal and emotional journey to develop and grow to embrace their role as parents (Brodzinsky 1987). Experienced adoption agents in the US describe the process as one of claiming, carefully acknowledging and coming to terms with the simultaneous loss and joy that comes with becoming an adoptive parent (Cravens 2016). Peterson (2012) notes that adoptive parents typically hold exceptionally high expectations of themselves as parents and this increases their vulnerability to perceive themselves as failures. Adoptive parents absorb social norms and expectations about the role of adoptive parents as heroes and rescuers, and this comes with enormous and often unrealistic expectations.

Social messaging surrounding adoption implies that with adoption comes “developmental recovery” for all past traumas (Donaldson 2013). However, society does not place a similar burden on biological parents to ‘heal’ their biological children of behavioural, psycho-social, mental illness and all of life’s challenges. Biological parents are expected to care and nurture, but are not expected to assume full responsibility when a parent cannot fully ‘heal’ their child. Gair (2009) notes that adoptive parents often believe that they cannot be anything other than ‘perfect’ parents. This increases the risk of adoptive parents to a range of psychological traumas including specific forms of depression (PAD or post adoptive depression) which is suffered exclusively by adoptive parents (Peterson 2012; Viana & Welsh 2010; Senecky et al 2008). While adoptive mothers are often identified to be at risk of this condition, there is also

an emerging body of clinical research findings which identifies adoptive fathers to be at risk as well (Brabender & Fallon 2013; Foli 2010).

7 Childhood traumas experienced pre-adoption mean that niche parenting skills or ‘therapeutic parenting’ will be required by the adoptive parents

When children experience trauma, conventional approaches to parenting require revision and different parenting skills are needed. There is a significant and growing body of evidence which demonstrates conclusively that conventional ‘learned’ models of parenting, particularly those based on punishment, do not work for many adoptive children and can cause or compound the harm associated with past trauma experiences. Beauchamp (2014) notes that successful parenting strategies across a range of post adoption support schemes are those that focus on non-punishment based parenting. “Traditional parenting techniques may not work and adoptive parents may need to develop alternative parenting strategies in their role as ‘therapeutic parents’ for traumatised children” (Pennington 2012: 12). In addition, research findings note that those children who have been victims of systematic abuse challenges may also experience difficulties receiving intimacy and deriving comfort and safety from caring parents (Selwyn et al 2014). Traditional notions of emotionally affective parenting (including physical contact and hugging) can, for some children, re-visit prior trauma. Some studies identify that for adoptive children, ‘commonsense parenting’ is less effective or ineffective (Peterson 2012). While it is not possible to narrowly define appropriate parenting in an adoptive context, because every parent and every child is different, research findings highlight that the emotional horizon for children who have experienced adoption is inherently more complex and requires unique sets of parenting skills.

8 Adoptive families are at increased risk of experiencing secondary trauma

Adoptive parents and any children of adoptive parents are at risk of experiencing vicarious stress derived from the trauma, abuse and neglect histories of adoptive children. Families are deeply interconnected social, psychological and emotional systems and as children try to come to terms with identity issues or past issues of trauma, all other family members will have a role in the psycho-therapeutic process (either directly or indirectly) and be personally impacted by these experiences. As Pennington notes “Anyone who spends time with a traumatised child may experience secondary trauma. The empathy needed to parent such a child produces psychological changes as though the parents/carers themselves have been exposed to the trauma, e.g. brain function changes, parents can become less articulate, less emotionally literate, more angry and despairing. People who live with traumatised children experience high levels of stress and need appropriate support to enable them to care for their children” (2012: 12). Put another way, the issues in understanding, navigating and healing trauma can be physiologically, emotionally and psychologically complex and lie beyond the ability of most families to handle entirely on their own.

9 Structural barriers exist and poor levels of ‘adoption’ competence across many parts of the human services system prevent adoptive families from both seeking and receiving help.

