



Institute of Open Adoption Studies

**Open Adoption of Children
NSW Out-of-Home Care:**

**Foster Carers' Perceptions
about the Motivations and
Barriers**

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Executive Summary

Between October and December 2017, the Institute conducted an internet-based survey with foster carers in NSW. A total of 76 foster carers responded to the survey which explored perceptions, motivations and barriers to adopting children from out-of-home care (OOHC), with a focus on whether to adopt the children currently in their care. Focus groups were also conducted with 30 carers, in Sydney and regional NSW, to gain a deeper insight into the experiences and views of foster carers.

The context for the study was the major reforms initiated by the NSW Government to reduce the number of children who remain in long-term foster care, and to prioritise Kinship care, guardianship, or open adoption, over long-term foster care, when restoration is not realistically possible. The survey and focus groups were conducted to explore the influence of these reforms on foster carers' decisions to pursue open adoption of the children in their care, concerns or barriers to pursuing open adoption and their experiences as carers, including of birth family contact.

Most of the foster carers who participated in the study were receiving support from a non-government foster care agency (85%), while a smaller number were supported by NSW Family and Community Services (15%). Carers were asked a series of questions, designed to capture their views about being a foster carer and the factors they considered when deciding whether to adopt the children in their care. Four main themes emerged from analysis of the survey and focus group discussions. These were:

1. **Support needs of children**
2. **Respect and autonomy for carers**
3. **Availability of credible, reliable information**
4. **Relationships with birth families.**

This report presents the rationale for the study and a review of the literature, methods used and the main findings. The report is divided into the following five sections:

Section 1 – Background and Literature

The recent changes to the NSW legislation for the placement of children in out-of-home care provides the context for the study. The practice of open adoption from out-of-home care in NSW is distinctly different to other States and Territories in Australia, and to overseas approaches. The study drew on the existing literature about the barriers and motivations for out-of-home care adoption, which is summarised in this section.

Section 2 – Study Methods and Participant Demographics

The methodological approach of the study is outlined in section 2, including the rationale for the study design and questionnaires. The survey questions included: history and experience

of providing foster care, awareness and understanding of open adoption, perspectives and motivation to adopt from foster care, and perceptions and attitudes towards birth families. In addition, respondents were asked to rate their level of social support and life satisfaction, and to provide basic demographic information such as gender, marital status, and education level.

Section 3 – Survey Results

A detailed analysis of the foster carer responses to the on-line survey is provided in this section. The questions were designed to explore and understand foster carers' views of open adoption and the adoption of children from foster care. This includes their experiences as a foster carer, views on open adoption of children from out-of-home care, perceived benefits and barriers to adoption, and perceptions of birth family.

Section 4 – Focus Group Findings

During the focus groups, carers discussed their experience of foster care and their interactions with the care system. The groups provided an opportunity for an in-depth review of the factors influencing foster carers to consider adoption, and their concerns about the support available for adoption.

Sections 5 – General Discussion

This section draws together the key findings from the study and considers their implications for practice. The main issues raised by participants included the importance of supportive caseworkers; availability of accurate and credible information; access to services to meet the specific needs of the children in their care; and assistance with establishing and managing contact with the child's birth family.

Summary of Key Findings

The survey provided an overall view of foster carers' awareness and perspectives of open adoption, and the factors foster carers in NSW consider when deciding whether to adopt the children in their care. The focus groups with foster carers offered the opportunity to explore these themes in more depth, and to capture more of the lived experiences and issues for foster carers. Overall, the findings from this study are consistent with a recent survey conducted by Adopt Change, and with overseas literature, primarily from the United Kingdom (UK) and United States of America (US).

Despite recent policy and legislative efforts in NSW to increase the rate of children adopted from out-of-home care, it would seem for many carers the perceived barriers continue to outweigh the benefits. Carers were clear that they believed that adoption should be about meeting the needs of children, however, they were also concerned about the constraints of providing lifelong care for children from out-of-home care without support. If there is to be an increase in the number of children adopted from out-of-home care, there will need to be a systematic response to the concerns expressed by foster carers.

It is evident that out-of-home care is a complex issue and one that requires an in-depth consideration of many factors. A summary of the key findings is provided below.

Key Findings

- While 94% of carers reported that they had considered adoption, less than half of these (37%) had taken steps to proceed with an adoption. Reasons for not pursuing an adoption included: their agency had discouraged them or not responded to their application; they found the process too difficult; or they were concerned about the loss of financial support, and/or support for managing contact.
- Carers' decisions about adopting the children in their care are complex and involve weighing up the emotional and practical benefits and drawbacks of adoption. These decisions are influenced by societal, political, systemic, and personal factors.
- The strongest motivation for adoption was the desire to provide a lifelong, permanent, secure and stable home for the child in their care, followed by the benefit of family autonomy, and to be able to make parenting decisions independent of out-of-home care agencies.
- Carers reported that they found it difficult to access reliable information about the adoption process, including the lack of consistent and supportive interaction with agency caseworkers.
- Some carers found the prospect of managing birth family contact without agency support daunting. Their concerns about contact were usually related to the behaviour of some birth family members.
- Foster carers were also concerned about the loss of access to specialist services for their children, many of whom had emotional and behavioural difficulties as a result of their adverse experiences which led to them being in care.
- Carers wanted to be able to access support and specialist services when issues arise with their children due to past adverse experiences. Children's and carers' support needs varied from informal peer networks to intensive therapeutic programs.
- Carers believed that adequate post-adoption financial and other support should be made available for adopted children and families, including assistance with managing birth family contact if necessary.
- Adoption of Aboriginal children is a sensitive issue that needs to be carefully considered in consultation with Aboriginal communities and agencies. The best interests of children need to be balanced with the importance of maintaining connections with culture, Kin and Country.

Section 1 - Background and Literature

Context for out-of-home care adoption in NSW

Changes to adoption legislation in NSW

In late 2014, the NSW *Children and Young Persons (Care and Protection) Act 1998*, hereafter referred to as the *Care Act*, was amended to emphasise the importance of permanency for children. The amended legislation aimed to strengthen permanency planning practice to ensure stable permanent homes for children who cannot be returned home safely to their parent/s.

The order of preference for the consideration of permanent placement of children who cannot be restored to their parents is:

1. long-term guardianship arrangement with other family members or suitable persons in kinship or relative care
2. open adoption by non-relatives and other carers (for non-Aboriginal children)
3. parental responsibility to the Minister until a child turns 18 (generally meaning foster care with unrelated persons)
4. if 1, 2 and 3 are not practicable or in the best interests of an Aboriginal child, the last preference is for the child to be adopted (following extensive consultation and cultural planning) .

The other significant change introduced with the amendments was the distinct provision for long-term carers to adopt. The NSW *Adoption Act 2000* was amended to streamline the process for authorised carers to adopt a child or young person in out-of-home care.¹ In addition to these changes, the consent of parents to adoption can be dispensed with if it can be shown that there is an *'established stable relationship with those carers'* and that the adoption *'by those carers will promote the child's welfare'*² (Ross & Cashmore, 2016).

However, even parents who do not consent to the adoption can participate in the development of the adoption plan to a greater extent than before the amendment of the Adoption Act in 2014. This change recognises parents' interest in planning for their child's future, including decisions about having contact with them and maintaining cultural identity and the importance of children retaining links with their birth family and other significant people in their lives where it is in their best interests.

¹ Section 67 (c) and (d) Adoption Act 2000 (NSW) as amended by the Adoption Amendment Act 2006 (NSW).

² Section 46 (2A) and (2B) Adoption Act 2000 as amended by the Adoption Amendment Act 2006 (NSW).

While open adoption is the permanent transfer of legal parental rights from the birth family to the adoptive parents, it involves the exchange of information between children's adoptive and birth families and the possibility of ongoing contact. In NSW, there is an expectation that there will be face-to-face contact between an adopted child and their birth family, where possible and it is in the child's best interests.

Under the current NSW *Their Futures Matter* reforms, a Permanency Support Program has been established to encourage uptake of adoption by foster carers. The NSW government has also invested in the Adoption Transformation Program to progress outstanding adoption applications and to propose avenues to streamline the adoption process.

Australian adoption rates

Since these legislative changes were enacted, adoptions from out-of-home care in NSW have risen, though they remain quite low compared to the number of children in care. While overall adoption numbers in Australia have declined, the rate of adoptions from out-of-home care have been increasing. In 2016-2017, there were a total of 315 adoptions finalised in Australia, 143 of these were adoption of children by their carers. Of these carer adoptions, 131 took place in NSW (AIHW, 2017).

As of 30 June 2018, there were approximately 18,780 children in care in NSW and nearly half of the children who entered out-of-home care were under five years of age (FACS Statistics, 2018). In addition, nearly half (46%) of the children in out-of-home care were in continuous placements for more than five years. After Aboriginal children and Kinship placements are excluded, there is still a large cohort of children for whom adoption may be suitable, particularly as outcomes tend to be best for children who have been adopted early (Thomas, 2013).

In the context of these legislative changes and the efforts of the NSW government to increase the number of adoptions from out-of-home care, it is important to understand foster carers' perspectives and factors that may influence whether they pursue open adoption. There has been little systematic Australian research on key factors that foster carers consider in their decisions to adopt the children in their care. This was the rationale for the Institute to conduct this study to explore foster carers' experiences, their perspectives of open adoption, and their motivation to adopt the children in their care.

History of Adoption in New South Wales

It is likely that the legacy of past adoption practices in Australia have contributed to a reticence for public debate and discourse on open adoption. During the greater part of the 20th century, adoptions were kept secret and intended to provide a 'clean break' from birth parents (Higgins, 2012). In the era now known as Forced Adoptions (1950s-1970s), pregnant unwed mothers were often coerced into relinquishing their infants, who were then adopted by married couples. Parties affected by the forced adoptions have, and continue to, suffer from unresolved trauma, grief and loss (Higgins, 2010).

The adoption of Aboriginal children is also a contentious issue, as a result of what is now referred to as the *Stolen Generations*. The *Stolen Generations* entailed the forcible removal of Aboriginal and Torres Strait Islander children from their families between the 1910s and 1970s under protectionist and child welfare policies and practices. Many members of the Stolen Generations to this day have not been reunited with their families or have had difficulties establishing genealogical links (Australian Human Rights and Equal Opportunity Commission, 2012). The Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) grew from a community movement initiated by Aboriginal and Islander Child Care Agencies (AICCAs) during the 1970s (Arney et al., 2015). This Principle has been introduced into legislation and policy across all Australian states and territories with the aim of enhancing and preserving children's connections to family and community, as well as their sense of cultural identity (Tilbury et al., 2013).

In NSW the preferred placement of Aboriginal children is with Kin, or Aboriginal carers. The NSW legislation allows for the adoption of Aboriginal children to be considered in particular circumstances; such as, if other placement options are exhausted, there is extensive and meaningful consultation with family, extended family and the Aboriginal and Torres Strait Islander community, and there is clear evidence that adoption is in the best interests of the children over other placement options.

