



Forced Adoption National Practice Principles

Guidelines and principles for specialist services

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Forced Adoption National Practice Principles

Introduction

The purpose of this document is to set out the principles of good practice that underpin effective services. It aims to reflect how Forced Adoption Support Services (FASS) agencies funded by the Australian Government Department of Social Services (DSS), as well as other service providers working in this space, can provide services consistent with nationally agreed guidelines.

Background

The Forced Adoption National Practice Principles contained in this document are based on feedback from the community and mental health services sector that supports those affected by forced adoption. This feedback was predominantly gleaned from service providers during consultations and capacity-building workshops, and from a practice roundtable that DSS convened for funded FASS providers in March 2016.

The National Practice Principles build on a previous Good Practice Principles document (Kenny, Higgins, & Morley, 2015). The National Practice Principles also build on a Australian Institute of Family Studies' (AIFS) discussion paper (Kenny & Higgins, 2015) that tested the relevance of the Good Practice Principles to FASS providers in clinical and service-delivery settings.

Message from DSS

The Senate Community Affairs References Committee's (2012) report, *Commonwealth Contribution to Former Forced Adoption Policies and Practices*, recommended that the Australian Government issue a national apology to people affected by forced adoption or past removal policies and practices.

On 21 March 2013, on behalf of the Australian Government, the Prime Minister delivered a formal apology for forced adoptions (Parliament of Australia, 2013). The apology acknowledged the experiences of those affected by forced adoptions, and the legacy of lifelong pain and suffering that forced adoptions had created.

Immediately following the National Apology, the Government's response to the recommendations of the Senate Inquiry report was announced. The Australian Government committed \$11.5 million over four years to assist those affected by forced adoptions. The money was allocated as follows:

- \$5 million to improve access to specialist support services including counselling and record tracing for those affected by forced adoptions;
- \$5 million to:
 - develop guidelines and training materials for mental health professionals to assist in the diagnosis, treatment and care of those affected by forced adoption practices;¹
 - increase capacity, under the Access to Allied Psychological Services (ATAPS) program to deliver psychological services to this target group in the immediate post Apology period;² and
- \$1.5 million for the National Archives of Australia website and exhibition to document the experiences of those affected by forced adoption to increase community awareness and understanding of these experiences.

As part of the government's response to improve access to specialist support services, DSS commissioned a scoping study of how to improve services (Higgins, Kenny, Sweid, & Ockenden, 2014), and has since funded seven support service organisations across Australia for those affected by forced adoption and forced family separation. The principles and guidelines laid out in this document are intended to govern their practice.

1 For more information go to <www.psychology.org.au/forced-adoption>.

2 Contact your Primary Health Network (PHN; www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home) for more information about accessing ATAPS and other mental health services.

A history of forced adoption

“Forced adoption” or “forced family separation” are the terms now used to describe the practices where many pregnant unwed women (and their partners) were subjected to unauthorised or illegal separation from their children. From the 1950s to the early 1970s, the prevalence of forced adoption in Australia was high. According to the Australian Institute of Health and Welfare (2012), at its peak in 1971–72 there were around 10,000 forced adoptions. It is estimated that this affected around 1 in 15 Australians.

These practices were unethical, immoral and often illegal. There was a societal expectation for unwed women (the “undeserving”) to “give up” their children to childless, married couples (the “deserving”). This was viewed as the solution to both the illegitimacy of the child and the infertility of married couples (Higgins, 2010; Kenny, Higgins, Soloff, & Sweid, 2012).

Forced adoptions occurred through maternity homes, hospitals and adoption agencies, and privately arranged adoptions. Doctors, nurses, social workers and religious organisations carried them out. Frequently the mother’s (and father’s) own parents were complicit in coercing the mother (and father) into “consenting” to the adoption. Examples of traumatising and illegal perinatal practices associated with forced adoption included:

- administration of high levels of drugs;
- differential treatment of married and unmarried mothers;
- preventing contact between mother and baby;
- withholding or giving incorrect information about the baby; and
- bullying behaviour and failure of procedure by consent-takers (Higgins, 2010; Kenny et al., 2012).