Across a number of studies, two barriers are consistently noted by adoptive parents in the search for post adoption support. Adoptive families have a lack of information about where to go for services and the cost of services of generally prohibitive as well (Selwyn et al 2014; Festinger 2002; Soderlund et al 1995). In a recent survey of adoptive parents in the UK, almost half of all participants identified they had trouble accessing post adoption support because they could not locate staff with adoption specific knowledge and skills who could understand their situation (Pennington 2012). More than one quarter of all adoptive parents surveyed identified that the

level of understanding and experience amongst professionals in dealing with adoption was a barrier to accessing support, and almost one fifth identified that they could not access support because their local agency was not skilled enough to identify nor see their problem. Similarly, adoptive parents who have undertaken an intercountry adoption also identify that post adoption support is difficult to locate, and the challenges to accessing private therapy were significant because families had often exhausted their finances in order to actually adopt a child from overseas (Benevolent Society 2013).

Experience in the UK highlights that even the presence of a legislated (mandated) entitlement to adoption support services does not ensure that the system is appropriately equipped to deliver these services. Pennington (2012) notes many adoptive families who had formally requested an assessment for services had not received it, and in other cases families had been assessed but were deemed ineligible to receive support. Other studies identify that a generalized lack of awareness of the range of adoption-relevant services amongst professional staff also represented a significant barrier to accessing support amongst families in the US because it inhibited a process of appropriate referral (Patricelli 2015). Selwyn et al (2014) notes that appropriately skilled labour, and the supply of professionals with adoption-relevant knowledge remains low, even in countries with high levels of adoption such as the UK. Pennington (2012) notes of the study of adoption services in the UK, that almost half of all adoptive parents surveyed identified a ‘system blockage’ as the reason they could not access support.

10 Australia is a signatory nation to a number of international agreements which highlight the state's obligation to provide ongoing post adoption support for adoptive families and their children

As a final note, it is important to highlight that while Australia has given in-principle support for two international conventions which specifically cite the value of post-adoption supports for adoptive families, the policy frameworks in this country with regard to post adoption support are highly fragmented. Australia is a signatory to both the International Convention of the Rights of the Child and the Hague Adoption Convention, both of which point directly to the need for governments to develop and implement post-adoption supports for adoptive families.

The International Conventions of the Right of the Child, Article 39, identifies that the state "shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child". In this context, the entitlement of the vast majority of adoptive children to receive additional forms of support is not just implied, but clearly asserted because of their status as survivors of trauma and abuse.

Australia is also a member of the International Hague Adoption Convention, which addresses issues of support arising from intercountry adoptions specifically. The convention broadly asserts a need for ongoing support for children with the "aim of adequate post-adoption support to provide the social and cultural protection of adopted children" (Bernacchi et al 2006). However, governments worldwide have brought varying interpretations to bear in making provision for post adoption support/s. For example, therapeutic supports (counselling, behavioural management and health services) often feature prominently in post adoption services yet "in the Hague Convention provisions there is no mentioning of any clinical and/or medical intervention in connection with typical post-adoption services" and that "these services are generally provided by public bodies even though, in most Countries, these activities are also generally delegated to private entities providing services in the social sector" (Bernacchi et al 2006). As it stands, the need for post adoption supports are asserted, but there is little agreement about how governments can be made accountable for these commitments and therefore enforcement has been difficult to pursue.

Both of these international conventions highlight the necessity for ongoing support services, after a legal adoption order is finalized, yet the focus and outcomes to be derived from these services remains largely unspecified. In Australia, 'post-placement support' for prospective adoptive parents (carers) is common and typically, initiated and maintained prior to the finalization of an adoption order. Post-adoption support however is fragmented, and typically provided by NGOs on a sporadic and ad-hoc way. State governments have primary responsibility for child protection issues and the bureaucratic and service delivery challenges associated with providing care for the growing numbers of children in statutory Out of Home Care mean that post-adoption services comprise a lower order budget priority. While federal governments and state governments may show in-principle support for the need for post-adoptive care, the policies and programs necessary to manifest this support remain underdeveloped.