Adoption practices in New South Wales today are distinctly different from past adoption practices and are characterised by the *open* exchange of information and the expectation of regular contact between birth and adoptive families (FACS, 2017a). The openness in attitude is also reflected in the value that is placed in allowing adopted children to understand their background, and supporting them to have a connection with their birth family and cultural heritage. However, there is limited public awareness about these changes. The Institute recently conducted an internet-based survey with 1,000 residents in NSW exploring perceptions, motivations, and barriers to adopting children, particularly from out-of-home care. More than half of the respondents indicated that they did not know what 'open adoption' was and only 1 in 5 provided an accurate definition of open adoption. This suggests that targeted efforts are needed to address misconceptions about open adoption (Luu, Wright, & Pope, 2018).

Adoption process in NSW

The route from foster care to adoption in NSW is a two-step process, regulated by two courts. First, the Children's Court makes a finding under the *Care Act* that there is no realistic possibility for the child to be restored to their parents, and then decides the appropriate placement in accordance with the order of placement principles. Second, if the child's carers wish to pursue adoption, an application is made to the Supreme Court, under the *Adoption Act 2000* (Ross & Cashmore, 2016). The legal cost for an adoption from out-of-home care is covered by the Department of Family and Community Services.

If the birth parents do not consent to the adoption, it may become a contested adoption, and the best interest of the child, as in all adoption cases, must be determined by the

Supreme Court. In a contested matter, hearings are held with the proposed adoptive parents and the birth parents. The Court must assess what is in the child's best interests, and whether an adoption order should be made.³ If the Court determines that adoption is in a child's best interest, in contested or uncontested adoptions, an Adoption Plan is usually developed to accompany the Adoption Order. The Plan sets out the agreement for contact with members of the child's birth family; the sharing of information between the birth family and adoptive family; and how the child will be supported to develop a healthy and positive cultural identity. The Plan is signed by both the adoptive parents and the Department, and can be formally registered as a court order. If there is disagreement about whether the Adoption Plan is being properly followed, the parties to the plan can ask the Department for a review, and an application can be made to the Supreme Court for further review if agreement cannot be reached.

Financial support and other forms of support (for example, agency assistance with facilitating contact) may be included as part of the Adoption Plan. Measures include the reintroduction of an adoption allowance from July 2017, linked to eligibility for Family Tax Benefit A. If families do not qualify for Tax Benefit A, they can receive a one-off transitional payment of \$3000 and an annual payment of \$1500. However, the adoption payment is a significant reduction from the benefits available to foster carers.

Literature on Adoption from Out-of-Home Care

There is little Australian research on the factors influencing the decision to adopt from out-of-home care. The results of a survey conducted by the Institute of Open Adoption Studies (Luu et al., 2018) on the motivations of the general public to adopt children from out-of-home care suggests that greater awareness of open adoption increases the likelihood that someone will consider adopting a child from care. This finding is consistent with previous studies which show that people who have adopted or fostered a child, or know someone who has, are more likely to view adoption and fostering positively and consider doing it (Tyebjee, 2003; Scott & Duncan, 2013).

Compared to other countries such as the U.S. and U.K., only a small fraction of Australian children in care are adopted: less than 1% in NSW, whereas it is estimated to be 6% in England (DfE, 2017) and 13% in the US (AFCARS data, 2017). Looked after children in England may be fostered by one family but adopted by a different family. In the US, adoptions may occur with specially recruited adoptive families, or through a concurrent planning, when a child with a case plan for restoration may be placed with a family who will adopt the child if the restoration is not achieved. Despite differences in policy and practice, research from the US and UK can provide some insight into foster carers' motivations to adopt.

³ Supreme Court Practice Note SC EQ 13 - Supreme Court – Adoptions (1 July 2016).

Links between motivation to adopt and motivation to foster

Motivation to foster children and motivation to adopt may be closely aligned, suggesting that foster carers are likely candidates for adoptive parenting. Indeed, Kirton, Beecham and Ogilvie (2006) found in a survey of foster carers in England that greater *involvement* in foster care was associated with greater likelihood of considering adoption. That is, those who had spent more time as a carer, offered a greater number and range of placements, and engaged in fostering social activities and events were more likely to consider adopting the child in their care. Therefore, it appears that interests in fostering and in adopting often work in parallel.

Previous studies have demonstrated that people who intend to foster as well as people who intend to adopt have similar motivations that are child-focused (Tyebjee, 2003): they perceive many children are in need and that adoption or fostering would make a positive difference in a child's life. A large scale national survey in Sweden conducted by Malm and Welti (2010) of the adoptive parents of 2,089 adopted children (which included foster care adoptions, private adoptions, and intercountry adoptions) found that primary motivations for adoption were to provide a permanent home for a child, followed by expanding the family.

Interestingly, in the Malm and Welti study, more than half of adopted children (52%) had parents who cited infertility as their motivation for adopting. On further exploration, it was revealed that parents who did not know their child prior to adoption were more likely to cite infertility and expansion of family as reasons for motivation, whereas parents who already knew their child prior to adoption had other reasons, such as having already formed a bond with the child in their care. Hence, it appears that motivations for known child adoptions are may differ from the motivations for unknown child adoptions.

Financial support

Post-adoption financial support has also been shown to be an important factor in deciding whether to adopt. Argys and Duncan (2013) explored the role of economic incentives in US foster parents' decisions to adopt the child in their care. The study used administrative data with a large sample (118,452 children in foster care in 29 states between 1998 and 2006) to examine the influence of foster care and adoption subsidies after the introduction of the *Adoption and Safe Families Act of 1997*. While the Act mandates states to provide adoption assistance payments, it is up to each individual state to decide the level of adoption assistance, so there is variability in how much adoption subsidies differ to foster care payments. These natural variations in payments in each state were investigated to determine whether lowering costs of adoption impacted carers' decisions to adopt a foster child. Analysis revealed that lowering the cost of adoption increases the number of adoptive parents in two ways. First, generous adoption and fostering payments attract more people willing to become foster carers or adopters and, second, lowering the cost of adoption (by increasing the adoption subsidy) relative to the cost of foster care attracts more carers to adopt the children in their care. Further, the increase in adoption rate is observed for nearly all children regardless of age, gender, race, and disability.

There is movement towards an investment approach to the child welfare system with adoption from care offering better outcomes for children at lower cost (Zill, 2011), so that cost savings can be reinvested into supports that enhance the wellbeing of children and their adoptive families. For example, in the UK, as recognition of the fact that families may need support during and after an adoption, the Adoption Support Fund (ASF) was established in 2015 to cover essential therapy services for adoptive families when they need it (DfE, 2013). In two years, the ASF has spent over £50 million on providing therapeutic support for over 23,000 children adopted from foster care as well as children on guardianship orders and intercountry adoption (Adoption UK, 2017).

In an evaluation of the ASF, King, Gieve, Iacopini, Hahne, & Stradling (2017) found that the post-adoption support was experienced positively by adoptive parents and that it improved their wellbeing, as well as that of their child and family functioning. Indeed, it was found that children who used the fund had higher levels of emotional, behavioural, and developmental needs compared to children in the general population. Such findings suggest that post-adoption support is a genuine need. In light of this, the limited availability of post-adoption support services may serve as a barrier to carers adopting the children in their care in NSW.

Foster carers in the UK have reported a mix of factors that encourage and inhibit their decision to adopt. Beek and Schofield (2002) conducted focus groups with 40 foster carers and adoptive parents to explore how they perceived permanency and the challenges they faced. Carers who adopted the child in their care were satisfied with being able to make parenting decisions, but they were also appreciative of the continuity from their role as a carer. Most adoptive parents reported feeling secure and noted that their children valued feeling like a member of the family. Those who were foster carers stated that they wanted continuity of care even when the child aged out of the foster care system at 18 because they saw their foster children as one of their own.

On the other hand, a major barrier to proceeding with an adoption order were concerns about the predictability of financial supports, which were perceived as changing with the whims of politicians. Carers valued the high level of post-adoption supports in place in the UK, including financial support, support for contact with birth parents, and support from their social worker (Beek & Schofield, 2002).

Post-adoption support

Availability of post adoption support emerges as a key issue in the literature. Thomson, McArthur and Watt (2016) conducted a literature review of factors that influence people to become a foster carer, which highlighted the importance of pre- and post-adoption services to prevent disruption of the growing number of adoptions from care in Australia. A key message from the review was that pre- and post-adoption services are critical to placement success, and adoptive parents need individualised support. Adoptive parents reported they wanted credible information about:

- their children and their backgrounds
- the likely issues they will face as the child matures, particularly during adolescence
- how to access appropriate services and guidance.

During a NSW *Ministerial Open Adoption Forum*, adoptive families reported that there is a lack of support services for open adoption, with unreliable information provided to carers, inconsistent communication between agencies, and staff who require more training about adoption (FACS, 2016). Carers generally sought support from their peers because they often felt that agency workers view requests for assistance as a sign of their inability to cope with the child in their care.

Contact with birth family

Birth family contact is often mentioned as a challenge across many different placement types so it is important to ensure that contact is appropriate and positive for children no matter what type of permanency pathway they are on (Beek & Schofield, 2002). As noted in an Open Adoption Forum organised by FACS (2016), carers and adoptive parents indicated that an ongoing relationship with birth families can be positive and rewarding, but that support was needed to promote the development of relationships. For the most part, caseworkers facilitate supervised contact with birth parents when family reunification is the likely outcome (Taplin et al., 2015).

Prior to an adoption order being made, however, prospective adoptive parents are expected to demonstrate the ability to independently arrange and facilitate birth family contact, but many may lack the skills and confidence to do so. Birth parents may be experiencing grief and loss, in addition to the issues that precipitated their child's removal. Such factors may serve to undermine the capacity of adults to build relationships with one another.

International research on adoption emphasises the need for professional support for adoptive and birth families to manage contact (Neil, Cossar, Jones, Lorgelly, & Young, 2011; Selwyn, Meakings, & Wijedasa, 2015). However, the findings of Neil et al. (2011) revealed that caseworkers tend to focus exclusively on the needs of a child in managing contact. Hence, it appears what is needed is adequate support for adoptive (and birth) families so they can build and sustain positive relationships post-adoption and have the skills to manage boundaries and adapt to circumstances which change over time.

The research into contact in the UK. by Neil and colleagues, has led to the development of tools and resources for practitioners to support professionals, birth relatives and adopters in England with planning for post-adoption contact.⁴ However, in NSW, where face-to-face contact is often encouraged, resources on supporting post-adoption contact are not widely available. NSW foster carers cited the challenges of independently managing post-adoption birth family contact, without support from an agency, as a factor that discourages them adopting the children in their care.