While adoption practices in Australia have undergone considerable change since the 1970s, the effects of forced adoption and forced family separation are still very much a part of the lives of the many thousands of people involved. The impacts of forced adoption and family separation are diverse and long-lasting, not only for mothers and fathers separated from a child by adoption, but also for the adult sons and daughters who were adopted as babies, and their extended family members. The most common effects of forced adoption are deeply psychological and emotional, and include:

- depression;
- anxiety-related conditions;
- complex or pathological grief and loss;
- post-traumatic stress disorder (PTSD; including complex PTSD);
- abandonment, identity and attachment disorders; and
- personality disorders (Kenny et al., 2012).

Accordingly, the needs of people affected by forced adoptions are diverse and ongoing, ranging from obtaining records or purely information-seeking activities by involved parties, to highly complex trauma-related issues requiring long-term support. Further, these effects can present themselves at varying stages and levels of severity throughout an individual’s adoption journey.

It is essential that those affected be supported by well trained and integrated mental health services and other specialist services.

Forced Adoption Support Services (FASS)

Following the Senate Community Affairs References Committee’s (2012) report into Australian forced adoption policies and practices, specialist Forced Adoption Support Services (FASS) have been developed to meet the needs of those affected by forced adoption and forced family separation. They are located in each Australian state and territory.

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DSS has funded established providers who are experienced in providing child and family welfare and support services to people affected by forced adoption. FASS are targeted for those affected by forced adoption. The service providers are the primary support service for those affected.

These specifically funded services operate within a broader sector of other providers that have been addressing the needs of those affected forced adoption and forced family separation. These other services include peer-support and advocacy groups, state-funded post-adoption support services, and other long-standing non-government service providers.

The target group for FASS is anyone who was affected by forced adoption policies and practices. Affected people include mothers, fathers, adopted people and extended family members. The priority for service delivery are those people who were directly involved.

Services are required to provide specialist support—where appropriate and possible—through:

- delivering a telephone information, referral and support service via a national 1800 number for calls originating in their jurisdiction;
- delivering these trauma-informed services face-to-face;
- developing local service provider networks—including mainstream, post-adoption specific, professional and peer networks (or contributing to existing ones where they exist); and
- administering small grants to other services in their networks.

Ideally, the local networks will include a diverse collection of professionals. They should function as a system for referrals and service provider collaboration, in order to produce better outcomes for clients. Local networks aim to build capacity within the community to provide the level of support, skills and knowledge required to support those affected by past adoption practices. These networks should be respectful of—and should partner with—existing organisations within their local area or across their state/territory who already have a history of working with those affected by forced adoptions.

In addition to FASS, the broader health and allied health workforce are being assisted to better respond to those affected by forced adoption and forced family separation. For example the Department of Health has funded the Australian Psychological Society (APS) to develop a national online training program called “Understanding and supporting people affected by forced adoption: Training for health professionals” (APS, 2016a). It is designed to support health professionals working in mainstream and allied health services to deliver their services in an appropriate and sensitive manner to people who have been affected by forced adoption in Australia. As well a module designed specifically for GPs, there are six other modules:

- Understanding past forced adoption policies and practices (1 hr);
- A clinical framework for working with individuals (1.5 hrs);
- Working with mothers (1.5 hours);
- Working with fathers (1.5 hr);
- Working with adopted people (1.5 hrs); and
- The search, contact and reunion process (1 hr)

To support the modules, the APS (2016b) have also released a practice guidance document: *Forced Adoption Practice Guidance*.

Progressively, the APS will be holding a series of online webinars to address issues relevant to the e-learning modules and to create broader engagement with the health and allied health services beyond those individuals who complete the online training. For information on the webinar program, see: <psychology.org.au/forced-adoption/webinars>.