Introducing a conceptual framework for understanding post-adoption supports

With the case for improved post-adoption support in Australia now established, the paper now turns to the composite elements of these supports. Post-adoption support structures are explicitly and implicitly shaped by a wide range of factors including: cultural history and tradition (Benevolent Society 2013); overarching social and economic policies (UN 2009); the legislative trajectories of nation states (ChildONEurope 2007); trends in research evidence; practitioner thinking; and prevailing social norms surrounding family. To date, research attempts to systematically contrast and compare post adoption initiatives and the complex factors underpinning their emergence, has typically involved listing differences in these approaches (Simon 2011). As Selwyn (2014) notes, the need to reflect differences in family experience is paramount. While respectfully reflecting the diversity of family experience is important, in order to progress understanding, this paper argues that analysis must move beyond an inventory-based approach alone. Listing the activities associated with a specific support program may actually serve to obscure rather than deepen understanding of the complexities associated with developing and implementing post adoption support. The following discussion seeks to distil a range of existing perspectives on post adoption support and offer conceptual coherence to the examination of some key sources of evidence.

This paper argues that the classification of post adoption supports is not only possible but is instructive to understandings of future development and adaptation of these supports. The following conceptual framework highlights that all post adoption supports are structured around three categories of activity - aid, ally or advocacy-based modes of support. In each case, the characteristics associated with each of these models will be highlighted. It must be noted however that these models are not necessarily mutually exclusive as post adoption support systems may exhibit characteristics of hybrid service delivery models.

Diagram 1

The triple A of post-adoption support for adoptive families



What might effective aid-based post adoption support look like?

The following discussion summarises and distils insights provided by published accounts of post adoption support which seek to directly aid or assist either individuals or family systems via corrective or restorative interventions. As Australian-based studies of post adoptions supports are rare, evaluations of overseas models will largely be used to inform these discussions.

Medical observation of the physical health needs of adoptive children are especially important in the post adoption phase, in both the short and long term

In the post adoption phase, it is likely that children will need access to specialised supports because of histories emerging from trauma experiences. As one comparative study overseas notes of intercountry adoption experiences "Even if percentages vary from one research study to another, research studies agree that many of the children arriving in their new countries have significant growth and health problems. The combination of prenatal unfavourable conditions (such as maternal alcoholism, malnutrition, no pregnancy or childbirth care), inadequate postnatal

care (such as neglect, bad nutrition, no immunization, poor stimulation) and exposure to adverse conditions (such as institutionalization, lead poisoning) give rise to delays and illnesses in many adoptees" (Bernacchi et al 2006: 12). Gindis (2012) notes that symptoms of institutional autism are present amongst children who have experienced intercountry adoption, though the reasons and long term impacts of this remain far from clear.

Research studies which examine the longer term health outcomes for children who have been adopted from Out of Home Care provide a conflicted set of findings. A meta-analysis of health studies associated for children in foster care highlights that some researchers foresee long term health risks arising from these experiences (Selwyn et al 2014; Van Andel et al 2012; Baer et al 2006), while others highlight that many areas of ambiguity surround the interpretation of evidence (Troutman 2011; Osborn & Bromfield 2007). There is consensus however, that adoptive children will require attentive observation of their physical needs, because of their past experiences. For these reasons, niche forms of medical post-adoptive support are likely to be needed by adoptive parents and/or adoptees at several points across the life course.

Direct talk-based therapies and counselling aids are considered central to much post-adoption support

In the US and the UK, therapeutic interventions play a critical role in post adoption support because it is through these mechanisms that adoptive families and adoptees seek to resolve issues of past trauma, manage issues of identity in the context of new family relationships, and solicit support in managing feelings and responses to birth family members.

Therapeutic supports can include a wide range of activities but typically exhibit a heavy emphasis on counselling for: parents; adoptive children; other family members (particularly non-adoptive children) (Benevolent Society 2013). Group counselling (family, parent, and adoptee-focused) are all present in a range of adoption support programs in the US, the UK and Australia. Preliminary data in Australia identifies that adoptive parents desire improved access to these

services. A survey of adoptive parents administered by the Benevolent Society found that both local and inter-country adoptive families overwhelmingly want better access to these kinds of supports (Benevolent Society 2013).

While the provision of counselling services is asserted to be a critically important aid for adoptive families, it is important to note that even in systems where there is significant state funding associated with service provision, identified challenges to service delivery persist. Pennington (2012) notes that direct therapeutic supports are almost universally seen as beneficial for families, but there are drawbacks to service delivery because of cost. The lack of counselling professionals who have specialized insight on adoption is also cited to be an obstacle to the good provision of these services (Selwyn et al 2014). Similarly, Green notes "Primarily, the literature discussing adoption intervention has come from psychoanalytical thought, anecdotal accounts or is characterised, apart from a few exceptions, by poorly designed research" (2014: 2).