⁴ Research in Practice website: <https://contact.rip.org.uk/>

Agency factors

Barriers to adoption can also be at the out-of-home care agency level. For instance, Denby, Alford and Ayala (2011) found that, in a US study of prospective adoptive parents who hoped to adopt a child with special needs from foster care, social workers were often unprofessional, lacked the necessary knowledge and expertise about the adoption process, or appeared to intentionally delay the process. Such workers were also perceived as disapproving of older parents and preferring foster care over adoption. There were also concerns about the high rate of staff turnover.

Those who completed the adoption process often had a supportive adoption worker and network of family or friends, as well as access to counselling and support groups which helped them with challenges during the process. In contrast, prospective adoptive parents who discontinued the adoption process cited conflict with adoption workers, overly strict child placement parameters and time delays as reasons for their decision not to follow through with adopting a child with special needs from foster care. Such findings suggest that prospective adoptive parents can be frustrated by setbacks which are largely a result of the system, and agency staff are seen to be clearly important for facilitating the adoption process (Denby, Alford and Ayala, 2011).

In 2015, the Department of Family and Community Services (FACS) conducted consultations to assess FACS and NGO practitioner knowledge and attitudes towards open adoption for children in out-of-home care. The study highlighted a range of social, emotional and workload challenges in the out-of-home care sector that directly influence the attitudes and existing practices surrounding open adoption. High staff turnover, lack of practitioner confidence about the process and legislation associated with open adoption, and managers who did not support adoption were cited as key barriers for case workers (NSW Family and Community Services, 2015).

Motivation to adopt in NSW

A recent survey of 1,481 guardians, adoptive parents and other carers (FACS, 2017c) revealed that 44% would consider open adoption. The main reasons cited for supporting adoption were:

- improved permanency outcomes for children
- increased confidence that the child or young person would remain part of their family
- greater stability for all family members
- removed stigma of foster or relative/kin care
- reduced involvement with the Department and out-of-home care agencies.

In one of the few Australian studies on motivations to adopt, a survey of 1,000 prospective adoptive parents (considering intercountry, local and out-of-home care adoption) found that more than half (57%) experienced unexplained setbacks during the adoption process, with over 80% feeling overwhelmed by the complexity of information about adoption and the

actual process (Adopt Change, 2017). For many respondents, pursuing adoption depended on the unique circumstances of the child in their care, personal factors, and systemic factors, including policies and practices of their agency. Some prospective adoptive parents, who currently had the care of a child from out-of-home care, voiced their concerns about the complex issues surrounding adoption for Indigenous children, which made adoption unlikely. They expressed concerns about the resistance of some agencies to adoption and whether the child's views are properly considered (Adopt Change, 2017).

Barriers to adoption in NSW

While the Adopt Change (2017) report does not distinguish between the different types of adoptions, many of the barriers identified by respondents are applicable to the process of adopting a child from out-of-home care, and are evident at different phases of the adoption process.

During the initiation phase, challenges included the:

- failure for agencies to respond to queries
- length of time for the adoption process
- lack of clear and accurate information about adoption.

After placement with the view to adoption of children in out-of-home care, an adoption involves a complicated assessment and legal process. Some of the issues raised during the adoption process may include:

- increased awareness of the child's individual needs
- notification to and involvement of birth family members
- inefficient administrative system
- poor communication by agencies and high staff turnover.

Adoption finalisation raises several other complexities, such as:

- lack of post-adoption support
- potential financial stressors
- concerns around amended birth certificates
- managing birth family contact without the help of the agency.

Section 2 – Methodology

Foster Carer Survey

The survey was created to explore and understand foster carers' views of open adoption and the adoption of children from foster care. Questions were related to experience as a foster carer, views on open adoption of children from out-of-home care, perceived benefits and barriers to adoption, and perceptions of birth family. Some of the questions were also drawn from those used in a survey conducted with the NSW general public (Luu et al., 2018).

Participants

The foster carer survey had a total of 76 respondents (92% female), who were invited to complete the online survey via social media platforms of foster carer support groups. Participants who were interested in, or attended, the foster carers' focus groups were also asked to complete the survey. Demographic characteristics of the foster carers who responded to the survey are presented in Table 1.

Table 1 - Demographic Characteristics of Foster Carer Survey Respondents

Demographic Characteristic	Percentages
Sample	76 foster carers
Geography	All NSW 5% urban-city 46% urban-suburbs 49% regional or rural
Gender	92% female 8% male
Age	18-24 years old (13%) 25-34 years old (31%) 35-44 years old (45%) 45-54 years old (9%) 55+ years old (2%)
Employment status	Unpaid work inside home (41%) Full time paid work outside of home (17%) Part time paid work outside home (22%) Self-employed (13%) Volunteer work (6%) Retired (2%)
Education	Year 12 or below (16%) Trade/Apprenticeship (39%)

	Bachelor's degree or above (45%)
Actively practice a religion	Yes (30%) No (70%)
Has biological children	Yes (62%) No (38%)
Average household income (determined by splitting the groups into thirds: low, moderate, high)	Low: less than \$59,999 (24%) Moderate: \$60,000 to \$99,999 (25%) High: \$100,000 or more (28%) Prefer not to answer (24%)

Note. Percentages are based on valid percent (i.e., those who responded to the question).

Materials

Questions for the survey were drawn and adapted from surveys that were used in other research studies, including Randle, Miller, Dolnicar and Ciarrochi (2014) and surveys conducted by FACS NSW (not publicly released). Prior to full launch, the survey was pilot-tested by three foster carers. The survey was also reviewed by out-of-home care and adoption team personnel at FACS to ensure ease of completion and appropriateness of language. The survey took approximately 30-40 minutes to complete.

The types of questions are outlined below:

History and experience of foster care - the survey asked carers to provide details of their foster care experience, including:

- length of time as foster carer
- how many children were currently in their care and their ages
- the nature of care they provided (e.g., short-term, respite care, permanency placement)
- whether they provided care for special groups of children (e.g., disability, sibling groups, children of Aboriginal and/or Torres Strait Islander background).

Agency satisfaction - foster carers were asked whether they receive casework support from FACS or a non-government organisation, to rate their satisfaction with the level of support they obtained from their agency and the foster care payments they received, and outline whether there were challenges around access to therapeutic or support services from their agency. Foster carers were also asked whether they were aware of the means-tested adoption allowance that was introduced from July 2017 and if it affected their intentions to adopt the child in their care.

Awareness and understanding of open adoption – to indicate if they knew what open adoption was, foster carers were asked to describe what the term meant to them and how it differed from past adoption practices. Following these open-ended questions, a series of statements were presented about open adoption (e.g., “An open adoption means that children know who their birth parents are”) and carers were asked to indicate the extent to which they agreed or disagreed with each statement on a 5-point Likert scale.

Awareness of foster care and motivation to adopt from foster care - foster carers were asked whether they had ever considered adoption, how likely they would consider adopting the child or children in their care, if they had acted on such considerations, and how many children they would be willing to adopt. Foster carers were provided with a list of factors to indicate what they thought were the benefits to adopting the children in their care (e.g., “it would give the child/children a greater sense of security and permanency”), as well as reasons for why they might not want to adopt the children in their care (“I would prefer to remain a foster carer”).

Thoughts on adoption of children from foster care - a list was provided of statements about the adoption of children from foster care, and foster carers indicated the degree to which they agreed or disagreed with each statement on a 5-point Likert scale. Statements included, “adoption from foster care provides emotional benefits for the child” and “adoption from foster care is a good alternative for people unable to conceive naturally”.

Perceptions and attitudes towards birth family - foster carers were asked how concerned that would be about managing contact with birth family members if they decide to adopt the child/children in their care. Foster carers were also provided with a list of statements (e.g., “the time it will take to arrange and supervise contact will be too much for me”) and asked to indicate which ones were applicable to them.

Social support - the *Multidimensional Scale of Perceived Social Support* (Zimet, Dahlem, Zimet, & Farley, 1988) was used to assess the perceived adequacy of support from family, friends and significant other. It consists of a 7-point Likert scale from *very strongly disagree* to *very strongly agree*, and carers rated their level of agreement to a series of statements (e.g., “there is a special person who is around when I am in need”).

Life satisfaction - the *Satisfaction with Life Scale* (Diener, Emmon, Larsem, & Griffin, 1985) was used to capture global life satisfaction. On a 5-point Likert scale from *strongly disagree* to *strongly agree*, carers indicated their level of agreement with a series of statements (e.g., “In most ways my life is close to my ideal”).

Other thoughts on adoption from out-of-home care - textboxes were interspersed throughout the survey inviting foster carers to make comments, giving carers the opportunity to provide additional information about their thoughts on adoption from out-of-home care. This allowed us to capture the range and depth of foster carers’ experiences and perspectives not captured by the survey questions.

Demographics - the final part of the survey asked carers about general demographics including gender, age group, marital status, type of area (e.g., city, suburban, regional, rural), employment status, education level, religion, household size, the ages of any biological children currently living at home, and income level.

Foster Carer Focus Groups

The purpose of a focus group is to capture participants' perspectives, experiences and attitudes in an interactive environment which is not possible with a survey or one-on-one interview. A subset of the carers who completed the foster carer survey had also been invited to take part in the focus groups. This allowed a more in-depth view of their experience as a foster carer and their consideration of adopting the children in their care.

Participants

Thirty participants took part in four focus groups held at two metropolitan and two regional locations in NSW between October and November 2017. Participants were recruited with the assistance of agencies, who circulated study flyers which invited foster carers to participate. Focus groups comprised between five and fifteen participants who contributed to a guided discussion on facilitators and barriers to open adoption. The focus groups were held in a local community venue or in a meeting room at FACS or a non-government agency. Carers were provided with a shopping voucher to thank them for their participation.

Materials

Participants were asked a series of semi-structured questions (as shown in the Appendix) which were designed to capture their views about being a foster carer and the factors they considered when deciding whether to adopt the child or children in their care. These questions related to:

- awareness of recent legislative changes
- information and support received from their agency
- views on open adoption, foster care and guardianship
- financial considerations for foster care and adoption
- barriers to adoption
- post-adoption supports
- birth family contact.

With permission from participants, the focus groups were audio-recorded and were then transcribed. Thematic data analysis was conducted using Dedoose™ qualitative software.

Study Limitations

The limitations to the current study are acknowledged. Participation relied on participant self-selection and is therefore not a representative sample of all foster carers in NSW. Carers who took part in this study tended to be those who were available and motivated to share their experiences as carers and their perspectives on open adoption. It was also apparent from discussions during recruitment and the focus groups that participants were connected to a supportive network of other carers, which might not reflect the characteristics of all carers in NSW.

The non-government foster care agencies that assisted with recruitment for the focus groups were selected based on location and, as such, are not inclusive of all agencies in NSW. Following from this point, given that the current study was focused on carers' perspectives of open adoption, there was less emphasis on other forms of permanent care such as Guardianship and Kinship care, which may be more common in other regions of NSW. For example, the findings may not be applicable to areas of NSW where there is a higher proportion of Aboriginal children in Kinship care. To address this gap, the Institute has commenced consultations with Aboriginal organisations and families in Western NSW and is conducting a study to explore the challenges and benefits of Kinship care for Aboriginal families and their consideration of Guardianship.

