



Institute of Open Adoption Studies

Young Children's Identity Formation in the Context of Open Adoption in NSW: An Examination of Optimal Conditions for Child Wellbeing



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what is influencing me as a person and shaping me as a person now would be my family, but also my past life... They've both had influences, but different (S44; 13-year-old)

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Acronyms and abbreviations

FAF	<i>(Barnardos) Find-A-Family program</i>
OOHC	<i>Out-of-home care</i>
TFC	<i>(Barnardos) Temporary Family Care program</i>
Care Act	<i>NSW Children and Young Persons (Care and Protection) Act 1998</i>
Adoption Act	<i>NSW Adoption Act 2000</i>

1. Overview

This working paper was commissioned by Barnardos Australia, through its Centre for Excellence in Open Adoption, to establish how open adoption can support the best interests of children in optimising developmental outcomes and establishing healthy identity formation. This paper focuses on children who are up to 5 years of age in out-of-home care (OOHC) for whom there is no realistic chance of restoration to their birth family or kinship care. Therefore, the options facing such children, according to recent amendments to the *NSW Children and Young Persons (Care and Protection) Act 1998* (hereafter referred to as the *Care Act*) in late 2014, are either for adoption or parental responsibility of the Minister (i.e., foster care) until they are 18 years of age.

This paper also represents a first attempt to investigate the experiences of children who are adopted or placed for adoption before the age of 5 years in NSW, as well as understanding the main factors that serve to facilitate or hinder the identity development and wellbeing of such children. While this paper is not intended to provide a definitive solution as to how the identity development of adopted children can best be realised, efforts have been taken to highlight the most relevant issues for children in the NSW adoption context, as well as to outline where more work and research is needed to better understand the conditions for optimal identity formation in adopted children.

This working paper has been divided into nine sections according to central themes and methodology. The key conclusions are presented in **Section 2**, the executive summary. The key conclusions are presented as a set of separate statements but are in fact overlapping and often inter-dependent, and should be considered as a whole. Section 2 also presents some recommendations for how future research can clarify the said conclusions. These recommendations serve two functions; first, they are *practical* because they offer some mechanism to increase our understanding of relevant conclusions and thereby improve practices; second, they are *evaluative* because they convey the extent to which, in the judgment of the authors, further research is or is not required.

Section 3 outlines relevant NSW legislation concerning the process for how children are adopted from OOHC, as well as general statistics and trends concerning young children in OOHC. **Section 4** presents a brief literature review on the construct of *identity* and examines how the scholarly literature on identity can be applied to adopted persons. **Section 5** presents a literature review of key factors that lead to good developmental outcomes for adopted children, and examines whether adoption can better meet the developmental needs of children (including the child's sense of stability, security and belonging) when compared to long-term foster care. **Section 6** considers the role of adoptees' contact with birth family members as a means to promote the development of an adoptive identity. Particular emphasis is placed on contact as a means of acquiring knowledge that may assist positively with identity formation in adopted persons.

Sections 7 and 8 present a first attempt to establish *best-case scenarios* for children under the age of 5 years who are adopted from care within the context of NSW policy and practices. Section 7 outlines the views of a small sample of adoptees concerning their experiences of adoption and birth family contact, and its influence on their identities. In **Section 8** the views of an opportunistically selected expert panel are sought concerning the conditions and practices that best promote positive identity formation in young children in OOHC.

Finally, in **Section 9** the findings and conclusions of Sections 4 through 8 are briefly reviewed and the value of a *developmental framework* is discussed to guide future research and practice in this area. While this framework is necessarily tentative and circumscribed, it is a conclusion of the current paper that a formally articulated set of developmental assumptions and principles is required to guide future research and improvements in practices for young children in OOHC transitioning to permanency.

2. Executive Summary

This working paper was commissioned by Barnardos Australia, through its Centre for Excellence in Open Adoption, to establish how open adoption can support the best interests of children in optimising developmental outcomes and establishing healthy identity formation. In this paper, *healthy identity formation* refers to a number of related constructs, including the child's: acceptance of and positive regard for him/herself (i.e., self-esteem, self-concept); feeling of belonging to a family; sense of having a biological or genealogical identity; and sense of having an identity as an effective, independent person. This paper focuses on children who are up to 5 years of age in out-of-home care (OOHC) for whom there is no realistic chance of restoration to their birth family or kinship care: it does not specifically address the circumstances of adoption relevant to Aboriginal and Torres Strait Islander children. The options facing such children, according to recent amendments to the Care Act in late 2014, are either for adoption or parental responsibility of the Minister (i.e., foster care) until they are 18 years of age.

In regards to such children, there is at present little consensus on how the procedures and practices in NSW that result in the adoption can best support their development and assist with the formation of a positive and healthy identity. While there is a rich extant research literature investigating the outcomes of adoption (e.g., international adoption, domestic adoption, adoption from care), there has been little focus on the outcomes for infants and young children adopted from care in the NSW legislative environment. The current paper represents a first attempt to investigate the experiences of children who are adopted or placed for adoption by 5 years of age in NSW, and understand factors that serve to facilitate or hinder the identity development and wellbeing of such children.

Below, a summary of key conclusions is presented. Recommendations are then discussed, where necessary, for future research that would help clarify the key conclusions.

2.1 Summary of Key Conclusions

A. Early adoption brings about good outcomes for children

The amendments to the Care Act and *NSW Adoption Act 2000* (hereafter referred to as the *Adoption Act*) at the end of 2014, in which decisions about permanent placements for children in OOHC favour adoption over foster care, represent a commitment to promoting positive developmental outcomes for children and are broadly supported by the extant scholarly literature. Current research strongly suggests that adoption is more beneficial for children than remaining in long-term foster care, in that it promotes a greater sense of security, stability, and belonging. Furthermore, interviews (presented in the current paper) conducted with adopted children and young people, as well as with the expert panel, also support the notion that adoption is preferable to foster care, although it may not always be an appropriate alternative.

Despite strong evidence for the benefits of adoption in promoting good outcomes for children, it remains important to note that it is very difficult to make completely satisfactory comparisons between adoption and long-term fostering. Nevertheless, three robust conclusions can be advanced based on current practices and available research:

- While it is clear that early adoption engenders a deep sense of belonging and acceptance, which contributes profoundly to healthy identity formation, it is not clear that long-term fostering reliably engenders these same feelings
- Fewer placements are better for children
- Adoption is associated with fewer placements when compared to long-term fostering.

B. Children under the age of 5 in OOHC represent a population who are very likely to benefit from adoption.

The current paper has focused on the outcomes for children in OOHC who are adopted or placed for adoption under the age of 5 years. Based on the extant literature, interviews with adopted persons, and the views of the expert panel, it is reasonable to conclude that robust efforts should be made to examine how rates of adoption can be increased, without compromising important individual and context dependent considerations. On the basis of existing data, between 2012 and 2013, nearly half of the children who entered OOHC were under the age of 5 years, whereas nearly half the children discharged from OOHC during this same period were between the ages of 15 and 17 years (and hence are likely to have *matured out* of the system). Further, as of June 2013, nearly half of the 17,422 children who were in OOHC had been in continuous placement for 5 or more years. In other words, there is a significant group, both in terms of potentially good outcomes and number, for whom adoption may be suitable.

Adoption may also be a good option for this group of children because developmental outcomes tend to be best for children who are adopted early, likely because they have been removed relatively quickly from harmful environments and placed in safe, stable and sustaining environments. The results of the interviews with adopted persons also suggest that early adoption (or placement for adoption) engenders a strong sense of belonging to the adoptive family. This sentiment was emphasised by virtually all of the adoptees we interviewed and conveys a profound sense of identity as a member of the adopted family.

C. Adoptees' access to information about their history is of profound significance for their identity formation.

Identity development is a challenge for adopted persons because they often lack information that would be necessary for obtaining a complete self-identity. Within a developmental framework, identity emerges most tangibly during late adolescence and early adulthood, a time when adoptees are able to actively seek the information they require if they encounter favourable conditions. However, children who have been adopted or placed for adoption at a very early age will have little or no memory of what happened, and will therefore depend on other people for information about their adoption/placement. Furthermore, the experiences of childhood are also likely to provide a foundation on which identity subsequently develops, and open adoption assumes that even very young children will have at least some access to information about their personal history and/or their biological family.

What is important for adoptees' ability to form a healthy and positive identity – including their identity as an adopted person – is that they have access to knowledge about their biological/familial history and the circumstances of their adoption. Such knowledge can come about through what they have been told by their adoptive parents, and it is clear that part of the **openness** in open adoption is realised through the exchange of information between adoptees and their adoptive parents; a process that can be supported by caseworkers and other related practitioners. Openness also includes opportunities for adoptees to engage in direct contact with members of their birth families in order to acquire more information about their personal history, and perhaps even verify what they have been told. It is not necessarily clear, however, how these different forms of knowledge should be balanced, and how their significance changes with development; this is taken up further below.

D. Contact plays an important role in supporting identity formation but there is a pressing need for clear guidelines to ensure that contact is used to support positive experiences and outcomes for children.

Contact with birth family members can serve to facilitate the formation of an adoptive identity. In most cases, contact is useful in allowing a child to maintain connections to their birth family so that they have access to information about their past, which is likely to be critical for adoptive identity formation during adolescence. Based on the literature review and interviews with adopted persons undertaken in this paper, contact serves as a source of knowledge. When decisions about contact are made, it is important that contact has a purpose, that the rights and best interests of the child remain paramount, and that contact should not emphasise the

rights of birth parents to have access to their biological child above the child's ordinary needs for safety, stability and protection. To make appropriate decisions in this respect requires an understanding of developmentally appropriate needs of young children for safety, protection and access to the main attachment figure, or a reliable substitute, to achieve optimal self-regulation. Denying children access to relationships on which they depend for safety and security runs the risk of placing them under considerable stress or exposing them to trauma.

It is also evident that the adoptive family plays a very important role in promoting and facilitating communication between adoptive and birth families. Contact not only allows adoptees to have access to information, it creates opportunities for adoption-related concerns to be discussed within the adoptive family, which will assist the child in making sense of his or her adoption. That is to say, the level of openness with which adoptees discuss adoption-related issues with their adoptive parents is important, and contact helps to stimulate adoption-related conversations, which can further promote the development of a complete, coherent, and meaningful identity as an adopted person.