This paper does not seek to debate the quality of public versus private forms of therapeutic counselling interventions and services. However, it must be noted that in the field of post adoption services there appear to be benefits derived from government-funded models through the creation of economies of scale and expertise. For example, while Selwyn (2014) notes service gaps for families in the UK, the provision of government funding for post adoption has undoubtedly improved the quality of service available because training, guidelines for practice, and professional networks begin to emerge and become codified. This contrasts with experience in the US in which "the provision of post-adoption services in the US remains patchy. And too often, preventative services are not available and services are available only when cumulative strain on the family has escalated to the point of crisis" (Beauchamp 2014: 17). Similarly, a ChildONEurope audit of post adoption supports amongst European Union nations highlights that while therapeutic supports are absolutely essential to adoptive families, the lack of commitment by EU nation states to provide these services remains a key area of concern. There is "insufficient support

by the State to families in terms of parental education and counselling" (ChildONEurope 2007: 10),

For adoptees, the benefits of therapeutic post-adoption supports appear to be immense. For example, child and adolescent psychotherapy, attachment forming thera-play, self esteem therapy and resilience-focused counselling, have all been noted as therapeutic supports which have effective outcomes for adoptive children when these can be accessed (Pennington 2012; Giligan 2009; Kenrick et al 2006; Hushion et al 2006; Egbert 2003). While a detailed inventory of specific therapeutic techniques is beyond the scope of this paper, it is important to note that a growing bank of therapeutic approaches continues to grow and develop, using a variety of multi-disciplinary theoretical frames (Kenrick et al 2006).

'Point of contact' models are one of the most common forms of service delivery for dispensing direct post adoption assistance

Point of contact models, sometimes referred to as gateway models, are present in the UK and in some US states. Under this model of post adoption support, direct assistance to families is offered via a key adoption liaison officer or a local specialized unit (Pennington 2012). Some evaluations name gateway models as best practice service provision in post adoption support because they seek to offer a consistent advisor (point of contact) for the family who works in concert with other professionals to align services to match the needs of families (First4Adoption 2015; NACAC 2010; Jones 2008).

A variety of different governance structures can be used to oversee gateway models, and as it stands there is no definitive evidence suggesting that one model is superior to another. In Utah for example, a dedicated 'gateway' officer is appointed in every Department of Children and Family Services region in the state to respond specifically to the needs of adoptive families (Jones 2008). This contrasts with the gateway model used across in the UK, in which specific local adoption authorities operate as fairly autonomous units and maintain local discretion over how to triage adoptive families for support. In the UK, there are also locally administered adoption allowances.

Informal aid is impactful for families to develop a sense of solidarity, remain connected and to maintain a sense of autonomy and discretion over the assistance they access

For the purposes of this analysis, the term 'informal' is used to describe initiatives which lie outside the protocols usually associated with scheduled psychotherapeutic treatment programs and appointments. Informal post-adoption support is not based on the progressive tracking of therapeutic milestones, instead, it focuses on the provision of supports which are highly flexible to the individual needs of adoptive families.

Holmes (2013) notes that adoptive parent and/or peer support groups form a critically important role in the provision of informal post adoption assistance. Where these programs have been evaluated, peer support programs and services have shown a level of success for two reasons. Participation in support groups can reduce the sense of isolation that some adoptive parents and adoptive children feel. In addition improved knowledge of services gained, and the sense of collective solidarity felt in support groups can also culminate in parents and adoptees seeking help sooner (proactively), before a crisis point is reached within a family (Beauchamp 2014). Cravens (2016) notes that peer support groups for adoptive families and adoptive children can help to create group norms around adoption, because parents can counsel, share fears, support each other and build trust in a safe environment.

Therapeutic parenting groups of the kind provided by Post Adoption Support Queensland (PASQ) (Benevolent Society) also have the advantages that come with organic formation. For example, the experience of PASQ demonstrates that once a network is established, the focus of operations can be gradually expanded to target issues of relevance in keeping with the changing needs of adoptive families. PASQ has long held a strong focus on adoption supports for adoptees affected by the closed adoption era. More recently, and due to public demand, the PASQ has built a community of parents and young people with intercountry adoption experiences in the south-east Queensland region so that the relevance of post adoption supports to these families might be strengthened.