Section 3 - Survey Results

Foster carer experience

Details of respondents' foster care experience are detailed in Table 2. Most carers had been fostering children for 2-5 years (43%) and cared for children aged 5-11 years (63%). Nearly half of carers (48%) were currently caring for a sibling group, while most others were fostering one child (41%).

Table 2 - Summary of Survey Respondents' Experience as Foster Carers

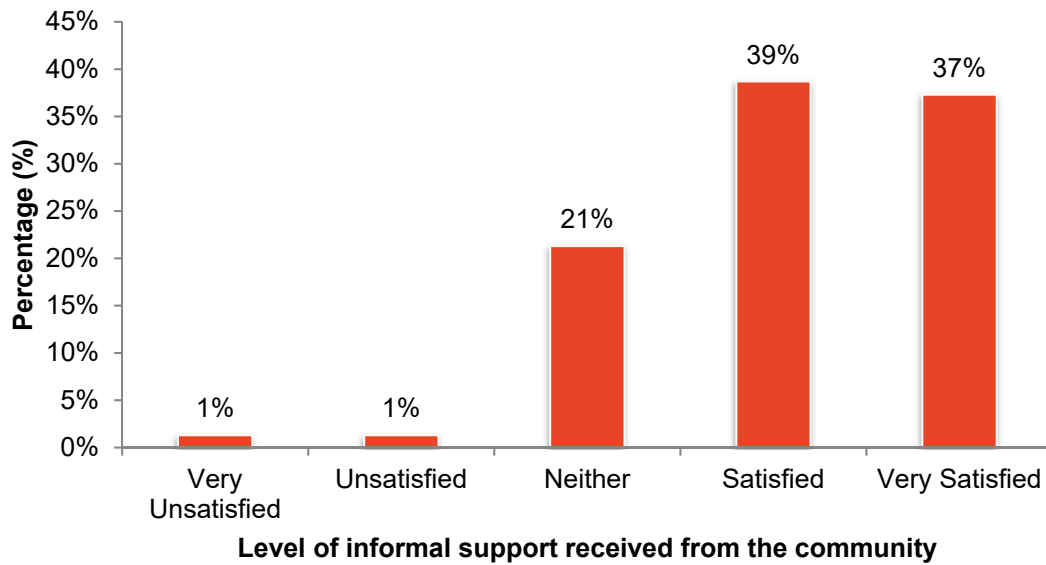
Foster care experience	Percentages
Provider of casework support	Family and Community Services NSW (13%) Non-government foster care agency (87%)
Length of time as a foster carer	less than 2 years (15%) 2-5 years (43%) 6-10 years (24%) more than 10 years (18%)
Number of children currently in carers' care	None, currently between placements (4%) 1 child (41%) 2 children (31%) 3 children (13%) 4 children (8%) 5 or more (3%)
Age(s) of the child or children currently in carers' care	0-4 years (46%) 5-11 years (63%) 12-14 years (15%) 15-18 years (8%)
Nature of care carers currently provide	Sibling groups (48%) Children with special needs or a disability (34%) Children of Aboriginal and/or Torres Strait Islander descent (29%) Children from culturally and linguistically diverse backgrounds (12%) Babies who are withdrawing (from in-utero exposure to drugs and/or alcohol) (3%) Young offenders (1%)

Note. Percentages are based on valid percent (i.e., those who responded to the question).

Level of informal support received from the community

Carers were asked to rate their satisfaction with the level of support they received from the community (i.e., family, friends, other foster carers, and others). As shown in Figure 1, foster carers reported high satisfaction with the level of informal support received from the community: 37% very satisfied and 39% satisfied.

Figure 1. Foster carers' perceived level of informal support from community

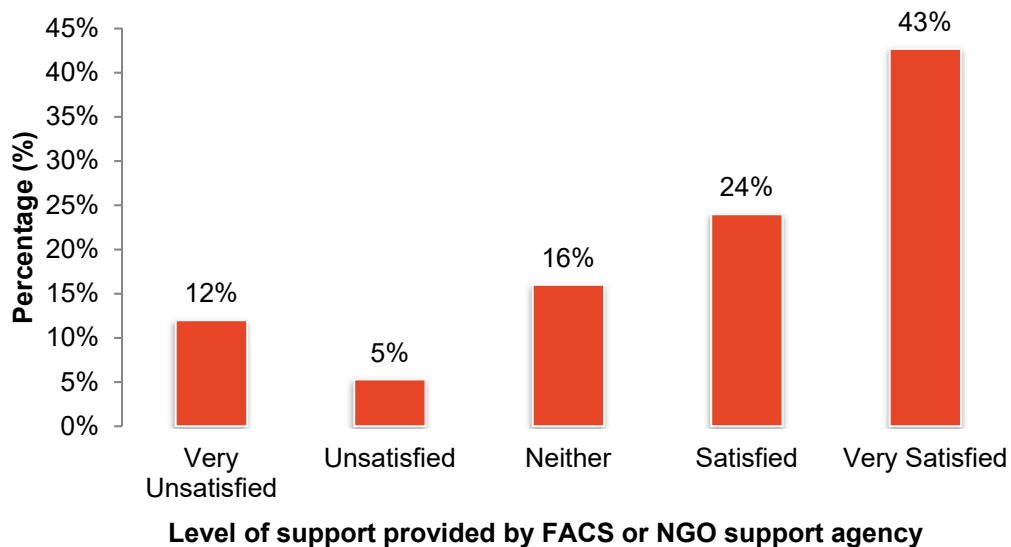


Further examination of carers' level of perceived social support revealed that 78% of carers had high support from their friends, family and significant other, and that 22% had moderate support. Carers also reported their global satisfaction with life: 18% reported being extremely satisfied, 71% were satisfied, and 11% were slightly satisfied. No carers reported being neutral or below slightly dissatisfied in their satisfaction with life.

Experience with FACS or non-government support agency

Carers were asked about their satisfaction with the level of support they received from FACS or their non-government support agency. As detailed in Figure 2, most carers were satisfied by the level of support provided by their agency with 24% very satisfied and 43% satisfied. However, it should be noted that almost one in five were unsatisfied or very unsatisfied with the support they received from FACS or their agency (17%).

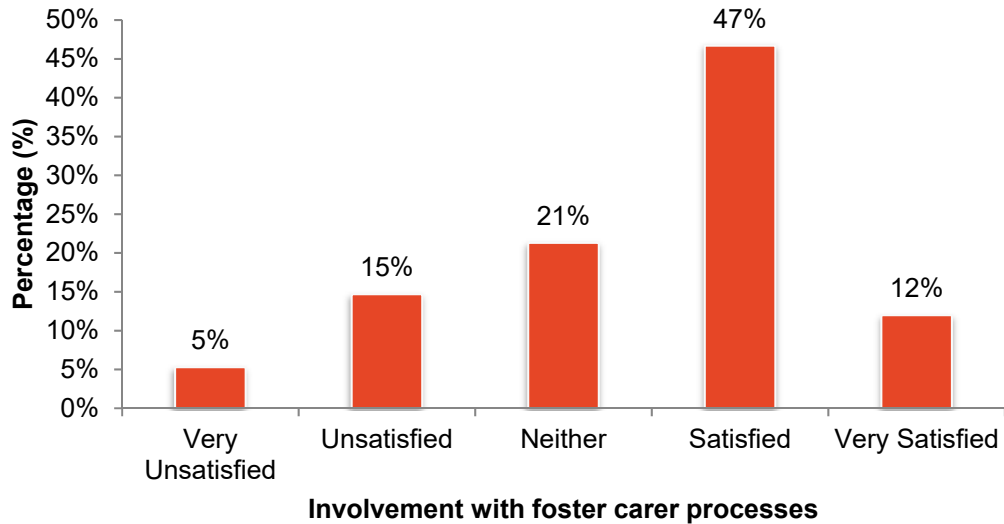
Figure 2. Foster carers' perceived level of support from FACS or NGO support agency



Satisfaction with level of involvement with foster carer processes

Carers were asked to indicate their satisfaction with their level of involvement they had with their agency, such as placement reviews, carer assessments and training, and obtaining decisions about the children in their care. As shown in Figure 3, most carers were satisfied with their level of involvement: 12% were very satisfied and 46% were satisfied.

Figure 3. Foster carers' level of satisfaction with foster carer processes



Support needs of children

Therapeutic and other support services

Carers were asked to rate how important access to therapeutic and other support services for the children in their care was, as well as whether their access was adequate for the children's needs. Nearly all carers agreed that access to services was very important to them: 58% strongly agreed and 32% agreed, and no carers strongly disagreed (as shown in Figure 4). On the other hand, carers were divided on whether access to these services were adequate for the children's needs (shown in Figure 5).

Figure 4. Foster carers' perceived importance of therapeutic and other support services

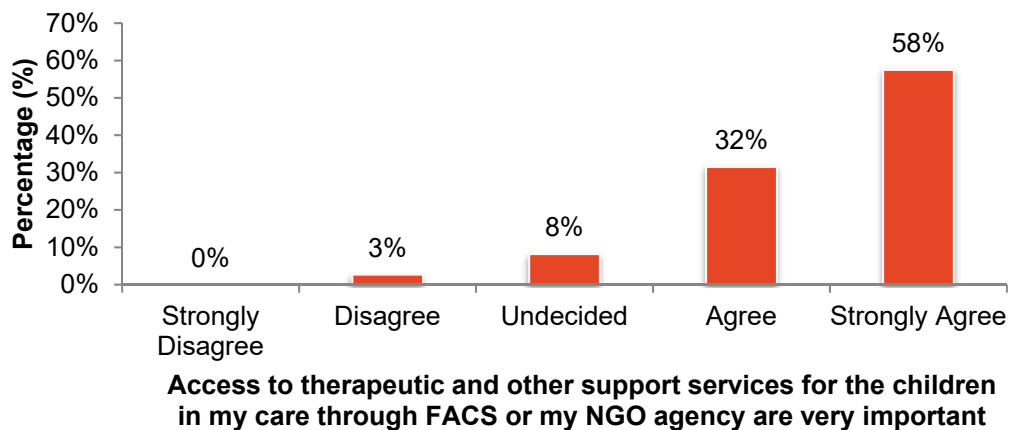
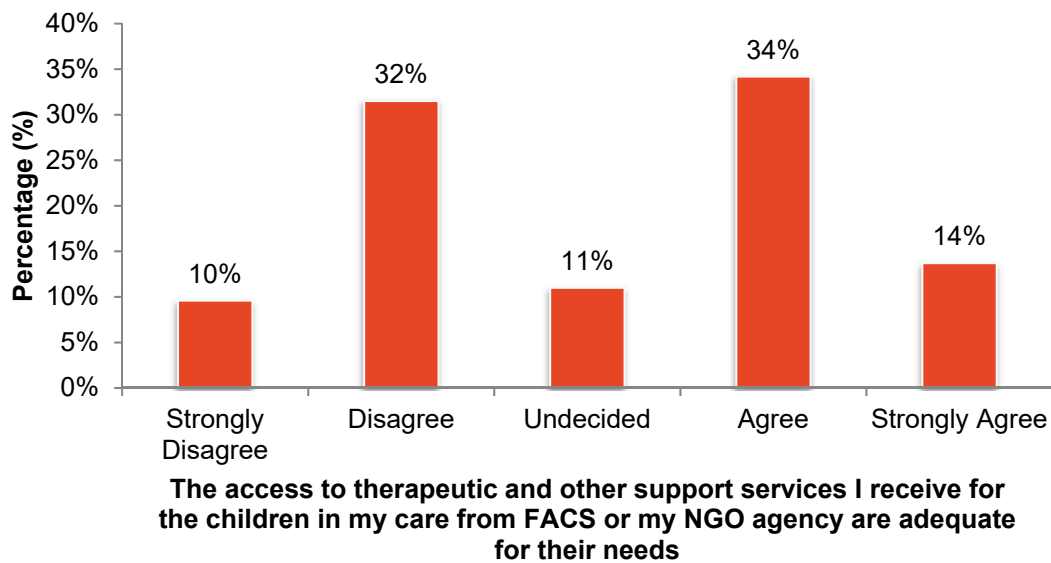