E. Adoptive parents are likely the key to promoting their children's healthy identity formation.

A recurring theme that has emerged throughout this working paper is that adoptive parents play a very important, perhaps critical, role in supporting the development of their child's identity, particularly their child's identity as an adopted person who is a part of an adoptive family. The interviews with adopted persons suggests that when children are adopted or placed at a very young age they identify strongly with their adoptive family and consider their adoptive parents to be their *real* parents, even if they still have contact with members of their birth family. Hence, the processes and practices within adoptive families are likely to have the strongest influence on children developing a balanced and coherent perspective on themselves as adopted persons, which integrates both the positive and negative aspects of their experience.

In addition, the adoptive family serves as an important source of information about their child's adoption. That is, what appears to be vital for the development of children's identity as an adopted person is the level of **communicative openness** within adoptive families (i.e., how often adoption-related conversations occur and how much they are encouraged/supported), rather than the level of openness between adoptive and birth families per se (e.g., how much contact actually occurs). Contact with birth family members may be useful, important and even desirable, but what seems most important for children's healthy identity formation is the ability of adoptive parents to support their children's developmental journey to understand, accept and perhaps also embrace their identity as an adopted person.

2.2 Summary of Recommendations

A. Early adoption brings about good outcomes for children.

There is robust evidence to support the benefits of early open adoption in meeting the developmental needs of children. Furthermore, research evidence suggests that adoption is, for the most part, a better permanency option than long-term foster care. While there are no studies that have examined open adoption specifically in the NSW context, it is unlikely that the outcomes for adopted children in NSW would differ markedly from those in other developed countries, such the United States of America (US) and the United Kingdom (UK) (see B, below). *Further studies will be needed, however, to examine the practices and procedures in the NSW legislative environment that will serve to support the development of children in open adoptions.*

The overarching benefits of early open adoption do not imply, of course, that adoption will be appropriate and should be pursued for all young children in OOHC. Thus, *future research also needs to examine the characteristics and circumstances of individuals who have chosen to remain in long-term foster care, or who have benefited from such arrangements, in order to make better informed decisions about which permanent placement is most appropriate for a given child.*

B. Children under the age of 5 years in OOHC represent a population who are very likely to benefit from adoption.

There is robust evidence that early open adoption or placement for adoption results in more favourable outcomes for children than later adoption or placement. Although there have been few studies conducted on the impact of early adoption or placement for adoption in the NSW context, it is unlikely that the findings of studies conducted in other developed countries with larger available cohorts (e.g., the US and UK) will differ from what would be found in NSW. Hence, further research on the benefits of adoption or placement for adoption of children at very young ages is not vital; *the benefits of early open adoption should be accepted as a guiding principle in making decisions in the best interests of children for whom restoration or kin care is not possible.*

While the benefits of early open adoption or placement for adoption are clear, it is still necessary to establish:

- (i) empirically-supported practices for more quickly identifying children who are permanently in OOHC so as to determine whether they would be well-suited for adoption, and
- (ii) obstacles that delay decisions about the adoption/placement of children who are permanently removed from their birth parents.

That is to say, while it is well established that open adoptions that occur at an early age are likely to be beneficial for children who have experienced early adverse environments, it is also evident that only a small number of children are actually adopted from OOHC in NSW.

Therefore, more work is needed to determine how such children can be efficiently identified and why uptake of open adoption as a permanent placement decision has been slow. For example, attention can turn to key stakeholders (e.g., caseworkers, adoption bodies, courts, adoptive parents, birth parents, the adopted child) to determine how decisions about adoption are made and what specific factors may facilitate or hinder the decision-making process (e.g., level of knowledge and experience, attitudes and beliefs about adoption). We do not believe that any fundamental research is required on this matter, however outcome oriented studies and data gathering practices could potentially improve practices a great deal.

C. Adoptees' access to information about their history is of profound significance for their identity formation.

There is strong evidence to suggest that, for most adopted persons, information about their history is required in order to make sense of and come to terms with their adoptive status and achieve a healthy and positive identity. Although the findings of the interviews with adopted persons suggested that the children (9-year-olds) did not have a great deal to say about their identity, the adolescents and young adults who were interviewed nevertheless noted how important it was to have had access to information about their past while they were growing up. Furthermore, open adoption generally assumes that even very young children will have access to some information about their personal history and/or their biological family. Hence, *what are needed are empirical investigations of the nature of the information that is privileged by children and young people at different ages so that it can act as a strong foundation when identity concerns become significant.*

It is important to note that the information requirements at different ages are far from well understood. For example, it is necessary to ensure that the adoption-related information provided is age-appropriate since young children may not yet understand the complex reasons for why they were removed from their birth families, or they may have difficulty accepting what are likely to be traumatic stories.

D. Contact plays an important role in supporting identity formation but there is a pressing need for clear guidelines to ensure that contact is used to support positive experiences and outcomes for children.

There is good evidence that contact can be important for promoting adoptive identity development in adopted persons because it provides access to information about their history via direct contact with birth family members. However, despite findings that contact can be helpful and wide consensus that contact should always be considered on a case-by-case basis, empirical evidence guiding how decisions about contact should be made is largely absent. For example, it is not empirically known how frequent contact should be, what type of contact is optimal at different ages, and with whom contact should be sought.

Further, there is little understanding as to how the purpose and meaning of contact should change over time since, as has been established in this report, children's need for information will change as they mature. For example, the contact that very young children have with birth family members should not threaten their sense of safety and security within their adoptive family, and should not expose young children to strong or sustained distress, there can be no reasonable justification for this. However, when children are older and have a greater understanding of what their adoption means, their desire to continue or cease contact should be given more consideration; perhaps children should be allowed to consent to contact in a similar manner to which they can consent to their own adoption from the age of 12 years, as specified in the Adoption Act. To sum, *it is obvious that research efforts that examine how contact can best meet the changing interests of the child are a priority so as to provide a more complete picture of how practices of open adoption can support identity formation.*

E. Adoptive parents are likely the key to promoting their children's healthy identity formation.

The strength of the evidence for the influence of adoptive parents on the development of their child's adoptive identity is good, but additional research is needed to clarify how adoptive parents can best support their children as they mature. It is apparent that the open exchange of adoption-related information within adoptive families can assist with children's capacity to come to terms with the circumstances of their adoption. However, as noted above, it is not known how the nature of information children receive should change with development. To sum, *more work is needed to determine how adoptive parents, and the professionals who support adoptive families (e.g., support and case workers), can meet the changing needs of children.*

Given that the current investigation has repeatedly revealed the important role adoptive parents play in supporting the development of their child's sense of being an adopted person, future research needs to consider adoptive parents' beliefs and attitudes about:

- I. adoption
- II. the identity needs of their child
- III. their child's need for information, derived from testimony and contact, with birth family members.

As noted in the interviews with professionals who specialise in foster care and adoption, what might be crucial for the development of an integrated and coherent sense of self in adoptees is the adoptive parents' ongoing acknowledgement of the adoptees' history, and their support in maintaining connections between their child and his or her birth family, particularly when the child experiences a need for such contact. Indeed, *future studies will need to directly examine how the beliefs and attitudes of adoptive parents can best support the development of their child's sense of who they are, where they belong, and what it means to be an adopted person.*

F. Other considerations.

The current working paper has explored how open adoption can facilitate identity development and promote positive developmental outcomes for children up to 5 years of age who are adopted from OOHC. Many of the key findings are supported by the wider literature on adoption. However, this investigation is by no means conclusive for it is clear that the existing literature on identity development and outcomes for adopted persons is still sparse, and further work needs to be done particularly in relation to the Australian context. Below, other more general recommendations for future research are noted.

A broader sampling of individual experience in OOHC and adoption is needed, as well as longitudinal studies examining associations between identity development and related constructs, including general developmental outcomes. As noted in Section 7, the interviews were conducted with a small number of adopted children and young people who had participated in Barnardos' Find-A-Family program. Hence, future studies should ensure that the findings from the current report generalise to those who have been adopted through other adoption bodies, including the NSW Department of Family and Community Services, which oversees the majority of adoptions from care in NSW.

With respect to the need for more longitudinal studies, there has been a lack of local longitudinal studies that are comparable to those undertaken in the UK (e.g., Neil, Beek, & Ward, 2013), although there have been some efforts recently. For example, NSW Family and Community Services is currently conducting a large-scale prospective longitudinal study, Pathways of Care, on children and young people (0-17 years), who are entering OOHC on orders by the Children's Court for the first time. However, we note that the Pathways study examines a broad range of individuals and assesses general outcomes for children and young people in physical, socio-emotional, cognitive, and language domains (Paxman, Tully, Burke, Watson, 2014), which do not specifically capture the identity concerns of adopted persons.

The study by Neil et al., by contrast, provides a good demonstration of how longitudinal studies can be undertaken. Neil and colleagues examined a group of children adopted/placed before the age of 4 years, and followed them into late adolescence. This study tracked long-term emotional and behavioural outcomes, the development of adolescents' adoptive identity, as well as the perceptions of adoptees, adoptive parents, and birth parents about the openness arrangements of the adoption and their experiences of post-adoption contact. *More longitudinal studies of this nature, which consider the outcomes and identity development of such children, as well as the views of a range of relevant parties (e.g., including caseworkers), would be informative in understanding how open adoption can best support very young children who are adopted from care.*

Finally, adoptive and biological siblings are important but largely ignored in the research literature. Although the current report has focused mainly on adopted children, adoptive parents and birth parents, what has also emerged in this report is how much adopted children and young people value the relationships they have with their adoptive and their biological siblings. For example, the adopted children and young people interviewed in Section 7 referred to their adoptive siblings as their 'brothers' and 'sisters', just as they referred to their adoptive parents as their 'parents'. Some interviewees mentioned how they felt a sense of connection with their adoptive parents' older biological children. For some interviewees who lived apart from biological siblings, they spoke about how they looked forward to seeing them during contact visits. *Therefore, it is apparent that further emphasis is needed on the contributions that both adoptive and biological siblings have on adoptees' sense of belonging.*

3. Open Adoption of Children from Care in NSW

3.1 Relevant legislation and processes

In 2014, the NSW government passed the *Child Protection Legislation Amendment Bill*, which specified changes to the Care Act, as well as to the Adoption Act. Such changes were designed to streamline decisions made about permanency for children in out-of-home care (OOHC) who cannot be restored to the care of their birth parents. As a result of the recent legislative changes, permanency for children through adoption is now treated as a priority over long-term (foster) care.