Direct assistance programs which closely target local need are essential

Local socio-demographic characteristics, the location and geo-spatial characteristics of residential areas, and the features and quality of key local services (eg schools, health care and community organisations) can all deeply impact the quality of life for adoptive families. For this reason, research on post adoption supports highlights that grass roots based adoption supports are best able to understand and respond to local family needs. In countries with heavily dispersed populations like Australia and the US, researchers argue that local support agencies are best able to understand the health and broader human service infrastructure within an area and harness this effectively (Beauchamp 2014). As the Benevolent Society (2013) notes, adoption support services must always be developed mindful of the needs of families at the local level.

Effective forms of post adoption assistance are those which are ‘journey aware’

While there is no longitudinal data available on the impacts of specific post adoption programs of long standing, commentators and experts in the field advocate strongly for post adoption supports which have both short and long term focus (Cravens 2016; Benevolent Society 2013; Pennington 2012). In other words, effective post adoptive supports are those capable of rendering aid to an adoptee or family member (potentially) long after an adoption experience has occurred. As NACAC (2010) notes in its evaluation of post adoption supports in the US, assistance must be available to families at multiple points along the family timeline. Similarly, observations by Jones (2008) concur “child’s needs and the parents’ needs may have to be addressed in different ways at different points in time”.

Bibliotherapy aids

The term ‘bibliotherapy’ is used by a number of practitioners to describe the self-help resources which can be provided to adoptive families and adoptees by post adoption support services (Green 2014). The provision of resources in the form of information sheets, reading material, tool kits and theoretical

evidence in a digestible form (PASQ Benevolent Society 2013) can also aid families by equipping them with an enduring set of skills to respond to children as issues arise. These aids are highly adaptable because they can be developed to be age appropriate including everything from children’s books through to more sophisticated support texts for adults (Kavanaugh & Fiorini 2009).

This field of post adoption support is significant to families, and requires proper funding (including skilled staff) in order to be effective. The production and/or distribution of quality bibliotherapy aids involves distilling and consolidating relevant theoretical thinking with prevailing advice and guidance with a view to supplying parents, children and young people with knowledge, skills and practical tools. Attachment, grief, trauma, childhood growth and maturation, emotional development and attachment should form foundation concepts and be used to underpin the development of resources (Kavanaugh & Fiorini 2009). This information also equips parents to be better informed and to build capacity for advocacy amongst parents as stakeholders to lobby and agitate for the services they need down the track. In one study of adoption authorities in the UK, these agencies were identified with the potential to generate very applied and detailed high quality bibliotherapy aids for families (in the form of sample life story books and later life letters) however, the authorities failed to deliver and share these resources effectively (Selwyn et al 2014).

As Green (2012) notes, ‘bibliotherapy’ is typically used as an adjunct to conventional therapy, where there is some level of literacy around post adoption care in the therapeutic community. In those jurisdictions where there is not a well established network of post adoption support providers however, bibliotherapy can represent a powerful and effective resource which adoptive families can have ‘at hand’ and ‘in the home’ to help navigate situations as they arise.

What role do advocate-based forms of post adoption support play?

Effective post adoption support includes a category of activities which do not involve dispensation of direct assistance to adoptive families, but instead indirectly support adoptive families through a range of awareness raising and advocacy activities.

Research findings and key experts in the field highlight that advocacy-driven structures are critical to the successful delivery of post adoption supports for adoptive families for the reasons outlined below.

Advocacy-based supports are important because they seek to change the profile of services available to families

Advocacy-based post adoption supports typically emerge from a recognition that mainstream services are not sufficiently responsive to the needs of adoptive families. Beauchamp notes “Previously, it was assumed that mainstream community services could meet the needs of adoptive families. However, as adoptive parents were unsuccessful in finding effective help for their children the need for specialised services became apparent” (2014: 5). In Australia, advocacy-based supports are typically provided by agencies in the not for profit sector who act as agents of change to facilitate the production and/or sourcing of niche services and supports.