Figure 5. Foster carers' perceived adequacy of therapeutic and other support services

When asked whether access to the type of therapies and support services that their children need is available, 61% responded 'Yes' and 39% responded 'No'. For those who responded no, they were asked why they were unable to access the services. The most cited reason was that the waiting lists were too long (18%), followed by lack of available specialist services in the local area (16%), and cost (15%). Other reasons included the lack of agency support for coordinating therapies and that they were not open to different options; the staffing of agencies; there was not enough information; some carers ended up paying for services as agencies refused to fund (or did not have the money to fund); difficulty in navigating between agency and NDIA⁵; things taking too long to set in motion and placements struggling while carers and children waited for support.

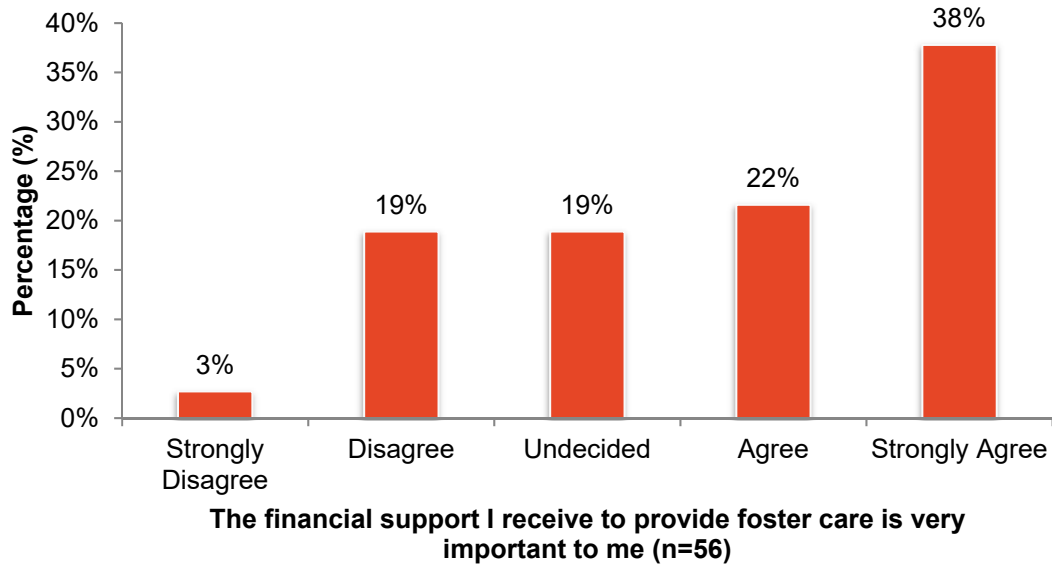
Financial support

Carers were asked whether the financial support they received to provide foster care was sufficient to provide for the needs of the children in their care, and whether they would be unable to cover the cost of caring for the children in their care without the foster care payments. Interestingly, compared to other questions in the survey, non-responses were high for questions about financial support. For instance, about half of carers (51%) did not respond to the question regarding the importance of financial support to provide foster care, and a quarter of carers (26%) did not respond to the question about whether the foster care payment is enough to provide for the needs of the children in their care. The wording of the statements (e.g., "The financial support I receive to provide foster care is very important to me") may have contributed to a lack of responses because carers believed that the financial support was very important for the *children* in their care, rather than themselves. It is also possible that financial matters are a complicated and sensitive topic which carers were not comfortable with disclosing in the survey.

⁵ National Disability Insurance Authority-for children with diagnosed disability eligible for services under the National Disability Insurance Scheme.

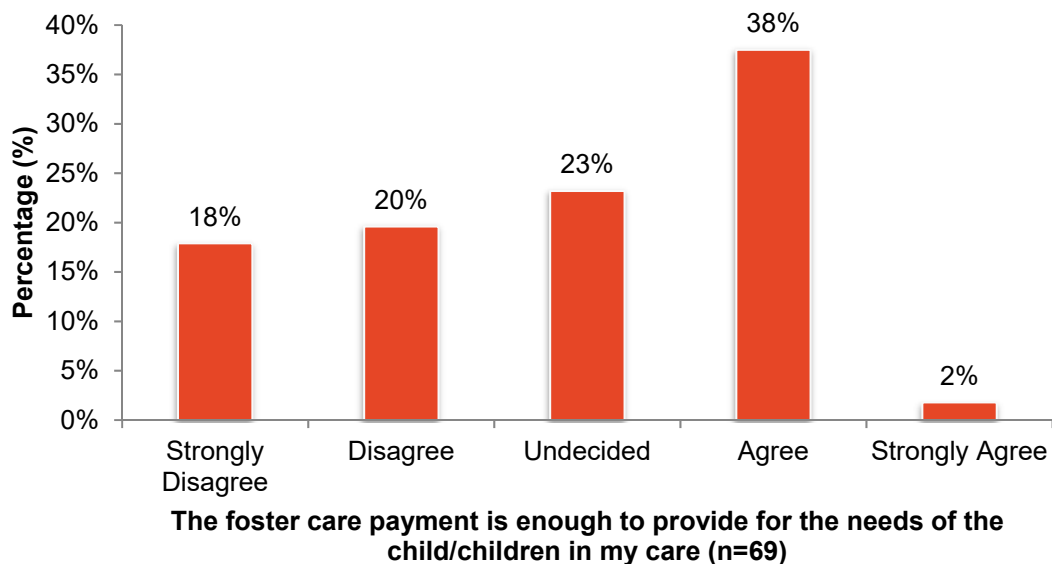
Nevertheless, for the 37 carers who provided a response for the question about the importance of financial support, 38% strongly agreed and between 19-22% agreed, disagreed, or were undecided (shown in Figure 6).

Figure 6. Foster carers' perceived importance of financial support



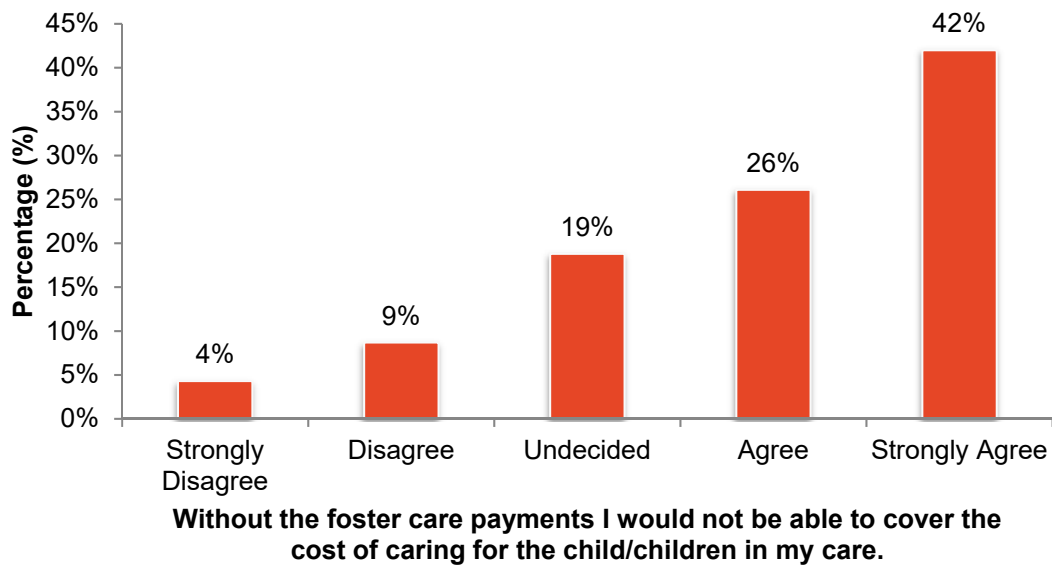
In addition, for the 56 carers who responded to the question about whether the foster care payment is enough to provide for the needs of the children in their care, 38% agreed, but between 18-23% strongly disagreed, disagreed, or were undecided (see Figure 7).

Figure 7. Foster carers' perceived adequacy of foster care payment



Finally, of the 69 carers who responded to the question of whether they would not be able to cover the cost of caring for the children in their care without the foster care payments, over two-fifths (42%) strongly agreed and a quarter agreed (26%), (see Figure 8).

Figure 8. Foster carers' perceived ability to cover cost of caring without foster care payments



Introduction of the means-tested adoption allowance

Foster carers were asked about their awareness and impact of the means-tested post-adoption allowance which was introduced in July 2017. Nearly three-quarters of carers (71%) were aware of the allowance, but 62% of carers indicated that information about the changes to the open adoption process and allowances did not come from their agency. Finally, 62% of respondents did not believe that the allowance would affect their intention to adopt the children in their care.

Foster carer knowledge and motivation to adopt

Knowledge of open adoption

When asked whether they knew what open adoption is, 93% of carers indicated 'Yes'. When asked to provide a written definition, 80% of respondents indicated that open adoption included knowledge, communication and contact with birth family members. Such findings contrast with the findings of a survey of the NSW public on their awareness and perspectives of open adoption (Luu et al., 2018), in which less than half (46%) of the respondents stated that they knew what open adoption is and only 20% of respondents accurately described open adoption as involving an exchange of information between adoptive and birth families and/or the opportunities for contact.