Background to FASS principles and guidelines

The Department of Social Services is funding the delivery of support services to people affected by forced adoption policies and practices across Australia. These services provide: a national helpline that is answered by local support staff; referrals and information based on individual needs; and, where possible, face-to-face support, records tracing, searching for family, and assisting with making contact. Referrals may also facilitate access to counselling, peer support and advocacy groups, post-adoption support services, search and contact services and adoption information services.

The Department of Social Services is introducing the practice principles and guidelines for these providers delivering support services to people affected by forced adoption.

There are currently seven Forced Adoption Support Services in Australian states and territories, delivering various services that are adapted for local circumstances.

The aims of the practice principles and guidelines is to ensure that all services being delivered by the Forced Adoption Support Services reflect good practice and are effective in meeting the diverse needs of clients. This document aims to complement any mandatory obligations that providers are obliged to comply with under legislation or specific funding agreements.

The principles and guidelines contained here provide direction to Forced Adoption Support Services in how they deliver services and ultimately achieve consistency and quality in the services they offer. The document may also be useful to other service providers wanting to enhance their responses to those affected by the trauma of forced family separation and forced adoption.

Within the guidelines, there is room for variation in the methods, resources and approaches used by providers and programmes to meet client and local needs.

How have the FASS principles and guidelines been developed?

In late 2015 and early 2016, AIFS consulted with Forced Adoption Support Services and relevant stakeholders. Through these consultations, and a workshop in early March 2016 with DSS and Forced Adoption Support Services representatives, it was agreed that the current document should focus on collating and articulating practice guidance to help deliver and refine services.

The ideas posed during consultation were developed into a series of overarching principles for service provision that were elaborated upon with underlying guidelines and examples. It was agreed the document should be flexible, using language that could be mandatory or descriptive depending on the subject matter of each principle.

To which programmes or services do FASS principles apply?

The principles and guidelines apply to all FASS services that DSS funds. In some cases the principles and guidelines will apply directly and will identify explicit conduct or accountabilities that are expected. In other cases, they will apply generally and will describe—rather than demand—what organisations do. As a whole, this document aims to provide guidelines for what providers should deliver in their services, and to give clarity to organisations, network partner organisations and clients.

Other agencies providing post-adoption services, peer-support or advocacy services, as well as broader health and allied health services, will also find these service principles useful in their work with clients with an adoption history or who have experienced forced family separation due to historic practices.

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FASS principles and guidelines

This section looks at each principle and its associated guideline in detail. For each principle, suggestions are made about what Forced Adoption Support Services might do to demonstrate they are meeting that principle.

Explanation of key terms

Key term	Definition and explanation
Sensitive language	<p>Adoption is inextricably linked to deep emotions for all people concerned. Adoption is a difficult subject about which to write and communicate in a manner acceptable to everyone affected by it. When FASS providers engage with those affected by past practices, it is important they be mindful of their manner of speaking (to mirror the language used by clients) and body language, in order to be respectful of the emotional difficulties that many may have experienced. It is important to avoid using adjectives that qualify the terms “mothers” and “fathers” (e.g., birth mother) except when discussing the adoptive family.</p> <p>Kenny et al. (2012) explained:</p> <p>In terms of the process, many affected individuals reject the term “adoption”, as their personal experience was one of force, coercion or other illegal behaviour. Terms such as “relinquishment”, while occurring often in the early literature, connote a sense of agency and choice that many deny having. Some other terms that have been used in the literature include losing a child to adoption ... reunited mother of child/ren lost to adoption ... separation from babies by adoption ... and rapid adoption (the practice of telling a single mother her baby was stillborn, and the baby being adopted by a married couple).</p> <p>It is acknowledged that some of the terms are perceived as being “value-laden”, either because of their acceptance of a particular point of view (e.g., “stolen” implies illegal practices), or because their attempt at neutrality (e.g., “relinquishing mothers”) potentially hides what are alleged as immoral or illegal practices. For the purposes of the current document, where possible, the terms used by the respondents are used to describe their experiences.</p> <p>Similarly, there are some sensitivities around the terms used to describe the child who was adopted. These people adopted during the period of closed adoption in Australia are now well into adulthood and are themselves often parents or sometimes even grandparents. Referring to them as “children” is therefore problematic, and many prefer being called a “son/daughter”, or simply an “adoptee”.</p> <p>Another term in the literature that is often used is “reunion”, referring to the process of a parent and their adopted son or daughter making contact. However, it is important to distinguish between the process of exchanging details, communicating, or even meeting—and the longer term aim of effecting a “reunion”; therefore, it should be seen as a process from making contact through to possible reunion. (pp. 5–6)</p>
Forced adoption	<p>The term refers to mothers who were forced to give up children for adoption. From the mid-20th century until the 1970s and 1980s, adoption practice in Australia reflected the concept of secrecy and the ideal of having a “clean break” from the birth parents. Closed adoption is where an adopted child’s original birth certificate is sealed and an amended birth certificate issued that establishes the child’s new identity and relationship with their adoptive family.</p> <p>The experience of closed adoption included people being subjected to unauthorised separation from their child, which then resulted in what has been called “forced adoption”.</p>
Forced family separation	<p>Some mothers object the term “forced adoption” as a description for their experience, as the primary event was an illegal separation between them and their baby—whether or not the baby was subsequently adopted (some babies forcibly removed spent considerable time in children’s homes or other out-of-home care settings, and some mothers subsequently learned their son/daughter was never adopted). To reflect that, the term “forced family separation” may be more accurate and inclusive than “forced adoption”.</p>