Advocacy-based supports help to build system capacity in ways that are responsive to changing patterns of adoptive care

Advocates are important because they work as agents of change to remove social, cultural, attitudinal and logistical barriers for adoptive families in accessing assistance, and help to anticipate emerging areas of support need. Advocacy-based forms of adoption support also help to build a skilled and sufficiently diverse labour force of workers capable of dealing with the needs of diverse families (NACAC 2010). In the US for example, advocacy models of adoption support have developed highly effective partnerships with LGBT organisations in order to deepen understanding of adoption issues within a community, and to provide positive representations of LGBT parents of adoptive children (Brodzinsky 2011). In Australia, advocacy-based supports have begun to more strongly align around the needs of inter-country

adoption families (Benevolent Society 2013). As Green notes, advocacy supports help to bridge the gap between rigidity in practice guidelines and emerging issues in adoptive care. “Professional services have mirrored silence and secrecy. There is a lack of training about the impact of adoption in university curriculums and in professional development. Furthermore, there is a dearth of clinical literature documenting models of appropriate intervention using case studies” (2014: 4). Advocacy-focused supports can seek to consolidate evidence based practice in ways which are responsive to the needs of the communities in which adoptive families live. The work of Adopt Change in the area of training and support curriculums for schools represent an example of this type of support.

Advocates can help to ameliorate direct barriers to post adoption support

In the US, adoption advocacy organisations have worked effectively on behalf of adoptive parents in very direct ways. For example in the state of Utah, adoption advocates liaise with health agencies to access data and information (eg medical records which give a fuller picture of an adoptive child’s history) and consolidate this information for adoptive families to accelerate their access to post adoptive support services.

Research findings also note that the role of the intermediary played by some advocacy organisations is highly valued by the adoptive family. As Selwyn et al (2014) notes, adoptive parents and children who have had contact with statutory Out of Home Care want to ‘normalise’ by distancing themselves from the impersonal bureaucratic structures they associate with child protection. Research findings highlight that many adoptive families find that re-engagement with social and community presents particularly challenging emotional terrain for families for a range of reasons. They fear they will be perceived as failures and they fear that their children will be ‘taken’ away because they might be perceived as bad parents (Brabender & Fallon 2013; Malhomes & King 2012). Advocates and agencies can run interference with government departments with whom families may have had negative experiences.

In the UK adoption authorities have assumed a strong advocacy (in addition to a direct assistance) role. Adoption authorities have worked to provide more nuanced distinctions between family versus trauma therapy (akin to the GP versus ER functions of the

health system), and thereby help adoptive families delineate the specific service they might need to access. Holmes (2013) notes that this distinction has been empowering for adoptive families by demystifying the therapeutic support system in the UK.

What role do adoption allies play in the provision of post adoption support?

A wide range of research findings and practice highlight the need for the broader human services system to be populated with key professionals who exhibit sophisticated levels of adoption awareness, knowledge of the legal and practice terrain of adoption, and a readiness to adapt to the changing needs of adoptive families.

The notion of an ally is different to the traditional notion of an ambassador or a champion for a cause. Ambassadors may work in the collective interests of an issue or group of stakeholders. In contrast, 'allies' have a much more direct and applied role and can work closely in high-trust relationships with families to create and deliver meaningful supports of relevance to them.

Allies help adoptive families (either parents or children) to make sense of their experience by looking more holistically at the family ecosystem, and the range of institutional supports available before making a referral or providing direct support.

The term 'allies' can be used to describe those professionals who have understandings of adoptive process and the associated identity concerns raised by an adoptive experience, and can work in concert with other professionals to align support services for families as needed. Unlike adoption advocates, who may act as intermediaries for families, allies are adoption-savvy professionals who understand the needs of adoptive parents and help to strengthen the effectiveness of the supports in place for families in the long term (Brabender & Fallon 2013).

Adoption-aware allies can help families in very impactful ways because these professions can look beyond the reasons why a parent may initially present for help and look holistically at ways to support the entire family more fully in the adoptive journey (Peterson 2012). Allies who work closely with the family help to facilitate, refer and establish these kinds of connections for families, with an emphasis on the provision of continuity and responsive care being primary considerations (Jones 2008). Passmore (2007) notes that unless frontline workers (eg doctors and

teachers) are versed in adoption, there is a risk that every challenge will be characterised as an adoption-related one, and conversely, behavioural or learning difficulties may be misdiagnosed because the connection to an early trauma or attachment experience is overlooked.