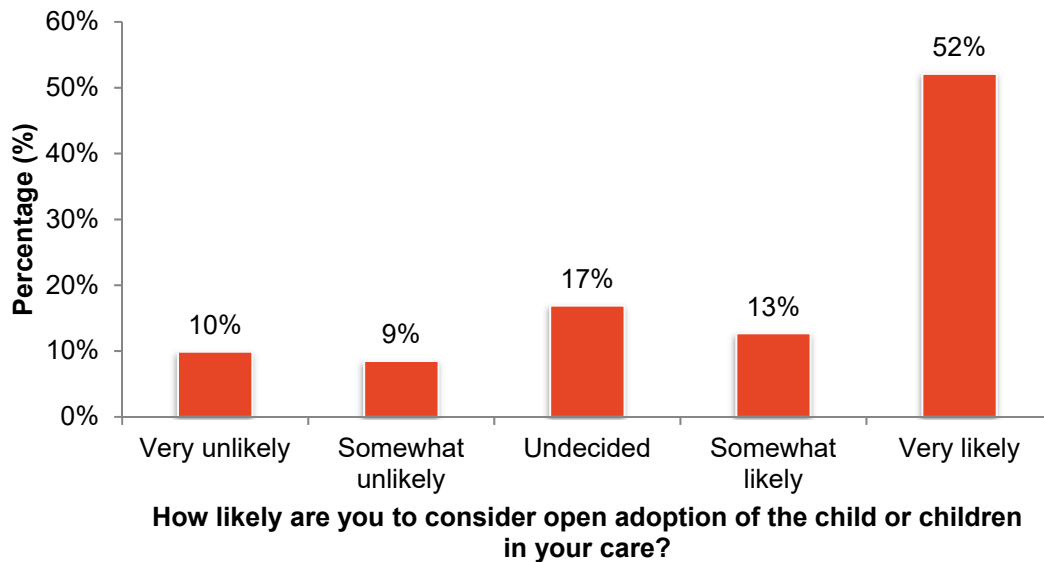
Knowledge of open adoption was pronounced among foster carers. For example, a large majority carers agreed or strongly agreed with the statement "an open adoption means that children know who their birth parents are" (95%) and "children have access to their family history if they have an open adoption" (92%). Further, 88% of carers agreed or strongly agreed with statements about birth family contact (i.e., "sometimes contact between adopted children and their birth family is indirect" and "family contact through open adoption may include siblings and/or grandparents"). Finally, about three-quarters of carers

agreed or strongly agreed with statements about the regularity of contact, including, “in open adoption, children communicate regularly with their birth families” (76%) and “in open adoption, children have regular meetings with their birth families” (73%).

Motivation to adopt

When asked whether they have considered adoption, 94% of carers indicated ‘Yes’. Over half (52%) were very likely to consider adopting the child in their care, 13% were somewhat likely, and 17% were undecided (see Figure 9). When asked about the number of children they would like to adopt, 35% of carers would adopt one child, 35% would adopt two children, 11% would adopt three children, and 13% would adopt more than three children. Compared to the survey of the NSW general public (Luu et al., 2018), in which 60% of respondents indicated that they had *never* thought about adopting a child, and 35% of respondents were *very unlikely* to consider adopting a child now or in the future, it appears that foster carers are more motivated to adopt.

Figure 9. Foster carers’ likelihood of considering open adoption of the children in their care



Carers were then asked whether they had acted on those considerations: 21% did not act on those considerations, 10% made enquiries but did not pursue, 7% were discouraged by agency, and 7% found the process too difficult. Half of carers had other reasons: 17% were currently in the process of adopting the child or children in their care; 10% had made enquiries or were in the early stages of the adoption process; 9% were currently caring for Aboriginal children for whom adoption was not considered to be the most culturally appropriate option, according to NSW legislation; 6% noted their need for financial support or the fact that the allowance had been taken away; and 6% indicated that caseworkers have been delaying the process or had not responded to enquiries. The range of reasons provided by carers demonstrates the variability and complexity of foster carers’ decisions to adopt the children in their care.

Benefits of adopting the children in their care

Carers were provided with a list of possible benefits of adopting the children in their care. Over three-quarters of carers indicated that adoption would give the child a greater sense of security and permanency (80%), remove the need to seek permission from FACS or the support agency for parenting decisions and family activities (80%), and establish the carer's lifelong commitment to the child and supports the continuity of the carer's relationship with them (78%). In addition, over two-thirds of carers noted that adoption would allow the children to have a greater sense of belonging in the family and feel less 'different' from their peers (72%), provide carers and the family with legal status and formal recognition as parents (68%), and give carers a greater sense of security and permanency (66%). Other reasons offered by carers (22%) included having greater autonomy to make decisions for the child, feeling like a family, stability for the child, not having to deal with caseworkers and removing potential s90 applications in the Children's Court where birth parents can apply to vary a final order and have the child restored to their care.

Carers were also asked about the general benefits of adopting children from foster care. They indicated the extent to which they agreed or disagreed with a series of statements. The statement which received the most endorsement, reflected in the percentage of carers who *strongly agreed* and *agreed*, was "adoption from foster care provides emotional benefits for the child" (77% strongly agreed, 10% agreed). This was followed by "adoption from foster care would reduce the number of children in need of a safe and nurturing family" (52% strongly agreed, 15% agreed); however, 22% disagreed with this statement. Based on some of the carers' comments, their disagreement was possibly because they viewed children in foster care as already being within a safe and nurturing family. This observation is in line with the fact that there were also mixed views about the statement, "adoption from foster care prevents children living in unsafe households" where 38% strongly agreed, 20% agreed, and 22% undecided.

In addition, compared to statements about the potential benefits of adoption for children, the endorsements of statements relating to benefits for prospective adoptive parents were less marked: "a good way to expand a family" (32% strongly agreed, 33% agreed); "a way for single people to become parents" (36% strongly agreed, 28% agreed); "a way for gay people and same sex couples to have children" (35% strongly agreed, 28% agreed); "a good alternative for people unable to conceive naturally" (40% strongly agreed, 22% agreed); "a good alternative people for whom pregnancy is a health risk" (38% strongly agreed, 20% agreed); "a good way for childless couples to start a family" (35% strongly agreed, 23% agreed); "provides an opportunity to give something back to the community" (35% strongly agreed, 22% agreed); "makes sense for people who already have a family member who was adopted" (29% strongly agreed, 20% agreed).

Compared to the findings of a survey conducted with the NSW public (Luu et al., 2018), carers' responses to statements about the potential benefits of foster care are more mixed. Open-ended comments by carers about the perceived benefits of adopting from foster care included the view that adoption is a service for the child and not for prospective adoptive

parents. Respondents noted that adoption should not be about meeting the parents' needs, and that it should not be about expanding a family or be thought of as a second option to conceiving children.

In addition, carers expressed their concerns about the need for prospective adoptive parents to be properly informed and prepared to adopt a child from foster care. For instance, carers noted that prospective adoptive parents should be openminded and not become a foster carer with the expectation that they will be able to adopt because the child may be restored to birth family. They emphasised putting the children's needs first and noted the importance of birth family contact and the need to be ready to deal with it. Carers also mentioned that prospective adopters need to be aware that children who are adopted from foster care often come with complex histories of trauma. Finally, carers indicated that adoption is not the answer for all children; permanent foster care families are already safe, so adoption is not necessarily safer.

Barriers to adoption

Reasons for not adopting the child in their care

Carers were provided with a list of potential reasons for why they might not consider adopting the child in their care. The main concerns about adoption related to the loss of access to the support services provided to foster carers (38%), the length of the adoption process (37%), and needing to manage contact with the birth family without casework support (37%). Other concerns included the loss of financial supports they currently receive as a foster carer (33%) and meeting the complex needs of the children in their care without the support that is available for foster carers (33%). Over a quarter of carers (26%) indicated they were concerned that the adoption order would be contested by the birth family. A quarter of carers (26%) also indicated other reasons for why they would not consider adopting the children in their care. These included fears that adoption may damage the existing relationship with between the carer and birth family, or between the child and birth family; because the children in their care were Aboriginal; the lack of support services available after care; and losing agency support and supervision for birth family contact.

Foster carers' reasons for not choosing not to consider adoption from out-of-home care mirror those of the NSW general public (Luu et al., 2018). The general public indicated that they would be encouraged to consider adopting if there were financial and other supports available, a simpler application process, as well as more information about the adoption process and the needs of children in foster care. Other major concerns of the NSW public related to managing the adopted child's difficult behaviours and being accepted by the child.

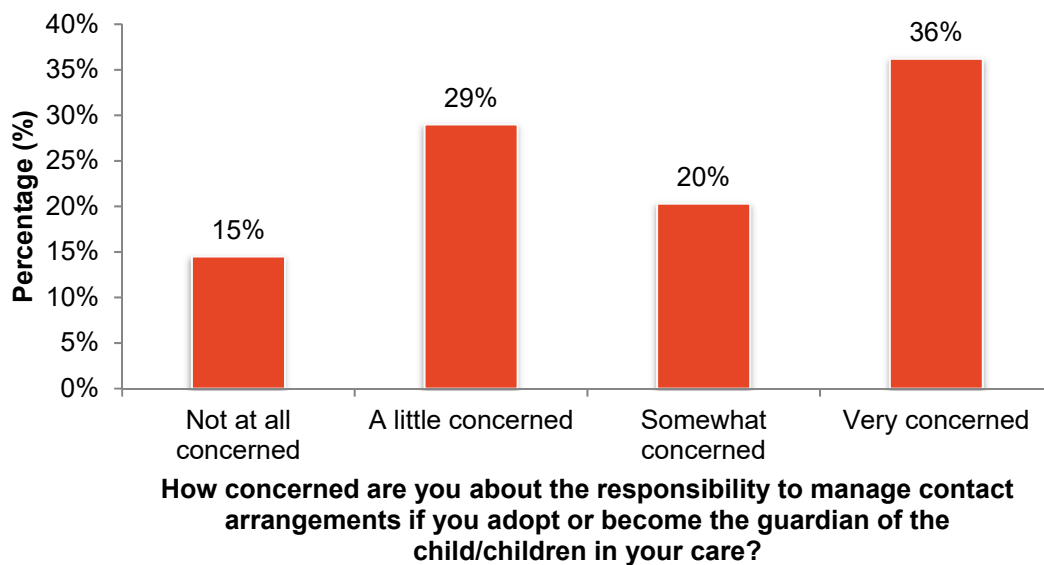
Concerns about managing birth family contact

Carers were asked about their level of concern managing contact arrangements if they adopted or became the guardian of the children in their care. As shown in Figure 10, a

majority of carers expressed some level of concern about managing birth family contact, with over a third (36%) very concerned.

Further enquiries about main concerns related to contact revealed that half of carers (50%) did not feel confident managing the impact of birth parents' behavior on the child. Over a quarter of carers indicated that they were concerned about contact with birth parents generally causing distress for the child (26%), that adoptive parents and birth families often do not get along (24%), and that birth parents generally cause emotional harm to their children (21%).