The NSW legislation for the adoption of children from care is different from those in other countries. For example, in NSW, decisions regarding the restoration of the child to his or her birth family and decisions regarding plans for his or her long-term care are examined *sequentially* (Tregeagle, Moggach, Cox, & Voigt, 2014). In other countries, such as the US, decisions about children's restoration to their birth family as well as their adoption by their foster carers occur *concurrently* (Kenrick, 2010). Under the concurrent model, permanent care is sought by placing the child with carers who will support the aim of restoring the child to his or her birth family, which implies regular contact with birth family members, but who will become the child's permanent family if restoration efforts fail (Humphreys & Kiraly, 2009). Concurrent planning is argued to be beneficial because placing children at an early age with carers, who are open to adopting them, promotes stability and minimises the number of placements and disruptions in attachment they experience (Livingston Smith & Institute Staff, 2013).

In contrast to the concurrent model, the process for children to be adopted from care in NSW is a sequential, two-stage process. The merit of sequential planning may lie in the fact that it provides a clear objective of working towards long-term care plans for the child when the court has already decided the child will not be restored whereas, in concurrent planning, workers, carers, and birth parents may struggle between managing the opposing goals of the child's restoration to his or her birth family and the child's permanency with his or her carers (Tregeagle, Moggach, & Cox, 2013).

In NSW, the legal process for children to be adopted from care is as follows. First, the child has to have been removed from their birth family. This decision is made by the Children's Court and the legal process for the removal of the child is guided by the Care Act. The court bases its decisions on (a) ensuring that the "... *safety, welfare and well-being of the child or young person are paramount*", and (b) accounting for what is "*in the best interests*" of the child. Further, when the Court decides for a child to be removed from his or her birth family, the Court may also make contact orders, under Section 86 of the Care Act, for children in OOHC to have regular face-to-face contact with birth family members.

The amendments to the Care Act in 2014 made changes to the permanent placement principles by outlining a hierarchical decision making framework that ordered preferences for child placement. The permanent placement principles, as outlined in the Care Act, Section 10A(3), are as follows:

- (a) *if it is practicable and in the best interests of a child or young person, the first preference for permanent placement of the child or young person is for the child or young person to be restored to the care of his or her parent (within the meaning of Section 83) or parents so as to preserve the family relationship*
- (b) *if it is not practicable or in the best interests of the child or young person to be placed in accordance with paragraph (a), the second preference for permanent placement of the child or young person is guardianship of a relative, kin or other suitable person*

- (c) *if it is not practicable or in the best interests of the child or young person to be placed in accordance with paragraph (a) or (b), the next preference is (except in the case of an Aboriginal or Torres Strait Islander child or young person) for the child or young person to be adopted*
- (d) *if it is not practicable or in the best interests of the child or young person to be placed in accordance with paragraph (a), (b) or (c), the last preference is for the child or young person to be placed under the parental responsibility of the Minister under this Act or any other law*
- (e) *if it is not practicable or in the best interests of an Aboriginal or Torres Strait Islander child or young person to be placed in accordance with paragraph (a), (b) or (d), the last preference is for the child or young person to be adopted.*

To summarise, for non-indigenous children, being placed under the parental responsibility of the Minister of the NSW Department of Family and Community Services until the age of 18 years (i.e., foster care) is considered to be a last preference. The legislation emphasises permanency, and adoption is viewed as a more preferable option than foster care when the child cannot be restored to his or her birth parent(s) nor be cared for by kin.

In this paper, the adoption of Aboriginal and Torres Strait Islander children will not be a focus. While it is known that Aboriginal and Torres Strait Islander children are over-represented in the foster care system (a rate of 85.5 per 1000 children in NSW alone; AIHW, 2014a), the principles that guide placement decisions for Aboriginal and Torres Strait Islander children reflect a unique set of circumstances, separate from those of non-indigenous children, in that it strongly emphasises provision of care by extended family, kinship group or other indigenous persons (Best, 2008). Given the events of the *Stolen Generation*, adoption is historically perceived by the Aboriginal and Torres Strait Islander community as a way of covering up or denying someone access to his/her identity (Tregeagle & Voigt, 2012). Hence, the Care Act specifies that adoption of Aboriginal or Torres Strait Islander children is treated as last option.

With respect to adoption in Australia, it is a legal process by which the legal relationship between a child and his or her birth parent(s) is permanently severed, and the legal rights and responsibilities are transferred from a child's birth parent(s) to his or her adoptive parent(s) (Best, 2008; NSW Family and Community Services, 2011). The child is legally recognised as the child of the adoptive parents. An authorised (foster) carer may adopt a child if he or she is an approved adoptive applicant, and if adoption is considered to be a suitable permanency plan for the child that is preferable to any other type of care and is in the best interests of the child. This form of adoption, recognised as a *known child* adoption, aims to give the child clear legal status and stability within the family (AIHW, 2014b). Under the Adoption Act, decisions are made by the Supreme Court as to whether a child should be adopted from care. The objects of this Act, Section 7, are as follows:

- (a) *to emphasise that the best interests of the child concerned, both in childhood and later life, must be the paramount consideration in adoption law and practice*
- (b) *to make it clear that adoption is to be regarded as a service for the child concerned*
- (c) *to ensure that adoption law and practice assist a child to know and have access to his or her birth family and cultural heritage*
- (d) *to recognise the changing nature of practices of adoption*
- (e) *to ensure that equivalent safeguards and standards to those that apply to children from New South Wales apply to children adopted from overseas*
- (f) *to ensure that adoption law and practice complies with Australia's obligations under treaties and other international agreements*
- (g) *to encourage openness in adoption*
- (h) *to allow access to certain information relating to adoptions*

- (i) *to provide for the giving in certain circumstances of post-adoption financial and other assistance to adopted children and their birth and adoptive parents.*

When an application to adopt a child in care is made, consent is sought from the child's birth parents. However, the court may dispense with the birth parents' consent if, for example, they cannot be located, their physical or mental condition prevents them from properly understanding the question of whether they should give consent, or there are serious concerns for the welfare of the child and a need to override their wishes. Further, for children who are to be adopted by their carers, the court may also dispense with the birth parents' consent if it is shown that the child has been in a stable long-term relationship with his or her carers, and if the adoption is considered to be favourable to the child's welfare. Finally, a child who is over 12 years of age, deemed mature enough to understand the implications of giving consent, and has been cared for by the prospective adoptive parents for at least 2 years, is able to give sole consent to his or her adoption.

In contrast to the secrecy of past adoptions in Australia, adoption in NSW emphasises the needs and best interests of the child, which is characterised by an open exchange of information (Higgins, 2012). Open adoptions are said to be *open* in that they promote the discussion of adoption-related issues within adoptive families such that children can understand why their birth parents are unable to look after them and the importance of building relationships with birth family members (NSW Family and Community Services, 2011).

Furthermore, adoption plans include arrangements for access to information between birth and adoptive families as well as possible contact between such parties (AIHW, 2014b); a discussion of how decisions about contact are made by the Court is further elaborated in Section 6. The Adoption Act outlines factors that should be considered when determining what is in the best interests of the child when deciding whether to enforce an adoption order. These factors are:

- (a) *any wishes expressed by the child*
- (b) *the child's age, maturity, level of understanding, gender, background and family relationships and any other characteristics of the child that the decision maker thinks are relevant*
- (c) *the child's physical, emotional and educational needs, including the child's sense of personal, family and cultural identity*
- (d) *any disability that the child has*
- (e) *any wishes expressed by either or both of the parents of the child*
- (f) *the relationship that the child has with his or her parents and siblings (if any) and any significant other people (including relatives) in relation to whom the decision maker considers the question to be relevant*
- (g) *the attitude of each proposed adoptive parent to the child and to the responsibilities of parenthood*
- (h) *the nature of the relationship of the child with each proposed adoptive parent*
- (i) *the suitability and capacity of each proposed adoptive parent, or any other person, to provide for the needs of the child, including the emotional and intellectual needs of the child*
- (j) *the need to protect the child from physical or psychological harm caused, or that may be caused, by being subjected or exposed to abuse, ill-treatment, violence or other behaviour, or being present while a third person is subjected or exposed to abuse, ill-treatment, violence or other behaviour*
- (k) *the alternatives to the making of an adoption order and the likely effect on the child in both the short and longer term of changes in the child's circumstances caused by an adoption, so that adoption is determined among all alternative forms of care to best meet the needs of the child.*

Two of the factors presented above, (c) and (f), are particularly relevant to the current paper, which focuses on children under the age of 5 years who are adopted from care. With respect to (c), in making decisions about adoption, the court considers whether adoption meets *the child's physical, emotional and educational needs, including the child's sense of personal, family and cultural identity*. Indeed, there is a wealth of existing literature on the outcomes of adopted persons which supports the notion that adoption largely meets such needs (e.g., van Ijzendoorn & Juffer, 2006; see also Section 5). Such evidence is also consistent with the recent amendments to the NSW Care Act, which specifies that adoption is a preferable option over foster care.

With respect to whether adoption meets children's *identity* needs specifically, there have been sustained efforts to understand how identity develops within adopted persons, and factors that may facilitate or hinder the achievement of a healthy identity (e.g., Grotevant & Von Korff, 2011). A major part of a person's identity is informed by his or her experiences and how he or she makes sense or prescribes meaning to such experiences. Indeed, evaluating and finding meaning in experiences is strongly related to identity; being able to understand who we are, how we are, and why we are here (Noble-Carr, Barker, & McArthur, 2013). As noted in recent cases in the Supreme Court (e.g., Adoption of SRB, CJB and RDB, 2014; Adoption of NG (No 2), 2014), a clear sense of identity is said to be fundamental for children's wellbeing, especially for those who have had less than optimal early environments. For adopted persons, their *adoptive identity* – how they come to terms with their adoption history – is also an important aspect of their identity, and likely related to how well they have adjusted to their circumstances (Grotevant, 1997). Section 4 presents literature pertaining to the development of identity in adopted persons and its relation to other meaningful constructs that are important for developmental outcomes.

With respect to (f), the court considers *the relationship that the child has with his or her parents and siblings (if any) and any significant other people (including relatives) in relation to whom the decision maker considers the question to be relevant*. This factor is particularly important for children who are adopted from care because they may have existing relationships with members of their birth family, depending on the age at which they were removed. In addition, children may have had ongoing contact with birth family members as a result of contact orders made under the Care Act when they were removed.

Contact is a highly contentious issue, both for children in OOHC and children of open adoptions. The issue of contact is also strongly relevant to the identity needs of children, as specified in (c). As stated in Contact Guidelines produced by the Children's Court of NSW (2011), contact allows children to maintain a sense of identity in the context of their birth family and cultural background. However, what is less clear is *how contact can best meet the child's needs in terms of his or her developmental outcomes and identity when the child becomes the legal child of the adoptive parents*. At the very least, the purpose of contact when the child is in an open adoption will be different from contact when the child is in OOHC. Sections 5 and 6 further reviews existing research findings on the outcomes of adoption, and the impact of contact on adopted persons' identity.