Selwyn et al (2014) notes that adoption allies can play a powerful role in addressing support barriers for adoptive families. Firstly, professional adoption allies can help to 'chase up' gaps in information and the biography of an adoptive child. Secondly, these allies, because of their broad theoretical and practical knowledge of trauma, identity and attachment concerns can also help to interpret and "understand the significance" of the information once located (Selwyn et al 2014). An ally can help to achieve good contact between relevant agencies, and in so doing, reduce the burden on the adoptive family to align these supports. Jones (2008) notes that when general practitioners are able to access detailed background medical and family history (including child protection information) prior to a medical examination, a deeper level of understanding of the adoptive child results. An adoption-savvy GP for example will know they need to draw from a range of information sources on psycho-social, physical and emotional development in order to make a more holistic and therefore effective assessment of an adoptive child's needs.

Adoption 'allies' are needed in a wide range of frontline human services including health, disability support services, education and police

Research findings and a body of evaluative evidence from adoption support programs overseas points to the need for adoption allies and a lifted level of adoption competency across a wide range of human services.

Firstly, adoptive families need professional allies outside community service arenas, because research suggests that these agencies are the last port of call for advice or assistance for these families. Instead, adoptive families are more likely to approach other professionals at varying points across the human service chain including schools, the police, and private mental health providers. Secondly, it is in mainstream institutional settings in which challenges for adoptive children are most likely to arise and be identified. For

this reason, Egbert (2003) and others note, the level of adoption awareness to both respond and/or refer appropriately is paramount.

Better adoption awareness and/or specialized mental health supports for adoptive families and children are also required. Psychologists, counsellors, psychiatrists and cognitive behavioural therapists who are adoption allies are needed because knowledge of the impacts of longer term impacts of early trauma and attachment experiences can help to develop more responsive and relevant treatment programs for patients (Selwyn et al 2014).

Flexibility to provide adoption-aware support services in the field of disability support services is identified by many researchers as an area of need. Selwyn et al (2014) notes that autism spectrum disorder diagnoses are common amongst adoptive children in the UK, and specialized medical professionals capable of exploring the significance of this connection is needed.

Education settings are a critical site for the formative socialisation for children, and are often places in which challenges will emerge as a child 'ages' through an adoption experience (Benevolent Society 2013). Egbert (2003) notes that a poor level of understanding amongst teachers will create additional hurdles for adoptive families in navigating and managing behavioural and learning challenges faced by children. As Pennington notes "education in particular is an area in which adoptive parents felt the system was poorly equipped to deal with the issues facing adoptive children, in particular the issues of trauma and attachment can affect both behaviour and ability to learn over the developmental course of a child's life" (2012: 12). Studies in the UK, the US and Australia have gone so far so say that schools can be unsafe environments for children with adoption and/or OOHC experiences because they can become targets for bullying by peers (NSW CCYP & Child Guardian 2012; Rao & Simkiss 2007). The Adoption Institute (2007) identifies that teachers and students generally exhibit high degrees of insensitivity toward and low levels of awareness about adoption issues. The International Adoption Project documents that adoptive children report experiences of bullying, when classmates and peers are ill informed about adoption experiences (IAP 2013). The work of the Adoption Institute (2007) also highlights that negative curriculum based experiences can present in the classroom for adoptive children. The continuing inclusion of curriculum tasks and homework activities which require students to reminisce about early childhood, recount family

history research and/or memorialise father or mother roles (eg making a mother's day card) have the potential to cause immense distress for children with prior trauma experiences.

Communities of allies for adoptive families can be built through training and education, but accredited forms of training in this field are underdeveloped

In the US, adoption support agencies advocate strongly for professionals to participate in accredited adoption-competent training (NACAC 2010). However, there is far from clinical nor frontline worker consensus over what this training should comprise. In Australia, the formation of adoption support training has been deeply shaped by the history of forced adoption and whether transferability of this skill set to open adoption environments is possible is far from clear (Benevolent Society 2013). In addition, the growing influence of NGOs as delegated/authorized adoption agencies mean that individual organisations are likely to develop their own in-house adoption support training which is customized to meet niche client and family need. This may create challenges for the sector, as NGOs may be unwilling to share training and skill development and consolidate professional practice in the development of post-adoption supports.