Figure 10. Foster carers' level of concerns about managing contact post-adoption or guardianship order



A third of carers (34%) provided additional reasons and comments for why they would be concerned managing post-adoption or post-guardianship birth family contact. These reasons mainly focused on the behavior of birth parents. For instance, carers were concerned that birth parents with mental health issues may be more likely to be erratic, unreliable, and unable to provide a safe environment for the child or to behave appropriately (e.g., pressuring children to move 'back home', isolating the child).

Carers noted the need for supervision for contact and that prospective adopters need training to manage these kinds of behaviours. At the same time, carers also pointed out that birth parents may not accept supervision by the adoptive parents, and may either make unreasonable requests for more contact or not attend contact if support from the agency is withdrawn. Carers were also concerned about the effects of contact on the children who may become distressed, unsettled and confused; some carers believed that contact should only occur when it will be a positive experience for the child.

Final thoughts about adopting from foster care

After completing the survey, carers were given an opportunity to express additional thoughts about the adoption of children from foster care. The following summary provides an overview of the range of views expressed:

The length of the adoption process – carers highlighted that the rate of adoption in Australia is very low, and they wanted the process of adoption to be easier so that children can have security and a sense of belonging. Protracted proceedings can be stressful for all parties involved.

Issues with agencies and caseworkers – some carers viewed caseworkers and agencies as incompetent and a contributor to family stress. The information they receive from agencies could be sporadic and inconsistent, and carers stated they often needed to source information themselves or even write casework reports. The high rate of caseworker turnover slowed the adoption process due to missing or incomplete paperwork. Carers suggested the need for a centralised unit to manage the adoption process.

Concerns about contact – included arranging and supervising post-adoption contact without the support of an agency and caseworkers. They reported that contact could involve complex family dynamics and be a source of anxiety for some children. They thought it was important for children to see birth and adoptive families getting along and would like services to support contact, especially in regional areas. Carers also emphasised the need for the frequency, type and nature of contact to be determined on case-by-case basis, with sufficient flexibility to allow the child to bond with the prospective adoptive family. Carers suggested that a helpline could assist adoptive parents with concerns about birth family contact and provide advice about strategies to build a relationship with birth relatives.

Adoption of Aboriginal children – some carers believed that adoption should be considered for all children, including Aboriginal children, whereas others commented that adoption should not be considered the answer for every child.

The need for post-adoption support services – carers wanted post-adoption support services to be available when they were needed. Carers reported that, given their traumatic histories, issues are likely to have emerge throughout the lives of children adopted from foster care, and services should be available when and if they do. Carers noted that it was not enough to simply know the children, but they needed training to deal with the impact of trauma on their development. Carers also felt that birth parents often needed support due to their own traumatic backgrounds.

Financial support – financial stress can be a major barrier for carers wishing to adopt, especially if the child in their care has high needs. Carers wanted input into the child's NDIS plans but lacked the authority to do so. Finally, carers stated that the post-adoption allowance should be made available for all families, rather than remain means-tested.

Wanting to be more involved in policy – some carers noted that they should be allowed to have more involvement in state government decisions about adoption.

Section 4 – Focus Group Findings

Focus Group Analysis

Inductive thematic analysis was used to identify commonalities and differences across the group. To reduce a risk of re-identifying individual cases, focus group data was aggregated. As such, no specific comparison of differences between the focus groups or by type of carer, such as between kinship and foster carers, or carers and adoptive parents, was undertaken. Four researchers independently coded each focus group using qualitative data analysis software (Dedoose™). The researchers discussed and resolved discrepancies and reached agreement on four main themes.

These are:

1. **Support needs of children**
2. **Respect and autonomy for carers**
3. **Availability of credible, reliable information**
4. **Relationships with birth families**

These themes will be discussed in turn below, with illustrative quotes provided.

Support needs of children

Security and permanency

Carers stated that their primary motivation to adopt the children in their care was to provide the children with a sense of security and belonging and to have the certainty that the children would remain with them. Changing the children's surname was considered a significant symbol of family belonging.

She'll get my last name and for her, it's permanency, a guaranteed permanency for the rest of her life. If something happens to me she still stays with a member of the family.

Carers emphasised that the child's day-to-day activities and relationships would not necessarily change after adoption but that there would be an added sense of permanency and the threat of birth family members applying to have the children restored to their care would be removed.

Carers were not only concerned about birth family members seeking restoration of the children but felt that their status as foster carers faced threats from several avenues. They referred to this instability as a “big black cloud” which hung over them:

It is important for ourselves as parents because it hurts us if we think they are in the foster system and all of a sudden something can happen. Somebody can report you for something trivial or something can change. There is always that, sort of, awful thing that hangs over you like a big black cloud.

During the focus groups, some foster carers reported it was the children in their care who wanted them to pursue adoption. Carers were also motivated by the expressed wishes of the children in their care, who wanted to have a permanent home and to remain in the community in which they currently resided:

With my new son, he also wants it, too. He wants the adoption. He wants to be part of my family. He loves the community that we live in. They have really, sort of, welcomed him and me into the community.

Carers believed that adoption would also allow the children in their care to feel more ‘normal’ and would remove the stigma of being a “FACS child”

That’s got to be the number one goal of us all, to do adoption, is that these kids can be raised in a normal, loving, stable environment where they can feel normal.

I would like them to be as normal as everybody else, but because they’re FACS children, they’re not allowed to be in the (school) newsletter.

Children over the age of 12 years, who are assessed as having sufficient maturity in understanding the effect of giving consent, may give sole consent to their own adoption if they have been in the care of the proposed adoptive parents for at least 2 years. In other cases, consent of birth parents can be dispensed with if they cannot be located, are physically or mentally incapable of providing consent, or it is determined that the making of an adoption order is in the best interest of the child and will promote his or her welfare.

Post-adoption support and services

Carers considered adoption to allow them to be free of the agency, but they wanted services they could request when they thought the children needed it. Many carers indicated that children in foster care were likely to have high needs, which require ongoing support, and they would be concerned about not having a caseworker to help them access necessary supports.

The majority of children that come into care need something down the track. There's not too many kids that I've had in my care that down the track they haven't needed some sort of support. Like, "Why was I given up? Why was I removed?" You know, "Why don't I see my family? Why did my mother do this?" I think you've just got to have some sort of support backing, that if the child needs it.

Carers emphasised the fact that children in foster care were likely to need therapeutic supports and services as they matured, even if they did not currently need them. Carers wanted to be able to access services to help the children make sense of their early experiences and likely trauma when these issues arose. They regarded flexible post-adoption support and services for adoptive parents to use when needed as essential.

Financial support

Carers discussed the influence of financial issues on their decision to adopt the children in their care. For some, the potential loss of financial support was a barrier to adoption since the children they cared for were likely to have ongoing and/or episodic needs. They perceived that the removal of financial support would make it more difficult for them to support the child post-adoption and that the means-tested adoption allowance was not sufficient to meet these needs. The existence of the post-adoption allowance was seen by carers to be dependent on the whims of the government in power at the time.

They've recently reinstated it (foster carer payment), but at a lower rate, and they don't cover the things that need to be covered for the kids. They don't cover any of the paediatricians, psychiatrists, psychologists, speech therapists, all of these things that these kids have to go to, there's no covering of the cost of that. And that for a lot of people is very prohibitive.

While financial support was emphasised as important by many carers, they were also aware of public perceptions about them becoming carers "for the money". Carers noted the need for financial support but, at the same time, they did not want to appear to consider the children in their care in terms of money.

You've got a general public saying "Foster carers just do it for the money". It's like "Hang on mate, we're doing seven days a week, 24 hours a day for about a dollar an hour, how about you come and step in my shoes and tell me you're doing it for the money". So that puts you off saying "Look, I would love to do this, but I can't afford it"

Many carers acknowledged the importance of financial support but did not view it as their main concern. Rather, they were concerned about the loss of other types of support post-adoption.

Respect and autonomy for carers

Desire for autonomy

A key motivation for foster carers to adopt the children in their care was a desire to be autonomous, which meant being “free” from the agency and able to make decisions for their child like a typical parent could. Some carers commented on the poor casework support they received, which could add to the trauma of the children in their care. Pursuing adoption would remove agency “control” over their lives.

...my child is so affected by insecurity and anxiety that by adopting him, he will be safe. He will know that he's not going to go anywhere. ... we've got to adopt so we can get away from these people... who have so much power, and who are so clueless about the degree to which they are re-traumatising our child.

Carers noted that adoption would enable them to make decisions for the children in their care (e.g., health, education) and they would have autonomy to do so beyond the age of 18 years.

For us, it really is administrative. We want authority over his travel and his education. It really is about having our parental responsibility acknowledged, that we can actually plan with authority the things that we see fit for him.

Carers were concerned that the children would be moved into another placement if they were to die unexpectedly and adoption was perceived as providing certainty for the children should this occur.

...I'm a single carer, so my greatest fear is if I die before [child] turns 18, I have no rights to say where he's going to go... I can't put in my will that he'll be looked after by my brother, or my parents. He will just go back into care with some random stranger, and how traumatising would that be?

Availability of credible, reliable information

Sourcing Credible Information

Consistent with the findings of the survey, carers in focus groups reported that information about the open adoption process did not typically come from the agency. Instead, carers obtained information about open adoption from other carers within their network and from the media.

I've heard very little about the changes, certainly from the agency there's been no information, just the odd article I've picked up in the newspaper....

I went along to that support group for quite a while, and I found that quite useful because it was run independently of the agency or Community Services, and it was facilitated by people who were foster carers. The level of information I was able to get from those people, was totally invaluable. It was far more than what the agency ever gave me.

The lack of reliable information from their agency regarding the adoption process was a barrier to adoption for carers. For instance, some carers indicated that they had not known they would be able to adopt the children in their care.

Well, in our case, I didn't even know it was an option, the open adoption, because [child] came to me at nine days old, and then when final orders were given, I was approached and asked "Would you consider open adoption?", I'm like "I didn't even know that that was an option".

It appears that carers often made their own efforts to gather and understand the information they sought from alternative sources; for instance, going directly to the Minister's office. When information from the agency was available, however, carers noted that there were often inconsistencies, and it was difficult to trust the information they were given. Within the same agency, information from staff about the adoption process was not consistent.

...the tables are always changing in our agency. We have caseworkers who do this, and caseworkers who do that. ... in the same agency, they had such vastly different understandings of what the adoption process was.

Concerns were also raised about the consistency of information between agencies. It appeared that carers were provided with different information depending on which agency they were with. Carers suggested that there needed to be greater coherence between agencies.

One issue I have is the different protocols that each agency seems to have. That when I've contacted FACS to find out (but) they'll say, "Oh, that's up to the individual agency." ...There's no accountability. If there is going to be outsourcing, there needs to be policies that are consistent across all agencies...