Key term	Definition and explanation
Therapeutic case management	<p>Case management generally covers the following core elements—assessment of a client’s needs for services; case planning and coordination, monitoring to ensure services are received; and advocacy on behalf of a client; whereas, therapy refers to the provision of specific therapeutic services (such as counselling) where the focus is on improving a client’s mental and emotional wellbeing.</p> <p>Therapeutic case management is where a case manager’s relationship to the client is primarily as a therapist (or is delivered with the sensitivity and care of a therapeutic intervention) and where the case management functions are undertaken as part of the intervention. It involves the delivery of case management functions in a way that develops a therapeutic alliance with the client, characterised by trust, empathy, healthy relationships and a focus on promoting the wellbeing of clients.</p>
Trauma-informed care	<p>A trauma-informed program, organisation or system realises the widespread impact of trauma and understands potential paths for recovery. It recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices. It seeks to actively resist re-traumatisation. Trauma-informed care means the entire organisational culture reflects a trauma-aware approach in all work practices and settings.</p> <p>Specific trauma-specific interventions are best delivered as part of a trauma-informed system of care operating within a trauma-aware organisation. Trauma-specific interventions refer to clinical services or programs designed to treat and ameliorate the actual symptoms and presentations of trauma.</p> <p>Organisational responses to trauma tend to occur on a continuum from basic trauma awareness, to trauma sensitivity and trauma responsiveness, through to trauma-informed and/or trauma-specific interventions.</p> <p>For Forced Adoption Support Service providers working with people affected by forced adoptions in a trauma-informed service ensures the provision of:</p> <ul style="list-style-type: none"> ■ a safe and supportive environment that protects against physical harm and re-traumatisation; ■ an understanding of clients and their symptoms in relation to their overall life background, experiences and culture; ■ continued collaboration between service provider and client throughout all stages of service delivery and treatment; ■ an emphasis on skill-building rather than managing symptoms; ■ an understanding of the symptoms and survival responses required to cope; ■ a view of trauma as a fundamental experience that influences an individual’s identity rather than a single discrete event; and ■ a focus on what has happened to a person rather than what is wrong with a person (Wall, Higgins, & Hunter, 2016).
Warm referral	<p>A “live” three-way conversation in the presence of the client (whether face-to-face or by telephone) in which the referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.</p>
“No-wrong-door” approach	<p>Clients should be able to receive a prompt response no matter which service they first approach for assistance, or where they currently reside, or where the adoption took place. If the client requires assistance, for example, with records access where records are held in another jurisdiction, the FASS provider with which the request has been made should seek assistance from the FASS provider (or other post-adoption provider) in the relevant jurisdiction.</p>