3.2 Relevant statistics

To provide a better understanding of the reality of open adoption in the NSW legislative environment, this section highlights key statistics that are relevant for children under the age of 5 years who are adopted from care.

3.2.1 Children in OOHC

According to the Australian Institute of Health and Welfare's 2012-13 report on child protection, a total of 50,307 children in Australia were in OOHC (a rate of 9.7 per 1,000 children) during 2012-13, with a total of 11,341 children admitted, but a total of 9,360 discharged (a rate of 1.8 per 1,000 children) during this period (AIHW, 2014a). In NSW alone, the number of children in OOHC has been steadily increasing, from 15,211 in June

2009 to 17,422 in June 2013, and 3,038 children were admitted to OOHC in NSW during 2012-13.

Given that the current report focuses on non-Indigenous children in OOHC in NSW, it is worth noting that 11,214 of the 17,422 children in OOHC in NSW as of 30 June 2013 were non-indigenous. While the rates for Indigenous compared to non-Indigenous in NSW are not known, of the 3,038 children admitted during 2012-13, nearly half were under the age of 5 years. The number of children admitted to and discharged from OOHC in NSW during 2012-13, as a function of age, are shown in Table 1.

Table 1. Number (and Percentages) of Children in NSW Admitted to and Discharged from OOHC During 2012-13, as a Function of Age

Age in years	Admitted to OOHC (%)	Discharged from OOHC (%)
Younger than 5	1,403 (46%)	529 (19%)
Between 5 - 9	713 (24%)	441 (16%)
Between 10 - 14	643 (21%)	619 (22%)
Between 15 - 17	279 (9%)	1,173 (43%)
Total	3,038	2,762

In the current legislative environment, OOHC is treated as a short-term intervention, and the aim is to restore children to their families. However, as can be seen above, of the children in OOHC in NSW (AIHW, 2014a), nearly half of the admissions during 2012-13 were under 5 years of age, whereas nearly half of the discharges during this period were children between 15-17 years of age. Such a disparity in the ages of children admitted to and discharged from OOHC might suggest that most children enter OOHC at a very young age and likely remain there for a long period of time, possibly until they have *matured* out of the system because of their age and increasing independence.

Of course, what is needed to support this conclusion is longitudinal data on children's experiences in OOHC in NSW, examining, for example, the average length of stay as a function of age of entry. Unfortunately, there is a lack of data of this nature. Nevertheless, what appears to be the case is that the duration of continuous placement for children in NSW is lengthy: of the 17,422 children in OOHC as of 30 June 2013, 2,340 (13%) children were in OOHC for less than 1 year, 1,956 (11%) were in OOHC for between 1-2 years, 5,636 (32%) were in OOHC for 2-5 years, and 7,490 (43%) were in OOHC for 5 years or more. The majority of children in OOHC are in home-based care; that is, in foster care or relative/kinship care (AIHW, 2014a). In NSW, of the 16,821 children in home-based care as of 30 June 2013, 7,091 (41%) were in foster care, and 9,730 (56%) were cared for by relatives or kin.

For the purposes of the current investigation, the AIHW (2014a) report does not shed light on the actual numbers of children under 5 years in NSW who are restored to their birth parents, nor the numbers of children under 5 years for whom there is no longer a realistic chance of restoration with their families, and for whom kinship care is also not possible. However, conservative estimates can be provided on the number of children who may be suitable for adoption, guided by the reasoning provided by Tregeagle and Voigt (2012). According to the numbers presented above, 17,422 children in NSW were living in OOHC as of 30 Jun 2013 and 43% had remained in OOHC for 5 years or more. As argued by Tregeagle and Voigt, children who remain in OOHC for a prolonged period of time are likely to be potential candidates for adoption due to decreased likelihood of being successfully reunited with birth parents.

However, approximately 50% of those children in OOHC are in kinship care, and 35% are Indigenous children. That leaves an estimated number of 1,300 children for whom adoption may be appropriate; that is, children who are non-Indigenous, are not in kinship care, and are

likely to have been permanently removed from their birth families (i.e., having been in continuous placement for more than 5 years).

3.2.2 Children adopted from OOHC

According to AIHW's Adoption Australia 2013-14 report, a total of 317 non-relative adoptions of children from foster care were finalised during 2013-14 in Australia (AIHW, 2014b). Of these 317, 89 (28%) were adoptions by the child's carer, nearly triple the number of carer adoptions that occurred in 2004-05. It is also worth noting that 84 of the 89 carer adoptions in 2013-14 were in NSW, which is in keeping with the promotion of adoption – as specified in the NSW legislation – as a means to achieve permanence for children in OOHC when restoration to the birth family is not possible. In general, known child adoptees are usually older than local or intercountry adoptees. This is likely because the carer needs to have established a relationship with the child for a specified period of time before an adoption can occur (AIHW, 2014b).

3.2.3 Summary

Based on the figures presented above, it is apparent that there have been increasing rates of children in OOHC as well as children who are adopted from care in recent years. However, *adoption rates of such children are still very low relative to the number of children who may be suitable for adoption.* As estimated above, there may be up to 1,300 children who could stand to benefit from adoption rather than remaining in foster care, especially children who enter OOHC at a young age and are unlikely to be restored to their birth parents. In the long run, it would be beneficial to confirm the actual numbers of children who fit into this particular category as they are not currently known, although they could certainly be accurately determined.

3.3 Adoption of children from OOHC in NSW

Most of the adoptions of children in OOHC that occur in NSW are overseen by NSW Family and Community Services (FACS), who facilitate adoptions for children of all ages. With respect to the current report, which focuses on children under the age of 5 years who are adopted from care, the agency that specialises in the adoption of such children and coordinates most of the actual adoptions under government contract is Barnardos Australia, a child protection charity that operates in NSW and the ACT, and the body that commissioned this working paper.

Barnardos has for many years supported intensive permanency planning programs that seek to either restore children to their birth family, or to make decisions about long-term care whilst also strongly supporting the maintenance of children's connections with their birth families. This long-standing approach to practice is in keeping with the emphasis on permanency planning in current NSW legislation. Barnardos' Temporary Family Care (TFC) program aims to provide stable OOHC during family crises while working for the restoration of the child to his or her birth family or other kin. For children for whom the parental rights of the birth family has been terminated by the Children's Court, however, Barnardos' Find-a-Family (FAF) Program is designed to organise suitable long-term placements with a view to have children either live permanently with or be adopted by their carers.

As an example of the experiences that children adopted from OOHC might encounter, the limited age range of children who have entered Barnardos' FAF program has provided some opportunities to examine the outcomes of the program. Tregeagle et al. (2014) investigated the number of children in the program who were adopted between 2002 and 2012. A total of 300 children entered the program, with 65 of these children having their adoptions finalised during this period, 71 exiting the program for reasons other than adoption (e.g., living independently, with kin, deceased, returned to family), and 164 remaining in the program at the end of the study period.

Of the 164 children who remained in the program at the end of the study period, 74 of those children had come into the FAF Program via the TFC Care program. With further inspection of

these children after the study's end, Tregeagle and colleagues found that 22 of the 74 children had been adopted, and the remainder were in the process of being adopted or had found permanency with their foster carers or kin without being adopted. To sum, the Barnardos' FAF program is one example of a program designed to organise permanency for children who are unable to live with their birth parents, with 139 of the 300 children who entered the program finding permanence in some form.

Of the 65 children whose adoptions were finalised at the end of the study, about 51 were under the age of 5 years when they entered the program, indicating that early entry into care is likely associated with better chances of adoption orders being granted. On average, it took 4.4 years from children's entry into the program for their adoptions to be finalised (Tregeagle et al., 2014). The time taken to arrange a permanent placement with a family varied with the age of the child, but it took less time to arrange permanent placements than to finalise adoptions. For example, for children under the age of 2 years, the average time from their last placement to moving into a permanent family was 4.5 months and the average time from their penultimate placement to be granted an adoption order was 3.5 years.

In contrast, for children between 3 and 4 years of age, the average amount of time from their last placement to moving into a permanent family was 7 months, and the average amount of time from their last placement to be granted an adoption order was 5 years. Thus, whilst the Barnardos' FAF program appears successful in finding permanency for children, the length of time to grant adoption orders was long. Nevertheless, the amount of time to arrange permanent placements for children was much shorter, particularly for younger children.

Based on the findings of Tregeagle et al. (2014), we suggest that establishing permanency for young children (who have been removed from their birth parents) within a short timeframe will likely promote their sense of stability and well-being. As discussed throughout this section, the NSW legislation aims to bring about good outcomes for children who will not be reunited with their birth families. There is emphasis on providing environments that are in the best interests of children, in the form of stable, secure, and enduring placements. The goal of such placements is to provide children with a permanent new family that will enable them to develop secure attachments and a sense of belonging, stability and permanence, as well as a sense of identity (Derrick, 2004). Part of having a sense of identity is understanding one's historical and biological past, in addition to the community or culture to which one belongs. The current paper attempts to examine these factors in more detail, and focuses on children under the age of 5 who are most likely to reap the benefits of early permanency; the report's aims are further detailed.

3.4 Aim of this report

The aim of this report is to examine factors and processes influencing identity formation for children who have been adopted from care under the age of 5 years, and how conditions of open adoption may facilitate developmental outcomes, particularly with respect to the formation of children's identity. This report approaches such questions in two ways. The first is by exploring what identity is, how it typically develops within an individual, how identity is related to other important constructs, and how it may be applied in the case of adoption. The second is by examining the contexts that will serve to promote identity development in adopted persons, by considering what factors promote good developmental outcomes in open adoption that may provide a basis for healthy identity development. Outcomes can be defined in terms of those that are measurable, as well as the actual experiences of adopted persons.

A literature review is presented in Sections 4, 5 and 6. Section 4 outlines key literature on what is currently known about identity, how such research can be applied to adopted persons, and how adopted persons make sense and give meaning to their experience of adoption. The aims of Section 5 and 6 are to provide some general conclusions about the outcomes of adopted children, particularly with reference to concepts relevant to their identity development, and the factors of open adoption that promote positive outcomes.

Section 5 reviews research on contexts in which open adoption leads to good developmental outcomes for adopted persons, and Section 6 reviews evidence on the role of contact in meeting children's identity needs.

