

OOHC Adoption in NSW: Background and Evidence Base

Current practice

Adoption is an order for the child. Adoptions are child focused and 'open' ensuring and supporting connection between adopted children, their birth and adoptive families. This has been our practice for over 20 years. It is consistent with the *Adoption Act (2000)* and the *Adoption Regulation (2015)*.

Legislation prefers adoption to children being placed in foster care with parental responsibility to the Minister, with the exception of Aboriginal and Torres Strait Islander children. FACS and accredited non-government adoption service providers are responsible for adoption services in NSW. FACS Regional Adoption Caseworkers support FACS and NGO staff to consider, prepare and progress adoptions of children and young people in OOHC where it is in their best interest.



Research informing current practice

Research highlights the negative effect repeated moves and placement changes on children and young people in foster care. These can worsen the effects of pre-care instability and maltreatment leading to poor outcomes; physical and mental health issues, behavioural problems, school difficulties, higher rates of unemployment and homelessness.

Unpredictability and uncertainty are the main factors behind feelings of insecurity and anxiety in children. A Queensland study¹ of children in foster care found that one-third of young people and a quarter of children worried a lot about having to move on again, and that the more placements young people experienced, the more likely they were to worry.

Placement instability can lead to children's health needs going unrecognised and they can miss out on preventative health initiatives.² Their friendships and schooling are also often disrupted by frequent change. There is growing evidence that when children experience placement instability they are less likely to feel secure, loved and cared for.^{3,4} Recent NSW Government reforms while strongly supporting permanent care orders also prioritise adoption over foster care as

a permanent placement (where it is in the best interests of the child or young person) as it is a more stable and long-term solution.

Even the most stable and secure foster and permanent care placements can come to an abrupt end once the young person turns 18. At this time carers are no longer obliged to provide care, and many young people face transition to independence without the emotional, financial and practical supports that a permanent family can provide.⁵ For a child in OOHC, adoption provides stability and security by giving the child a sense of belonging beyond the age of 18. Adoption represents a permanent emotional and legal commitment to the child through their childhood and adulthood. Most research on OOHC adoption shows it is a more stable placement option than long-term foster care.^{6,7}

Adoption stability

There is no published data on stability of Australian adoptions from care given the low number of children adopted from care⁸. There is, however, a wealth of international data that adoption is more stable than other forms of care, including a recent 5-year study of disruption rates for three types of permanent orders for children in the British care system. It was based on a complete national data set on all children who were adopted from care in England between 1st April 2000 and 31st March 2011 (N adopted = 37,335)⁹. The following breakdown likelihood for each form of permanent order used in this setting was evident¹⁰:

- Residence order = 14.7% (147 / 1,000)
- Special guardianship order = 5.7% (57 / 1,000)
- Adoption order = 0.07% (7 / 1,000)

This study indicated that parents who experienced adoption breakdown faced significant challenges to parenting. Parents' commitment to continue a relationship, even where the child was placed outside the family, was also apparent in follow-up studies of OOHC adoption¹¹, highlighting the dedication and so-called 'stickability' of adoption placements.

Openness in Adoption

Adoption practice over the past two decades is significantly different from that of the past, with high levels of openness in adoption in current practices as compared to closed adoption which was common up until the 1970s. As such, studies based on the outcomes of previous adoption practices cannot be relied upon to judge the child wellbeing outcomes of current practice. As Trevor Jordan, president of Jigsaw Queensland and himself a child adopted under the closed adoption period discusses, "comparing adoption today to the adoption practices of the past is like comparing an iPad to a quill and ink" (Open Adoption Innovation Forum, Feb 9, 2016). Openness in adoption is a significant key point of difference in current practice which creates positive outcomes for children.

Openness in adoption refers to an open attitude and actions; acceptance of a child having more than one family. It is reflected in the value seen in contact and developing relationships between birth and adoptive families. Openness is also about supporting an environment where birth parents are talked about in a non-judgemental and respectful way. This allows a child to be comfortable

talking about their life story and birth family. It also means they are supported to understand the birth parent's history and experiences and find value in them. Research shows adoptive parents who do best have empathy for both the child and the birth family.^{12 13} From their review of research, the Child Welfare Information Gateway (2013)¹⁴, concluded that open adoption supports establishing and maintaining respectful relationships with the birth family, facilitating the child's identity development and wellbeing.

Further reading

Out-of-home care adoption procedure

Adoption Act 2000

Adoption Regulation 2015

1. Commission for Children and Young People and Child Guardian (2009).
2. Healy, C.V. & Fisher, P.A. (2011). *Young children in foster carer and the development of favourable outcomes. Children and youth services Review*, 33, Fisher, 2011
3. Cashmore, J. & Paxman, M. (2006). *Predicting outcomes for young people leaving care. The importance of 'felt security'. Child and Family Social work: Special Issue on Leaving Care*. 11, 32 - 241;
4. Ellerman, C. R. (2008). Influences on the mental health of children placed in foster care. *Family and Community Health. Supplement 2 April – June 2007*, pS23 – S32.
5. Stein, M. (2006). Research review: Young people leaving care. *Child and Family Social Work*, 11, 273 – 279.
6. Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child and Family Social Work*, 7, 23-33.
7. Selwyn, J., Wijedasa, D., & Meakings, S. (2014). *Beyond the Adoption Order: Challenges, interventions and adoption disruption*. UK Department for Education.
8. The FACS Open Adoption in OOHC Research Initiative is currently undertaking a study to this end.
9. Selwyn, Wijedasa, & Meakings (2014)
10. See the article for further description of these orders
11. Neil, E., Beek, M., & Ward, E. (2013). Contact After Adoption: A Follow up in Late Adolescence
12. Neil, E. Beek, M. & Schofield G (2003). Thinking about and managing contact in permanent placements: the differences and similarities between adoptive parents and foster carers, *Clinical child psychology and psychiatry* 8, 3, 401-418.
13. Sellick, C. Thoburn, J. and Philpot, T. (2004). *What Works in Adoption and Foster Care*, Barnardos Australia.
14. Child Welfare Information Gateway (2012). *Adoption Disruption and Dissolution*, www.childwelfare.gov