Carers also raised barriers encountered during the adoption process such as confusion and uncertainty about the progress of the adoption application. In addition, staff turnover was

highlighted as an exacerbating factor, resulting in inconsistency in casework and even lost paperwork.

... My agency has been changing the goalpost. It was like each case conference was like, "Can we get adoption on the case plan?" "Oh, well, we fully, fully support you adopting this child. We'll do what we can, of course." A year goes by. "You'll have to wait another year."

The adoption of Aboriginal children

This study found there were a range of views among foster carers. Some consider adoption of Aboriginal children as culturally inappropriate based on traditional customs where childrearing is the responsibility of the whole family and community, rather than simply the responsibility of biological parents. Others are of the view that the adoption of Aboriginal children should not be excluded as an option, as it is available to the wider community.

Some carers acknowledged that adoption of Aboriginal children was discouraged but felt that the best interests of children should always be paramount and adoption of Aboriginal children by Aboriginal carers should be encouraged where possible.

I think there is a lot of confusion around non-Aboriginal carers with Aboriginal children in their care as well, that you're kind of treated differently and nobody – particularly our agency- is 100% not willing to go down that path.

Carers noted that there were difficulties in deciding to go down the adoption path if they were non-Aboriginal carers of Aboriginal children. One carer of Aboriginal and non-Aboriginal children explained that she was unable to pursue adoption for any children in her care because she did not want the Aboriginal children she cared for to feel inferior.

Do I adopt two of them, and not the other two? So that's another thing that plays... It's not fair that these children were adopted, but the other children can't be.

Relationships with birth families

Carers expressed concerns about their ability to manage post-adoption contact without agency support and some saw this as a barrier to their likelihood of adopting the children in their care. For instance, carers reported positive contact with some birth family members but concerns over managing contact with other birth family members.

I try and foster a relationship between him and one of his younger siblings, who has respite care not far from my place. So, that happens in between contact, quite informally. He loves his mum. He wants to see her, so I will always encourage that. My only concern is that dad is currently incarcerated, and dad is pretty scary. I have concerns about actually running a supervised contact session with his dad without some form of support.

Our biggest concern at the moment is supervising contact. He has a half-brother who's in kinship care, and those grandparents have PR (parental responsibility) now, and that granddad has physically threatened our case manager over the phone. I don't deal with him if there's no witnesses. If we go through adoption, we lose that insulation.

Some carers were concerned about their relationships with the birth parents after an adoption and did not want the birth parents to feel as if they had “lost” the court case. Carers also noted that, without agency support, it is possible that some birth family members may want to push the boundaries regarding contact. Carers perceived the role of the agency as acting as a buffer or intermediary when supervising and managing contact, which would no longer be present if an adoption order was made.

Carers were also concerned that birth family members, especially birth parents, were often lacking in support. Birth parents required help, for example, in making sense of the adoption process or understanding what was expected of them in terms of appropriate behaviour during contact.

One of the things that kind of broke my heart in this whole process was that the birth mother had no support. She would come and she clearly didn't know how to engage with him. She did some things to him that were unacceptable to him, and his eldest brother too. We asked if a caseworker could drive her to visits and talk to her. We need support but also the birth parents in many cases have lost their rights to parent the child because they don't know how to. They're bereaved, they're afraid, angry, being watched. I think very often that support for birth parents is completely obviated.

Section 5 - Concluding Remarks

A key finding from this study is the commitment of participants towards the children in their care. Carers perceived that adoption provided a range benefits for children, primarily by providing them with a sense of stability and belonging. Some carers indicated their children had expressed a wish to be adopted as a reassurance that they would remain part of the family beyond the age of 18 years. Other carers had discussed the possibility of adoption with their biological children, to be sure they understood that this would affect their inheritance. There was a strong sense that children adopted from care were welcomed and accepted as family members in the immediate and extended family.

The other primary adoption motivator for carers to adopt was the desire to have greater autonomy as a family. They wanted to be able to make decisions for their child and to plan family events and holidays just like other families. Carers who completed surveys and those who took part in a focus group noted the benefits of not needing to seek permission from their agency for parenting decisions and family activities. Some carers did not feel their knowledge of and relationship with the child in their care was adequately appreciated or respected by agencies and caseworkers. Therefore, for some, interest in adoption stemmed from a motivation to establish independence from the care system, which at times can be a challenging and intrusive (Kirton et al., 2016).

However, deeper exploration revealed that the decision to adopt the children in their care was a complex one and involved an in-depth consideration of various factors. Carers focused on the needs and best interests of the child but they acknowledged the pragmatic constraints of providing lifelong care for a child from out-of-home care. Carers were generally satisfied with the level of support they received from their agency, and some carers noted that they were concerned about losing that support if they pursued adoption. Even though carers' had mixed experiences with agencies, most still valued the support and access to services the child in their care needed via their agency.

Both financial and non-financial support emerged as a major theme from the survey and focus groups. Financial support was qualified by the special needs of children in care, including the cost of visits to specialist and therapeutic services. Many carers believed that they would have difficulty covering the cost of these services without the foster care allowance and additional agency support. Some pointed out that the post-adoption allowance, which was likely to be less than what they currently received, would make it more difficult for them to decide to adopt the child in their care. It should be noted that many carers had given up paid work or had part time positions in order to devote the time needed to care for their children from care.

Financial support appears to be a particularly sensitive topic, with carers sensitive to the stigma of being a foster carer, and of a public perception that carers are childminders who are solely motivated by monetary gain. Carers in this study were particularly vocal about this stigma, stating that providing care for children in out-of-home care was not an easy task,

and that the financial support was necessary because the children in their care often had needs above those of children in typical families, and that the financial support they received was sometimes not enough to cover the costs of caring for these children. In the current study, carers were reluctant to raise the issue of finances as a barrier because they did not wish to seem driven by money, however, it is clearly a significant factor for many when considering adoption of the children in their care.

The availability of non-financial support was perceived by some carers as being more important than financial support. Access to support services was highly valued by carers, and may contribute to the wellbeing and functioning of the child and adoptive family. In the survey, it was shown that carers were divided as to whether access to therapeutic and support services was currently adequate. Further, when asked about potential reasons for not adopting the child in their care, the most endorsed reason was the loss of access to support services. Carers concerns encompassed the special needs that children may have on entering care, and future needs that may emerge as the children enter adolescence, as a result of their early adverse experiences. This is consistent with the international literature that suggest a substantial proportion of families who adopt children from foster care are likely to seek counselling services for adjustment issues and children's emotional and behavioural issues (Thomson, 2016; Rees & Selwyn, 2009).

This study highlights continued need for staff training to shift caseworker attitudes and practices (Denby et al., 2011), as well as strategies to encourage staff retention. Services outside of the child protection and out-of-home care system also need to provide appropriate responses and services. While data on adoption disruptions or breakdowns in NSW is not available, estimates from the US and UK suggest that it may be between 4-25% (Selwyn, Wijedasa, & Meakings, 2014), and breakdowns are often attributed to the lack of access to post-adoption support services (Festinger, 2014). When asked what their ideal post-adoption support would look like, carers pictured post-adoption support as something they would be able to access when they requested it, rather than as something that was mandatory or imposed on them. Their ideal support would be broad, spanning multiple domains including a child's medical, educational and psychological needs. Carers also wanted more education and training to respond to issues as their child matures.

Many carers spoke of their frustration with the difficulty of obtaining credible, reliable information when they made enquiries about adoption. Similar findings emerged from a review conducted by FACS, in which carers reported they not receiving information from their agency about the adoption process and relied on the media or other carers for information, or made their own searches (FACS, 2016). In addition to the *lack* of information, carers that they found the information they did receive was unreliable and differed depending on agency and caseworker attitudes. Carers noted that the high rate of staff turnover contributed to inconsistent information about the adoption and assessment process.

The expectation that carers will independently manage birth family contact after an adoption was also a barrier for some carers. Prospective adoptive parents are required to

demonstrate their willingness and ability to organise and supervise contact with birth family members to facilitate the child's identity development, and to do so without agency assistance. Even when contact with birth family was proceeding well, some carers expressed concern about how they would manage post-adoption contact without agency support. Their main concerns related to managing the behaviour of birth family members, who were seen to sometimes be unpredictable or erratic, or could possibly push boundaries (e.g., request more contact) in the absence of caseworkers. Carers noted that birth family members also needed support; for instance, to understand what occurred in the permanency pathways, exhibit appropriate behaviour at contact visits, and process emotional reactions to contact.

It was apparent that even the carers who participated in this study, despite being motivated, well-resourced and having a wide network of social support (including other foster carers), experienced challenges and had significant concerns about the agencies and systems they needed to interact with. This would suggest that adoptions from out-of-home care in NSW are unlikely to increase significantly without enhanced efforts to address the needs and concerns of foster carers.

There appears to be a role for policy and service development to respond to the differing support need of individual families, with the flexibility to adapt to the changes in need over a child's life span. Many families may only need a trusted source of information, access to peer support networks, and opportunities to develop skills in 'therapeutic parenting' so they can learn to support the children in their care to feel safe, and develop trust and attachments (Peterson, 2012). Other families will require more intensive, specialist support and therapeutic interventions. Birth families also require support during and after the adoption process, to help them through the grief and loss process and to facilitate the development of constructive and respectful relationships with the adoptive family, in their children's best interests.

These results also underline the need for more evidence-informed debate about open adoption to raise public awareness and reduce the stigma felt by foster carers and children in the out-of-home care system. Research also has a role to play in providing evidence that better informs policy and practice reforms designed to improve access and availability of post-adoption support. Currently, there is limited evidence about what works in the unique legislative and policy environment of Australia, and an overreliance on international literature, based on very different legislation and welfare systems.

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Appendix 1

Focus Group Questions

1. There have been recent changes to the Child Care and Protection Act that emphasise permanency planning, through restoration, guardianship or adoption, over long-term foster care. What have you heard about this? What are some of your thoughts about that change?
 - a) Prompt: What kinds of messages have you received from your support agency?
2. What are your views about how open adoption differs from foster care?
3. How does open adoption differ from guardianship?
4. Suppose you had one minute to speak with the Minister of Community Services about open adoption from foster care. What would you say?
5. How do financial considerations relate to the decision to adopt?
6. What are some obstacles or reasons why you might be hesitant to adopt the child in your care?
7. What are some things that FACs or your support agency could do to help alleviate these obstacles and make families feel comfortable about adopting?
8. Imagine you are part of the team at Family and Community Services designing post-adoption supports. What would be the most important services to offer?
9. How about contact with the birth parents? What are some of your thoughts on that?
10. If you were able to access services post-adoption, what types of service would you be interested in accessing for yourself, your family and your child?
 - a) Prompt: Would you utilise online services?
 - b) Prompt: types of services- would you be interested in therapeutic parenting? Counselling? Information about children adopted from out-of-home care?
 - c) Prompt: would you prefer individualised services? Groups? Peer support?
11. Is there anything important that we haven't yet discussed?