Examples of ally-based models of post adoption support are present in the US, and evaluations of these schemes suggest that practice can be shared around these activities. The adoption exchange model operating in Missouri for example, uses a multi-agency approach by training professionals across a range of human service agencies in an adoption specific curriculum (NRCDR 2009). Once trained, these professionals return to their workplaces to lift the level of awareness of adoption-specific needs across their own agencies and to work as better allies for adoptive families who approach their organisations for help.

Paediatricians, general medical practitioners, nurses and police are all frontline service roles which have been identified as needing a network of adoption allies because sensitivity to post-trauma issues amongst children and young people is deemed to be low. In the US there are indications that a number of professional fields are beginning to embrace training and professional development programs which consolidate practice in areas of trauma care. In 2016, for the first time, the American Academy of paediatrics has formally acknowledged that the need to assess trauma should be part of assessment protocols for children. The Academy is scheduled to release its set of professional guidelines for practice dealing with trauma assessment and children this year.

Teachers have been identified as key profession in the creation of adoption allies. Two clear reasons can be identified for lifting the level of adoption awareness amongst these workers. Firstly, interactions and engagements between children and teachers impact the psycho-social and intellectual development of children in powerful ways, and teachers can make better informed decisions about students and student behaviour when there is awareness of trauma and its impacts on childhood development. Secondly, there is a growing body of evidence to suggest that there are poor levels of adoption awareness amongst teachers. Pennington (2012), drawing on a range of studies, asserts that "adopted children achieve lower educational outcomes than their peers". Formal training of teachers, unless it is early childhood education and care, does not typically incorporate content on childhood development and attachment theory. Jones (2008) notes that adoptive families often face the challenge of having to educate a school and teachers that when children exhibit 'bad behaviour' at school, this may be due to attachment trauma. Traditional teaching pedagogies define attachment concerns to fall within the purview of family (as custodians of the primary care function) and therefore are considered matters which lie beyond the professional dominion of teachers as professionals. Adoption-allies would argue that this lack of knowledge constrains the ability of teachers to adequately respond to the behavioural difficulties and developmental challenges that children-survivors of trauma may manifest in a school setting.

A network of adoption allies can help to strengthen supports for adoptive families in the long term by reducing the social stigma surrounding adoption experiences

Stigma has been identified as a barrier for many adoptive families in seeking and receiving support. Lifted levels of adoption-awareness across key areas of front line service provision would assist to reduce this barrier. Parents believe that raising concerns about an adoptive child or about the adoptive family mean their capacity to parent will be questioned (Benevolent Society 2013). In the UK, other research findings concur "Parents were frustrated by professionals who did not treat them as reliable and credible informants. Parents wanted a service delivered by professionals who understood the complex and overlapping difficulties shown by adopted children" (Selwyn et al 2014: 228).

Research from the UK highlights that while a well established and credible range of government funded local adoption authority agencies exists, many families (for a range of practical reasons) still access adoption supports through a range of bureaucratic and administrative 'doorways'. Penn's study (2012) found that while just over half of adoptive families access post adoption support from their local authority adoption agency, other mainstream services were also identified by families to be significant providers of adoption support. This strengthens the need for good levels of adoption competence to be present at multiple points along the human service delivery chain.

Conclusion

This paper highlights that new and meaningful insights on post-adoption support can be brought to bear and used to inform future design of these supports in Australia. While empirical evidence on the level of specific demand for post-adoption support may not currently be available, careful contextual examination of adoption experiences yields many powerful insights. By looking more closely at the shared elements which define adoption experiences, and the known empirical evidence regarding these experiences, a potent and strong set of arguments for improved post-adoption support emerge.

Analysis of the post-adoption support terrain overseas suggests that a ‘triple A’ approach is necessary if adoptive families are to be properly supported in the long term. While therapeutic supports (aids) are important in rendering direct assistance to adoptive families, a range of other support provisions are also needed in order to reduce stigma and to strengthen the level of awareness of the challenges experienced by adoptive families. For these reasons, support measures which improve advocacy for these families and the creation of adoption allies across the human services delivery chain are also required.

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