Based on the reviews presented in Sections 4, 5, and 6 it becomes apparent that existing literature on identity development and wellbeing of children who are adopted from care under the age of 5 in the NSW context is sparse. Hence, Sections 7 and 8 present first attempts to canvass the opinions of relevant stakeholders of open adoption in NSW: primarily, children and young people who were adopted from care under the age of 5, and professionals or researchers who are highly specialised in the area of adoption and/or fostering.

Section 7 outlines the responses of a small sample of adoptees in a semi-structured interview which asks them about their experience of adoption and birth family contact, and its impact on their identity, in terms of making sense of their adoptive status as well as their sense of belonging to a family. Section 8 presents the responses of an expert panel of professionals and researchers with respect to factors that promote the formation of positive identity in young children.

4. Identity

4.1 What is identity?

At its core, identity can be defined as an individual's responses to the question, "Who are you?" (Grotevant, 1997; Neil et al, 2013; Vignoles, Schwartz, & Luyckx, 2011). Identity refers to how an individual defines him or herself, and can be asked introspectively (e.g., "Who am I?"), or it can reflect how a group of people define themselves (e.g., "Who are we?"). Vignoles et al. (2011) noted that the scholarly literature tends to use the term *identity* as a catch-all label to reflect biological, psychological and/or social characteristics of a person. However, merely possessing such characteristics has not traditionally been considered sufficient to define identity. Instead, such characteristics only constitute a person's identity when they have been interpreted and imbued with meaning or value by that person; that is to say, identity is implied through the person's act of emphasising or *identifying with* certain characteristics in response to the question "Who are you?"; or asked introspectively, "Who am I?"

The broad definition of identity as it has been used in scholarship also includes several aspects that are sometimes largely independent, including:

- *personal* identity - how a person sees themselves on an individual level
- *relational* identity - how they see themselves in relation to other people
- *collective* identity - how they see themselves amongst a group or social category
- *material* identity - has also been used to describe the way people see themselves with respect to their material possessions.

Finally, multiple aspects of a person's identity are generally considered to co-exist or conflict with each other, or are shaped by prevalent social and cultural attitudes of a particular time and context. That is to say, *identity is inherently a subjective, psycho-social construct that eludes a precise definition and may even entail contradictory conclusions about the self.* Nevertheless, interest in identity or *self-concept* (Harter 2012; Oyerman, Elmore, & Smith, 2012) has been, with varying degrees of intensity, important to empirical psychology since its inception by William James at the start of the last century (Morf & Mischel, 2012).

Much of the existing scholarly literature on identity has focused on the individual, although theories of identity do incorporate aspects of relational and collective identity (Evan B. Donaldson Adoption Institute, 2009). Broadly speaking, *identity* refers to a collection of construct that are in themselves complex, and consequently has been operationalized under a range of different frameworks and models. Each of these frameworks has originated from separate intellectual traditions that emphasise different components of identity formation, and they have largely developed independently of each other (Vignoles et al., 2011). Of particular relevance to this report, however, is the question of *how identity develops within an individual, and how identity should be understood for individuals who have been adopted.*

While there is an array of identity theories, in particular Erikson's, it is the developmental models that have been most heavily relied upon in the adoption literature because they emphasise an important developmental stage during adolescence. During this stage, in concert with one's interactions with the social context, a coherent sense of identity is constructed, which is considered vital for optimal psychological functioning (Grotevant & Von Korff, 2011). The theoretical basis for this developmental shift is outlined below. We then ask specifically how identity is important for adopted persons and complete this section with an overview of how identity has been closely linked with other important constructs in the context of this paper, such as *wellbeing and self-esteem.*

4.2 Developmental models of identity

The following section briefly summarises two key developmental models of identity that are most commonly relied upon in the adoption literature: Erikson's psychosocial theory of developmental and McAdam's theory of narrative identity. Both theories are foundations on which *adoptive identity* theory is based, which will be elaborated after the developmental theories are discussed. The way in which optimal identity development is conceptualised in each developmental model will also be outlined.

4.2.1 Ego identity

Erikson's theory of development is one that consists of a series of stages in which each stage has a psychosocial *crisis* (i.e., challenge) that must be resolved in order to progress and become a well-functioning adult (Berzonsky & Adams, 1999; Kroger & Marcia, 2011). Development is seen as stage-like and hierarchical in that development progresses through a series of stages, and that the capacity to resolve challenges in later stages depends on the achievement of resolutions in prior stages. That is, failure to resolve challenges in prior stages impede one's success in resolving challenges in later stages. For Erikson, identity formation is a lifelong process as the sense of who one is can to some extent be continually revised in response to social or contextual changes (Grotevant, 1997; Grotevant & Von Korff, 2011). Nevertheless, the process of self-evaluation is somewhat constrained and coloured by the developmental pathway a person has travelled, so that many aspects of self-evaluation (e.g., I am not a loveable person) are not easily overcome or modified (Kroger, 2004).

Central to Erikson's theory is the achievement of an autonomous *identity per se*. In fact, the fifth (from eight) stage of identity development – *identity versus role confusion/fidelity* – describes a point at which the young adolescent starts to take ownership of his or her identity against the backdrop of earlier views of the self that are less reflective. Prior to adolescence, Erikson maintained, the child is certainly aware of him or herself as an agent, and is certainly able to understand him or herself as a person with certain abilities or capacities relative to others. However, a proper sense of identity within Erikson's framework implies a willingness, capacity, impulse or need to see oneself as an object of evaluation, and to ask questions about the essence of one's being. It is in this sense that we can understand the familiar questions of adolescence – *Who am I? Where do I fit in society? What are my values?* – as an attempt to establish an autonomous identity.

As noted above, Erikson's theory is truly developmental in that it assumes that the formative experiences that occur prior to adolescence and adulthood leave a mark or a trace on a person's subsequent identity formation, and it is important to set out the basic terms on which this is presumed to occur. Thus, initially, an infant is thought to develop a sense of being separate from other people within a safe and trusting relationship with a parental figure; *trust versus mistrust/hope* stage. In this way, to a greater or lesser extent depending on the specific qualities of the attachment relationship, the growing child will have more or less trust in the availability and reliability of others.

When the child is between 2 and 3 years of age the challenge in the next stage – *autonomy versus shame and doubt/will* – is to establish a sense of autonomy within the expectations of the social environment, so that the child increasingly recognises his or her sense of self via, for example, control of bodily functions, and motor or linguistic abilities. In the third stage – *initiative versus guilt/purpose* – during the preschool years, the child has the ability to imagine and engage in purposeful behaviour to achieve goals, and thus take on different social roles. In particular, when things go well, it is during this stage that the child will start to develop a sense of himself or herself as being able to act independently and purposefully (i.e., with confidence) in the pursuit of his or her goals and interests; behaviours that are common amongst typically developing children during the preschool period.

During primary school years, the fourth stage – *industry versus inferiority/competence* – is one in which the child's attention orients to the schoolyard and community. The obstacles here are in relation to refining skills and completing tasks in order to foster a sense of competence in preparing for adult roles. In this stage, optimal resolution occurs when children identify with

important and knowledgeable adult figures (e.g., parents, teachers) who recognise and reward their efforts. As a result, children achieve a sense of mastery and confidence in coping with new or difficult situations. During adolescence, as noted above, the task of identity formation involves finding, discarding, and synthesising the resolutions of prior stages, and exploring alternative roles, before committing to an a world view that is in line with an individual's abilities, interests, and values (Kroger, 2004).

Throughout all these stages, individual development and the social context interact with each other (Grotevant & Von Korff, 2011); the social context is influential in recognising individuals' achievements, providing affirmation, and setting limits for the development of identity. The social context defines what is possible, relevant and valued by the culture in a specific time and place for establishing self and identity, and it contains people who will recognise and endorse the efforts of individuals in attaining a sense of self (Oyserman et al., 2012). For example, in modern Western societies, societal demands and expectations are placed on how individuals during the period between late adolescence and early adulthood should progress.

By the end of adolescence, individuals are expected to make decisions about their futures in terms of education and occupation, to become responsible citizens with their own set of beliefs and values, and to establish themselves as part of mature relationships (Grotevant & Von Korff, 2011). Success in facing the challenges presented by the social milieu in this stage entails a sense of wellbeing and certainty about where's one future leads, whereas failure to do so can result in insecurity about one's ability to establish values or goals as well as instability in what their future holds.

4.2.2 Marcia's identity statuses

The theory by Erikson was elaborated in 1964 by James Marcia, who developed the *identity status paradigm* to measure identity formation. Individuals are scored based on two criteria: *exploration*, the extent to which an individual has thought about, sorted, and tried various roles; and *commitment*, the extent to which an individual is personally invested in his/her actions or beliefs. Based on individual's scores on these two dimensions, the individual can be categorised as one of four identity statuses (Berzonsky & Adams, 1999; Kroger, 2004). Briefly, those with an *identity achievement* orientation are high in commitment following a period of self-exploration; those with a *foreclosure* orientation are high in commitment but have not engaged in much self-exploration, simply adopting roles and values obtained during childhood identification processes; those with a *moratorium* orientation are low on commitment but are exploring potential social roles; whereas those with a *diffusion* orientation are also low on commitment but not undergoing self-exploration. Further, change in identity statuses can be placed along a developmental sequence, starting from diffusion, to foreclosure, to moratorium, and to identity achievement, although these should not be treated as a distinct invariant sequence of stages (Kroger & Marcia, 2011).

In addition to the conceptualisation of identity status based on exploration and commitment, Berzonsky and Adams (1999) referred to social-cognitive approaches or *styles* individuals may have towards identity formation: *information*, *normative*, and *diffuse/avoidant*. According to this perspective, *information-oriented* individuals are actively involved in gathering, elaborating, and assessing information about the self; and tend to be identity achievers and moratoriums. *Normatively-oriented* individuals conform to the expectations held by people of significance; and tend to be foreclosures. Finally, similar to the identity status of diffusions discussed above, individuals who have a *diffuse/avoidant* orientation continually avoid facing identity issues. As will be discussed towards the end of this section, the extent to which individuals are committed to the task of exploring their identity (i.e., their *identity status* or *style*) has been shown to have meaningful links with their psychological wellbeing and adjustment. In other words, healthy identity development is not only an achievement in itself, but may have important implications for other aspects of a person's functioning.