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The three overarching principles

The agreed overarching FASS principles are:

- **Accountability:** services to be accountable to clients, network partners, referral and funding agencies as evidenced through quality assurance measures, formal referral processes, data-collection processes and transparent information;
- **Accessibility:** services to be accessible and adaptable to clients' needs within the parameters of resourcing and location; and
- **Effectiveness and diversity:** services are to use trauma-informed best practice and be delivered in ways that are high quality, holistic and provide a continuum of care for a diversity of client needs.

Principle 1: Accountability

Service providers are accountable and transparent in their service provision—as evidenced by quality assurance measures, clear referral processes, data collection and transparent information

Guideline

The intent of this principle is to ensure that Forced Adoption Support Services deliver services in a way that is accountable to service users and programme funders, and which meets legislative and quality assurance obligations.

Examples of how this principle might be demonstrated include:

- Services are transparent about their historical involvement in past practices relating to forced adoption and forced family separation. This includes disclosure protocols to be delivered by staff when first engaging with service users.
- Staff should endeavour to greet clients with warmth and to use sensitive language (see “Explanation of key terms”, above).
- Staff are adequately assessed and trained in delivering client services to a high standard of professionalism, including applying principles of confidentiality and impartiality.
- Services should ensure clear and accessible documentation about services and case-management processes (covering issues such as consent, confidentiality, client data and reporting, assessment, referral, case planning and coordination, and advocacy). This documentation should be used to guide practice and be freely available to clients upon request.
- Services must have internal complaints processes in place for clients to use if required. Processes must be prominently displayed and accessible.
- Services should deliver services in accordance with all relevant professional-sector or organisational obligations, such as relevant mandatory legislation (e.g., regarding privacy or health records), professional codes of ethics (e.g., for counselling, social work or psychology), and funding or any other agreements.
- Services should collect and store administrative data about clients and the services provided in accordance with appropriate internal quality assurance processes as well as relevant governing legislation regarding consent and confidentiality.
- Services will fulfil regular reporting obligations in accordance with relevant funding or legislative requirements.
- Services must help raise awareness of their service availability, including through local networks.

Principle 2: Accessibility

Within the parameters of resourcing and local circumstances, Forced Adoption Support Services should endeavour to make services accessible to clients and be flexible in the mode of service delivery in order to meet client's needs.

Guideline

The intent of this principle is to ensure that providers deliver services in a way that are, as far as possible, accessible to clients and able to be adapted to clients' needs and desires.

Examples of how this principle might be demonstrated include:

- Services are to have readily identifiable and trained staff as first point of contact for clients.
- Hours of operation are flexible to try and accommodate client needs (depending on local circumstances and available resourcing).
- Services provide flexible, culturally sensitive and accessible services that ensure access to any people who face a real or perceived barrier to receiving assistance. Services have strategies in place to achieve this.
- Services are to be as accessible as possible to those living in rural and remote areas via a range of support modalities (e.g., online support, outreach services, phone consultation).
- Services must be accessible to all target groups, including Indigenous people and culturally and linguistically diverse (CALD) communities.
- Services are to be as accessible as possible to those living with a disability.
- Services delivered under FASS funding, and those recommended through case-management referral, should include low-cost options.
- Services are to provide timely responses to clients.
- Therapeutic case-management services should be made readily available for crisis, short-term and longer-term support needs of clients.
- Where clients need to be referred to other services, providers will support them using a therapeutic case-management approach and "warm referral" as needed.

Principle 3: Effectiveness and diversity of services

Services are to be based on best practice and use a trauma-informed and therapeutic case management approach. Forced Adoption Support Services must endeavour to provide a range of services that cater for diverse needs, and deliver services in a way that is high quality, holistic and provides a continuum of care.

Guideline

The intent of this principle is to ensure that Forced Adoption Support Services deliver services that are trauma-informed and use a therapeutic case-management approach where possible. Providers must also endeavour to cater for clients with diverse needs and perform services in a way that is integrated with other service providers.