4.2.3 Narrative identity

Narrative identity is defined as the internalised story of the self that gives a person's life a sense of coherence, purpose and meaning (McAdams, 2011), and was inspired by Erikson's concept of ego identity as described above. In contrast to the identity statuses proposed by Marcia, which focuses on commitment and exploration as *processes* in the formation of identity, narrative identity theory emphasises identity, the story of the self, as the *product*. The process by which such narratives are constructed is proposed to commence during late adolescence or early adulthood, but continues throughout the lifespan. The narratives are subjective accounts of a person's own development that serve to explain his or her origins, as well as shape his or her views on what the future likely holds. To sum, narrative psychology focuses on the task of meaning-making, and a narrative identity is formed as individuals create stories that convey a sense of meaning to the self and attempt to connect past, present, and future (McAdams, 2011).

In terms of how the foundations for narrative identity form during infancy and childhood, McAdams (2011) noted that life stories reflect important developmental milestones, and that the social and cultural context plays a significant role in supporting children's development, with parents largely providing the early scaffolding for children's ability to provide coherent stories of their experiences. By the end of the first year of life, infants develop *intentionality*, an understanding that other people's behaviours are goal-directed, which is argued to be critical for constructing self-narratives as they essentially consist of stories of how one or others have acted intentionally on the world. In about the second year of life, toddlers have begun to develop an *autographical* sense of self in that they recognise themselves as the subjects of the stories they tell about themselves. At about the age of 4, children begin to establish a theory of mind, by which they recognise that the intentional behaviours of other people are driven by internal thoughts and desires.

By 5 years of age, children begin to grasp the elements that make up a story narrative, and, when they are of school age, they begin to construct narratives of their experiences in line with their understanding of how stories should be structured as well as incorporate cultural conventions and expectations for what a story about one's life should include (Reese, 2012; Reese, Yan, Jack, & Hayne, 2010). During adolescence, individuals have a better conception of how events from the past may be ordered, and causally linked to their present and to their views of the future (Habermas & Reese, 2015). Further, adolescents may attribute an overarching theme or principle that brings together their particular experiences to provide overall coherence to their narrative. Distinctive social and cultural pressures and practices will influence individuals to consider *who they are* and *what they wish to become* as adults (Leary & Tangney, 2012; Oyserman et al., 2012). By about the end of adolescence and adulthood, most individuals are likely to have a robust narrative identity, and they will continually revise their life stories so that they remain coherent, grounded in reality, consistent with social norms, and accurately reflect personal values.

4.2.4 Summary

As outlined above, both developmental models specify that identity formation occurs primarily between late adolescence and young adulthood and that the interaction of the social context with an individual's development plays a critical role in identity formation. However, it is also clear that the emergence of identity depends on the capacities that have developed during infancy and childhood. Erikson's model of ego identity describes identity formation as a *process* of exploration and commitment, whereas narrative identity theory focuses on the self-narrative as the *product* of such exploration. Despite their different emphases, however, both developmental models suggest that optimal development of identity is necessary for healthy functioning in individuals. With such theories in mind, the next section examines how identity is relevant and important for adopted persons.

4.3 Why is identity important for adopted persons?

The following section outlines how identity development presents a challenge for individuals who are adopted. First, it is noted that adopted individuals often lack information about their biological and genealogical history, which is important in constructing a coherent self-identity that connects one's past, present, and future. Second, the theory of adoptive identity is described, which highlights the importance of an individual's capacity to make sense of his/her status as an adopted person.

4.3.1 Biological identity

Identity development is strongly influenced by societal and contextual factors, such as the prevailing attitudes towards adoption at a given time (Grotevant, 1997). While open adoptions are now a goal of most adoptions, closed adoptions were historically very common in Australia (Higgins, 2012). However, what is now known is that closed adoptions, both domestically and internationally, creates a range of identity-relevant concerns in the adopted persons. That is to say, the historical practice of closed adoption, intended to give the child a *new start in life* and to keep the child's illegitimacy a secret (Evan B. Donaldson Adoption Institute, 2009), brought about its own set of problems, including unresolved feelings of abandonment, a sense of betrayal from having their adoption kept secret, difficulties in forming attachment to others, and negative self-worth (Kenny, Higgins, Carol, & Sweid, 2012).

Of most significance is that adopted individuals had a lack of information about themselves, of an understanding of their background and why they were adopted, which they considered critical in developing their a sense of who they are and where they came from. As a result, many adoptees of closed adoptions go through sustained efforts to search for their birth family so as to obtain the information necessary for their identity, as captured in the research literature (e.g., Müller & Perry, 2001) and the media (see Jones, 2015, for a recent example). To sum, there is strong evidence to suggest that identity formation in adopted individuals is affected by the dominant adoption practices, which is an indicator of the prevalent societal beliefs and attitudes at the time. In the case of closed adoptions, such practices have been shown to be problematic because they restrict adoptees' access to information about themselves that they need for their identity.

Middle childhood is described as the period by which children begin to understand the concept of *family* as consisting of biologically-related members (Brodzinsky, 2011). Prior to this period, children's concept of family is largely defined in terms of the people they live with and who provide them with love and care. Hence, it is particularly during middle childhood that adopted children may raise questions about the legitimacy of their status as a member of an adoptive family, and the fate of the birth family whose biological connection they share. As described by Price-Robertson (2009), knowing the history of one's birth family is important as humans are inherently driven to place and make meaning of their life story within a wider personal narrative that goes beyond their own lives to enable a sense of continuity. Indeed, Price-Robertson argues that, with increasing secularism and scientific understanding of existence in contemporary society, understanding of biological history and ancestry is now seen as a means of constructing one's story within a broader context.

The Evan B. Donaldson Institute (2009) interviewed adult Korean-born adoptees and US-born adoptees about experiences and strategies that facilitated positive identity formation in relation to how they came to terms with their adoption. For the Korean-born adoptees, they were also asked to consider how they integrated their race or ethnicity into their identity. Key findings of this study were that adoption was reported to play a significant role in identity formation from early childhood and well into adulthood, not simply during adolescence and early adulthood. Further, for Korean-born adoptees, activities such as travelling to one's country of birth and engaging in cultural socialisation, were reported to be most helpful for identity formation, whereas for US-born domestic adoptees, positive identity was reported to be best facilitated by seeking biological family members. Hence, knowledge of one's origin can be very important to adopted individuals in achieving positive identity; further evidence in favour of this notion will be presented in Section 3.

When open adoptions were first introduced in the 1980s in the United States, there were fears that the practice would limit the development of self-esteem and identity because adoptees would be confused as to who their *true* parents were (Grotevant, 2000). Supporters of open adoption, however, argue that the practice is beneficial for adoptees' identity development because they have ongoing access to information about and/or contact with their birth families (Grotevant & Von Korff, 2011). Hence, with the move away from the secrecy of closed adoptions, the challenge for adoptees, and their birth and adoptive families, has been to rework what adoption now means. Identity development for adoptees now involves understanding how they are different from their adoptive family, how are they similar to their birth family, as well as why they were not raised by their birth parents (Evan B. Donaldson Institute, 2009; Grotevant, 1997).

4.3.2 Adoptive identity

Identity represents a challenge for individuals who are adopted as they do not live with their birth family, and so are faced with the challenge of understanding their adoption when information about their birth families might be unavailable, inaccurate, or incomplete, and when they might also encounter stigma as a result of their adoptive status (Evan B. Donaldson Institute, 2009; Grotevant & Von Korff, 2011). Further, when information about their history is lacking, adoptees may question the reasons for why they were not raised by their birth family and whether they had been abandoned by their birth parents (Kenny et al., 2012). Common identity concerns for adopted persons include: "who is my birth family?", "how similar or different am I from the people in my birth family?", "how did I come to be separated from my birth family?" "do my birth parents still think about me?" and "where do I belong?" (Fitzhardinge, 2008; Grotevant, 1997).

For children who have been adopted from care, identity concerns will likely have different characteristics when compared to children of domestic and international adoptions. For instance, for children of intercountry adoptions, common identity concerns relate to making sense of the fact that they look different from their adoptive parents, and that they are raised in a setting that is vastly different from their country of origin (Evan B. Donaldson Adoption Institute, 2009). For children adopted from care, similar to the case of children of domestic adoptions (i.e., those whose parents have voluntarily relinquished care of the child), identity issues relate to searching for information about birth families or obtaining access to birth families, as well as establishing one's identity as a member of an adoptive family.

Other questions that may arise for children adopted from care include, "Where does the child fit?", "Who are his or her parents?" "How does an adoptee maintain a sense of self after having moved around multiple placements (and when information about earlier placements may be lost over time)?" "How does a child maintain contact with birth family members they may still remember, and who are not of risk to the child (e.g., siblings, grandparents)?" "How do they resolve the relationship they had with birth parents who may have maltreated them in the past?" "How might contact with birth family members contribute to the development of an adoptee's identity?" (Grotevant & Von Korff, 2011). Clearly then, for children adopted from care, a vast array of specific identity-related questions will emerge and the challenge for the development of an adoptive identity will be in finding the answers to such questions.

Given that adoptive status has been given to them and has not been one of their own choosing, adoptees face the task of deciding how they will come to terms with their adoptive status and how such aspects of their identity will be integrated into a personal narrative (Grotevant, 1997). Like non-adopted persons, adopted persons are engaged in the same task of identity development, but they also need to incorporate a history which may be lacking accurate or complete information and which can challenge deep societal conventions that guide narratives about a person's origin and sense of belonging. *Adoptive identity* is a framework that has been put forward by Grotevant and colleagues to reflect the identity challenges faced by adoptees. It refers to an adopted person's responses to these types of questions: "Who am I as an adopted person?" "What does being adopted mean to me?" "How does my understanding of my adoption fit into my understanding of myself, relationships, family and culture?" (Grotevant & Von Korff, 2011).

The development of adoptive identity has been largely investigated within Eriksonian and narrative theories of identity, in which the individual's task is to make sense and prescribe meaning to his or her experience as an adoptee. Adoptive identity development is a process that largely occurs in adolescence, but is also revisited over the life course in response to contextual and internal changes (Grotevant & Von Korff, 2011). According to the narrative approach, adoptees engage in a process of *meaning-making* when exploring their adoptive identity, which is essentially a self-reflective process in which they explore the meaning of their adoption and gather further information about the circumstances of their adoption in order to create a complete and meaningful narrative. Hence, the task of identity development for adopted persons is to create a narrative that refers to, explains, and justifies their adoptive status (Grotevant, 1997).