This principle also aims to ensure that providers are committed to continually improving services. An aspect of continuous improvement includes sharing evidence-based best practice with other FASS providers, with colleagues in local networks and with the broader adoption-support sector, and learning from the experiences of other services in order to improve the quality and consistency of services.

Examples of how this principle might be demonstrated include:

Effective and high quality services:

- Service providers must have the skills to deliver services to people affected by forced adoptions. The level of assistance may depend on the issues presented by the client, and could range from case management through to warm referrals to other relevant providers.

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- Services are respectful of, and sensitive to, the different histories and needs of people affected by forced adoptions and:
 - promote client self-determination;
 - give options so that people can make informed choices such as to access support that is independent from FASS providers;
 - make referrals and advocate to mainstream services to create a common approach in delivering support;
 - provide services on the basis of a client’s informed consent; and
 - work with clients using sensitive language, using warm referrals and employ the “no wrong door approach”.
- Services must be able to address client’s issues and problems associated with grief and loss, trauma, identity, shame, guilt, rejection, anger/hurt, difficulties in maintaining friendships or close relationships with family (attachment issues), anxiety and self-confidence.
- Staff are appropriately trained or experienced regarding forced adoption and forced family separation issues. Specifically:
 - services must be provided on the basis of trusting relationships;
 - staff are provided with adequate opportunities for professional training and to network with partner agencies (e.g., the Australian Psychological Society’s online training: *Understanding and supporting people affected by forced adoption*); and
 - appropriate clinical supervision is available to staff.
- Services clearly articulate the conceptual underpinning of their model of service delivery, allowing service users to better understand the services they are receiving.
- Staff must be clear with clients about their role, including what services they can and cannot provide.
- Staff must carefully respect their clients’ information ensuring that identifying information about clients is only shared if consent is provided.
- Using a therapeutic case-management approach, FASS providers deliver tailored and ongoing client follow-up services.
- Services regularly seek client and stakeholder feedback to assess and improve services. Examples include thorough client satisfaction surveys and feedback forms, reference groups, and stakeholder networks. Services should regularly evaluate the effectiveness of the programme/service offered.
- Services must provide a safe environment for staff and clients and should give their staff clear, written safety policies and procedures, and provide staff with adequate support, training and resources to comply with those policies and procedures.

Meeting diverse needs:

- Through therapeutic case-management, FASS providers should endeavour to give access to a range of options for professional services (e.g., referrals for longer term counselling, finding records, referring to trauma specialists) and peer-support services.
- As far as possible, different modes of participation (e.g., phone, online, face-to-face) should be available to clients.
- As far as possible, services will endeavour to provide support, education and information for other family members.
- Support groups should be offered for clients with a mix of experiences, such as mothers, fathers and adopted persons.
- Where clients prefer, it is desirable to provide options for specific client groups—such as mothers, fathers and adopted persons—to meet separately.
- Aboriginal and Torres Strait Islander clients may present with specific issues and have additional needs—including the need for cultural safety, and the need for FASS providers to recognise and respond to the impact of intergenerational trauma from past removal practices

that led to what is known as the Stolen Generation. (Atkinson, 2013; Bainbridge, McCalman, Clifford, & Tsey, 2015).

- To address diverse client needs, providers must contribute to existing networks or otherwise build and maintain effective relationships with a broad network of relevant services, which may include:
 - peer-support groups;
 - counsellors;
 - mental health practitioners;
 - advocacy groups;
 - Aboriginal and Torres Strait Islander services; and
 - records tracing services.

Continuum of care:

- FASS providers are to develop and/or participate in existing local networks with other professionals and groups to share services, and to incorporate their services into other agencies' work.
- Services unable to meet the full range of presenting needs of clients should develop arrangements with other services for referral or collaborative service delivery arrangements.
- Services should be incorporated into existing services and referral networks (such as family support services or Medicare-funded psychological services).
- Services should prioritise awareness-raising activities regarding the history and effects of forced adoption and forced family separation.
- Where possible, services should link clients to other counselling services and longer-term mental health support services, either within their broader suite of services or through their networks.