The stories of adoption constructed by individuals can be analysed according to three dimensions to determine whether a coherent and meaningful adoptive identity has been achieved (Von Korff & Grotevant, 2011). First, in line with Eriksonian theory, *depth of adoptive identity exploration* relates to the adoptees' willingness to gather information and to reflect on what their adoption means to them. Second, *internal consistency* refers to how well the various parts of the narrative fit together and support common themes or theories about the self. Third, *flexibility* refers to the adoptees' ability to take on the perspectives other people (especially those of their birth parents) about complex issues and relationships associated with the adoption. To sum, an optimal adoptive identity consists of an adoption narrative that shows evidence of having engaged in deep exploration, is internally consistent, and is flexible how it manage other people's points of view.

Within the framework sketched above, it is clear that adoptive identity can to some extent be characterised as a process of reconciling or explaining one's experience so that it can be integrated into a coherent sense of who one is. In being able to understand what adoptive identity *is*, the question then turns to *how* the development of an individual's adoptive identity can be promoted. According to Brodzinsky (2011), the influence of adoption on the formation of identity involves a number of pathways, including characteristics of the individual (e.g., self-esteem), characteristics of the adoptive family (e.g., attitudes to adoption and contact, parent-child communication), and characteristics of those outside the adoptive family (e.g., birth family, peers, and social attitudes). Such factors, particularly ones relating to the circumstances of the adoption (e.g., age of adoption) as well as the characteristics of the adoptive family, are considered in further detail in Section 3.

4.3.3 Summary

Based on the literature reviewed above, it is clear that identity can be an important issue for adopted individuals. In addition to facing the challenges of normative identity development like non-adopted individuals, they encounter extra obstacles as a result of their adoptive status. Adoptees often lack information about their history (e.g., who their birth parents are, the circumstances prior to their adoption, reasons for why they were placed for adoption) that is needed for them to make sense of their origins. Lack of information about their biological or genealogical history creates difficulties in constructing a self-narrative that coherently connects one's past, present, and future. In addition, since their adoptive status is not one they have chosen for themselves, the formation of a complete and coherent identity requires adoptees to come to terms with their adoption and incorporate the meaning they have made from such experiences.

4.4 Identity and other related constructs

The question of how and why identity is important for adopted persons can also be approached by considering the extent to which identity impacts on psychological wellbeing and adjustment. According to Erikson's epigenetic theory of psychosocial development, an optimal sense of identity is one that is coherent and meaningful, formed within one's social and cultural environment, and entails a sense of positive psychological adjustment and subjective wellbeing (Grotevant & Von Korff, 2011; Kroger, 2004).

Conversely, the wellbeing and adjustment of adopted persons is strongly related to their ability to develop a positive sense of identity. Indeed, it has been shown that, when asked to rate how comfortable they were in their identity as an adopted person, the strongest predictors of comfort in adoptive identity were satisfaction with life and self-esteem for Korean-born adoptees, and satisfaction with life for US-born adoptees (Evan B. Donaldson Institute, 2009). Based on the narrative approach, narratives that are coherent and meaningful to adoptees are likely to be associated with a subjective sense of well-being, whereas incoherent narratives are likely to be associated with psychological distress (Grotevant, 1997).

Accordingly, Grotevant proposed that how adolescents come to terms with their adoption and establish an adoptive identity may be a stronger predictor of their adjustment, above that of other factors relevant to the adoption, such as the level of openness between adoptive and birth families (i.e., how much communication and exchange of information occurs between families) and the communicative openness that occurs within adoptive families (i.e., how much adoption-related conversations occur within families). In summary, the establishment of a healthy identity in adopted individuals is important because it is likely to have strong associations with their functioning and wellbeing. The next section outlines identity's close association with other important constructs, including well-being, and constructs relevant to the self (e.g., self-esteem, self-concept, and self-efficacy).

4.4.1 Wellbeing

Wellbeing is a broad construct that to this day, still eludes a precise definition. However, the term has been applied to a range of contexts and there is a wide range of instruments designed to measure wellbeing. Measures of psychological well-being, which are said to reflect an individual's positive functioning or satisfaction with life (Ryff & Keyes, 1995) have been consistently linked with identity. The Ryff Scales of Psychological Wellbeing, (Ryff, 1989; Ryff & Singer, 2006) is one such instrument that has been used to investigate the association between identity and wellbeing. The Ryff Scales of Psychological Wellbeing consist of 6 subscales:

1. *autonomy* – being self-determining and independent
2. *environmental mastery* – being able to choose and manage contexts to suit personal needs and values
3. *personal growth* – a sense of continuing development
4. *positive relations with others* – having trusting and satisfying relationships with others
5. *purpose in life* – having purposes, goals and a sense of direction
6. *self-acceptance* – feeling positive about multiple aspects of the self.

As one example of a study that explored the link between identity and wellbeing, Vleioras and Bosma (2005) used the Ryff scales to examine how young adults' identity styles (as conceptualised by Berzonsky and Adams, 1999) and strength of commitment to exploration are related to psychological well-being. Their results suggested that young adults who have a strong commitment to confronting identity issues are likely to have an information or normative orientation to exploring identity and be higher in psychological wellbeing. Further, it appeared that avoiding confrontation with identity issues (i.e., having a diffuse/avoidant orientation) is associated with poorer psychological wellbeing.

It was surprising that no differences in psychological well-being as a function of whether an individual was information- or normatively-oriented in how he or she dealt with identity issues. However, Vleioras and Bosma speculated that the lack of difference is because the association between identity styles and psychological well-being may be more apparent in contexts where individuals face challenges to their identity. Hence, it is possible that such associations will emerge for adopted person since, as discussed above, their adoptive status is likely to present identity challenges.

There has been one study that has examined the link between identity and psychological wellbeing for adoptees for a sample of Korean-born intercountry adoptees (Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008). The study focused on adjustment to adoption (as part of adoptive identity) and used selected scales from the Ryff Scales of Psychological Wellbeing which the authors argued would be the most relevant for identity: Personal Growth, Positive Relations with Others, and Self-Acceptance subscales. The investigators were also interested in the impact of cultural socialisation experiences; that is, the degree of interaction adoptees had with different cultural or ethnic groups. Results showed that level of ethnic identity was associated with higher scores on the personal growth and self-acceptance scales, and level of ethnic identity mediated the relationship between cultural socialisation experiences and personal growth.

Further, adjustment to adoption was shown to predict aspects of psychological wellbeing, with positive adjustment to adoption (i.e., less negative emotional reactions to thoughts of adoption) predicting higher self-acceptance, even after ethnic identity and cultural socialisation were controlled for. The items in the self-acceptance score also appear to capture wellbeing in terms of self-esteem (e.g., “When I look at the story of my life, I am pleased with how things have turned out”, “For the most part, I am proud of who I am and the life I lead”, “The past had its ups and downs, but in general, I wouldn't want to change it”). Although it is difficult to generalise the findings of this study to Australian children who are adopted from care, it seems reasonable to conclude that the identity of the adopted person, whether that be how they come to terms with their ethnic identity or their adoptive identity, is linked to their psychological wellbeing; particularly with respect to their self-esteem. The next section further details the relation between identity and self-esteem, as well as other constructs relevant to self.

4.4.2 Self-esteem, self-concept and self-efficacy

Leary and Tangney (2012) noted that the construction of identity requires the possession of a *self* that enables a person to consciously think about themselves and engage in *reflexive thinking* (i.e., being able to treat oneself as the object of one's attention and thought). The study of the self has proliferated since the latter half of the 20th century, and has stimulated interest in a range of constructs relevant to self and identity. Self-related constructs that are important for identity and are relevant to psychological wellbeing and adjustment include *self-concept*, *self-esteem* and *self-efficacy*. However, it is often difficult to tease apart such constructs as all refer to an individual's sense of self, and all are in dynamic interaction with each other and with the social environment (French, 2013; Maddux & Gosselin, 2012; Ryburn, 1995).

As a guide to how the constructs can be distinguished, Ryburn (1995) treats self-concept and self-esteem as components of identity, in which self-concept refers to how one understands the self at a cognitive level, whereas self-esteem refers to one's evaluation of that self-understanding. Similarly, self-concept can also be defined as the mental structures that comprise content of who one believes themselves to be, whereas self-esteem and self-efficacy comprise one's evaluations or judgments of such self-concepts (Oyserman et al., 2012).

Further, whilst the term, *self-concept*, has typically been used interchangeably with *identity*, the two constructs can be distinguished from identity by treating identity as how one makes meaning from aspects of his or her self-concepts. Finally, self-efficacy can be construed as one's responses to the identity question, “Who am I?” by considering what they believe they are good at, are capable of accomplishing, and how they may overcome difficulties to achieve goals (Maddux & Gosselin, 2012).

Despite the different ways such constructs are interpreted, all are clearly relevant to identity. Put simply, self-concept, self-esteem, and self-efficacy depend on a person's capacity to think about and to reflect on themselves. Such constructs are shaped by the experiences the person has and by the social context in which the person is embedded. In turn, those self-related constructs are important for organising and regulating a person's behaviours, and are associated with their functioning and wellbeing (Leary & Tangney, 2012; Maddux & Gosselin, 2012; Oyserman et al., 2012).

For an adopted person, the formation of their identity will involve understanding themselves to be an adopted person (i.e., their self-concept), possessing evaluations or judgments about their adoptive status (i.e., their self-esteem), and perhaps viewing themselves as capable of exercising personal control and agency in challenging situations relevant to their adoption (i.e., self-efficacy). At present, there is little research that has directly investigated how the constructs mentioned above can be applied specifically to the case of adopted persons. Below, a first attempt to formulate a theory about how self-esteem develops in adopted individuals is outlined.

4.4.3 Self-esteem and identity

It has been widely acknowledged that self-esteem is related to the identity of adopted persons (Grotevant & Von Korff, 2011), although it is not clear exactly *how*. Ryburn (1995) noted that adoptive status may threaten an adoptees' self-esteem or self-concept in two possible ways. First, the disruption of genetic continuity creates a loss of a reference point for an adoptee to make sense of personal traits, attributes, and qualities, that assist with self-concept formation. Second, the value that society places on continuity (e.g., in the form of written history and genealogy) can create difficulties in establishing a clear and healthy sense of identity. Further, Brodzinsky (2011) suggested that children's experience of being *different* from their non-adopted peers or of appearing physically dissimilar from their adoptive families is akin to a sense of loss, which may be detrimental to their self-esteem and identity. Within the adoption literature, self-esteem is commonly treated as a static product that emerges as a result of an individual's evaluation of the self in relation to his or her adoptive status.