Contributors and acknowledgements

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References and resources

References

- Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children* (Resource Sheet No. 21). Canberra: Australian Institute of Health and Welfare. Retrieved from <www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctg-rs21.pdf>
- Australian Institute of Health and Welfare. (2012). *Adoptions Australia 2010–11* (Cat. no. CWS 40). Canberra: AIHW. Retrieved from <www.aihw.gov.au/publication-detail/?id=10737420776>
- Australian Psychological Society. (2016a). *Understanding and supporting people affected by forced adoption: Training for health professionals*. Melbourne: APS. Retrieved from <psychology.org.au/forced-adoption>
- Australian Psychological Society. (2016b). *Forced adoption practice guidance*. Melbourne: APS. Retrieved from <www.psychology.org.au/forced-adoption/training/>
- Bainbridge, R., McCalman, J., Clifford, A., & Tsey, K. (2015). *Cultural competency in the delivery of health services for Indigenous people* (Issues Paper No. 13) Canberra: Australian Institute of Health and Welfare. Retrieved from: <www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2015/ctgc-ip13.pdf>
- Higgins, D. J. (2010). *Impact of past adoption practices: Summary of key issues from Australian research. (Final Report)*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs. Retrieved from <www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/impact-of-past-adoption-practices-summary-of-key-issues-from-australian-research>

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- Higgins, D., Kenny, P., Sweid, R., & Ockenden, L. (2014). *Forced Adoption Support Services Scoping Study: Report for the Department of Social Services by the Australian Institute of Family Studies*. Melbourne: AIFS. Retrieved from <www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/forced-adoption-support-services-scoping-study>
- Kenny, P., & Higgins, D. (2015). *National Practice Standards for Australian Government funded Forced Adoption Support Services: Draft discussion paper*. Melbourne: AIFS. Retrieved from <aifs.gov.au/national-practice-standards-australian-government-funded-forced-adoption-support-services-discussion>.
- Kenny, P., Higgins, D., & Morley, S. (2015). *Good practice principles in providing services to those affected by forced adoption and family separation*. Canberra: DSS. Retrieved from <www.dss.gov.au/families-and-children/publications-articles/good-practice-principles-in-providing-services-to-those-affected-by-forced-adoption-and-family-separation>
- Kenny, P., Higgins, D., Soloff, C., & Sweid, R. (2012). *Past adoption experiences: National Research Study on the Service Response to Past Adoption Practices* (Research Report No. 21). Melbourne: AIFS. Retrieved from <www.aifs.gov.au/institute/pubs/resreport21/index.html>
- Parliament of Australia. (2013). *National apology for forced adoptions*. Retrieved from <parlview.aph.gov.au/mediaPlayer.php?videoID=190367>
- Senate Community Affairs References Committee. (2012). *Commonwealth contribution to former forced adoption policies and practices*. Retrieved from <www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/report/index>
- Wall, L., Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services* (CFCA Paper No. 37). Retrieved from <aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services>.

Program and funding information

Department of Social Services – Families and Communities Programme. **Forced Adoption Practices** <www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices>

Department of Social Services – Families and Communities Programme. (2015). **Forced Adoption Support Services Operational Guideline** <www.tinyurl.com/zaby6vg>

Higgins et al.'s (2014) **Forced Adoption Support Services Scoping Study** contains a list of agencies and organisations who have expertise and resources relating to provision of services to those affected by forced adoption. See: <www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/forced-adoption-support-services-scoping-study>.

Other resources

Forced adoptions community of practice

<aifs.gov.au/projects/forced-adoptions-community-practice>

Adoption and forced family separation

<aifs.gov.au/our-work/research-expertise/past-adoption-and-forced-family-separation>

Understanding forced adoption – an introduction for health professionals (Webinar)

<psychology.org.au/forced-adoption/webinars>

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