French (2013) pointed out that, outside of the adoption literature, self-esteem is treated as a dynamic construct that is influenced by internal processes and the social environment and, at the same time, influences the development of identity and self-concept. French has thus proposed a theoretical approach, based on *Self-Worth Theory*, to explain how adopted persons' self-esteem can be shaped by the social environment. *Contingencies of self-worth* are aspects of the self that are treated as fundamental to a person's self-esteem, and they activate depending on the social environment. For adoptees, adoptive status may be treated as one such contingency of self-worth and activate when faced with questions about their adoption (e.g., if they are asked who his or her real parents are). The role of the social context is in shaping the beliefs and attitudes held by the person such that, if there is stigma towards a particular contingency of self-worth, the person who possesses that devalued contingency of self-worth will come to internalise those negative messages. Ultimately, such experiences will likely affect an adopted person's self-esteem in ways that reflect the prevailing societal values.

Individuals with a stigmatised trait often engage in strategies in order to protect their self-esteem; for instance, by minimising or devaluing that trait (French, 2013). However, by doing so, the individual risks minimising contingencies of self-worth that would be necessary for establishing one's identity and self-concept; which potentially presents a vicious cycle for an adopted person. To clarify, in order to incorporate a contingency of self-worth into one's sense of self, the individual must view that contingency as a positive source of self-esteem. For certain traits, a person has a choice in whether they continue to include it in how they define themselves (e.g., occupation, ideologies). However, adoptees are faced with difficulties coping with threats to self-esteem because they have had no choice in their adoptive status; rather, it is one that has been assigned to them permanently. As a result of their internalisation of negative social attitudes and beliefs, adoptees view their adoptive status as one that is deficient, inadequate, and a negative source for their self-esteem. However, they are unable to minimise or devalue their adoptive status as a contingency of self-worth because it would mean rejecting something that forms a large and vital part of their identity: one that places them as a member of and belonging to a family.

While further work is needed to test this theoretical approach, French (2013) suggested that self-esteem can be promoted by encouraging openness in communication within adoptive families as a way to normalise experiences and to treat their adoptive status as a positive

contingency of self-worth. Further, French argued that openness in communication with the birth family is also important for adoptees' self-esteem because it allows them to gather information so that they do not feel a sense of failure at not knowing about their history. It may even be that the impact of the attitudes and openness of the adoptive families on the adoptees' self-esteem are more profound than those of the larger social environment. The significance of openness in adoptive families is further considered in Section 3.

4.4.4 Summary

As outlined above, identity is strongly relevant to wellbeing, and it falls under the broader construct of *self*, which consists of relevant constructs such as self-esteem, self-concept, and self-efficacy. The formation of a healthy identity in adopted persons is important because it will have a broad influence on other aspects of their lives, including how well-adjusted they are, how they view themselves and how they feel about themselves. While further work is needed on establishing how such constructs emerge and is associated with identity in the context of adoption, early efforts are underway and appear promising in understanding how optimal outcomes for adopted individuals can be achieved.

5. Key Developmental Outcomes for Adopted Children

As noted in the Adoption Act, what is considered best interests for a child in a decision to implement an adoption order is determined based on a number of factors, including:

the child's physical, emotional and educational needs, including the child's sense of personal, family and cultural identity – Section 8(2)(c).

We can therefore ask, to what extent does (open) adoption influence developmental outcomes and meet such needs? In addressing this question we take two foci. First, in the current section (5), we approach the questions by examining the developmental outcomes of adopted children, and comparing such outcomes to those in other possible care contexts, especially long-term foster care. This analysis is largely based on existing research. However, we would like to point out that this section is not an attempt to provide an exhaustive literature review of the developmental outcomes of adoption and foster care. Rather, we intend to provide an overview of the most relevant and robust findings in order to demonstrate how open adoption can meet the developmental needs of children.

Second, in the next section (6), we focus specifically on the role of *contact* between child and birth family because of the significance placed on contact as a mechanism to meet children's identity needs in the case of both long-term foster care and open adoption (QLD Department of Communities, Child Safety and Disability Services, 2012; Siegal & Livingston Smith, 2012; Taplin, 2005).

While the current report focuses on the development and identity of children who are adopted from care under the age of 5 years in the NSW context, there is little existing research that examines this population directly. Further, there is a paucity of research that specifically focuses on the outcomes of adopted children in terms of their identity and related constructs, such as self-esteem and self-worth. That is to say, there is little conventional research in which identity, self-esteem or self-worth are measured as an *outcome variable* in the context of different care experiences. In contrast, there is a sizeable research literature available on the outcomes for adopted persons in terms of quantifiable benchmarks, such as physical, emotional, and cognitive development. We are of the view that such developmental outcomes serve as important foundations for the establishment of positive and healthy identity in adopted persons. Indeed, as raised in Section 2, the positive adjustment and wellbeing of adopted persons is likely to promote a healthy sense of identity (Evan B. Donaldson Institute, 2009).

To put it another way, if adoption were to change a child's life in a manner that improved health, education and emotional wellbeing, then we reason that adoption would likely have an indirect but predominantly positive influence on personal identity; particularly in the open adoption context in which children are given access to knowledge about their family of origin and background, and assuming that adoption itself is not overly stigmatized.

However, it is important to note that identity is a subjective psycho-social construct that reflects a person's appraisal of him- or her-self (see Section 2), so it is possible that broadly positive developmental outcomes – measured in terms of quantifiable benchmarks – will not translate in a straightforward manner onto a healthy and positive personal identity. The nature of the relation between such developmental outcomes and personal identity certainly needs direct examination (see Section 4.2). Nevertheless, it is not trivial to establish, broadly speaking, the influence of adoption on developmental outcomes.

Below, we first attempt to draw general conclusions on the outcomes for children adopted from care under the age of 5. However, our conclusions must be made with some caveats. Specifically, even though we survey relevant research on the outcomes of children in similar circumstances (e.g., children who have been or remain in foster care, older children, children of

international and domestic adoptions who have been adopted by people who are not their carers), we acknowledge how such findings may be difficult to generalise to children who are adopted from care under the age of 5 years in NSW. Where directly relevant research is lacking, we suggest potential avenues for further research.

The following sub-sections provide an overview of developmental outcomes for children of open adoptions. Since this report is concerned with children who are adopted from OOHC, we also consider outcomes for children in foster care. We first review evidence of key factors – in particular age of placement and/or adoption, and stability of placement – which have strong influences on developmental outcomes for fostered and adopted children. We then consider the research evidence that directly compares long-term foster care and adoption.

5.1 The influence of age (at placement) and stability on developmental outcomes

5.1.1 Foster care

To have a better understanding of the outcomes of open adoption from OOHC, we are of the view that it is essential to consider children's experiences prior to their adoption, specifically, that of being in transitional care arrangements which, for most children in NSW, is foster care (AIHW, 2014a). For instance, Morgan (2009) found that in interviews with 6- to 22-year-olds, who were adopted at an average age of 4 years, some participants reported difficulties adjusting to their adoption as a result of their prolonged time in a maltreating birth family or as a result of being moved between multiple foster placements before being adopted, which gave rise to feeling of doubt as to whether they were wanted at all.

Along these lines, Dozier and Rutter (2008) also noted that children who are adopted from adverse backgrounds are likely to face difficulties forming new attachments, and that negative experiences prior to placement or adoption involving, for example, maltreatment, and/or deprivation are likely to result in long-term developmental consequences. Early adversity can consist of harm due to abuse or neglect, multiple placement moves, and even pre-birth factors, such as genetic heritage and drug or alcohol exposure whilst in the womb (Neil, 2009). Below, we specifically consider how characteristics of foster care placements (i.e., age and stability of placement) can influence children's development.

Research on children in foster care presents a vivid demonstration of the impact of age of placement and stability on development and wellbeing. In a study that examined retrospective and concurrent predictors of mental health for 347 4-11-year-olds in NSW, who entered OOHC at about the age of 4 years; 86% were in foster care, and 14% were in kinship care, Tarren-Sweeney (2008) showed that risk factors associated with poorer outcomes for children's mental health included:

1. being older at entry into care
2. experiencing more placements
3. longer exposure to maltreatment prior to care.

Further, while being in long-term (permanent) placements and spending more time in care was more beneficial for children's mental health than being in short-term placements, lack of placement security was a predictor of mental problems for older children, even if they were placed in care at a young age (i.e., before 5 years of age). This is an important caveat finding because it shows how the need for stability, even in older ages, is ongoing.

In contrast, if we consider children who have been placed at a much earlier age, within the first year of their life, developmental outcomes appear more favourable. For example, in a longitudinal study of 60 Norwegian children who were placed in long-term foster care by 8 months of age, Jacobsen, Moe, Ivarsson, Wentzel-Larsen, and Smith (2013) found that placement variables, such as age of placement, reasons for placement, number of placements were not associated with measures of children's cognitive and social-emotional functioning

between the ages of 2 and 3 years. Of course, it is difficult to directly compare outcomes for children in foster care between Australian and Norwegian contexts because the Norwegian welfare system emphasises foster care over adoption, and prioritises having foster homes well-equipped to provide permanent care until the child turns 18 years; that is to say, the Norwegian foster care system plans for permanence. Further, as the study conducted by Jacobsen et al. (2013) assessed children's outcomes over a relatively a short time period, it is necessary to investigate the outcomes of early-placed, long term foster children when they are older to see whether the benefits of early placement carry over into early and middle childhood, adolescence, and adulthood.

Nevertheless, it appears that foster placement in a long-term stable care environment in the very early stages of children's lives is associated with better outcomes, likely as a result of being less exposed to adverse environments and maltreatment by birth parents, and by virtue of the early establishment of a stable attachment relationship. Next, we outline evidence on the influence of early adoption on children's developmental outcomes.

5.1.2 Adoption

As noted above, early age placement and stability of care are important for development and wellbeing for children in foster care, and the same applies in the context of adoption. There has been popular belief that adopted children are more likely to experience adversity and are less able to recover from behavioural, psychological, and emotional difficulties compared to children who have not been adopted (French, 2013). Indeed, while the literature shows that adopted children do encounter setbacks in their early life, what appears to be the case is that adoption acts as a suitable intervention to improve developmental outcomes for children who are unable to live with their birth families, such that they do catch up, under most conditions and in most respects, to their non-adopted peers (Evan B. Donaldson Institute, 2009).

An extensive meta-analysis conducted by van IJzendoorn and Juffer (2006) of more than 270 studies, resulting in an overall sample of 230,000 adopted and non-adopted children, as well as their adoptive parents, provides robust evidence of the developmental outcomes of adopted children. Results of the meta-analysis showed that children of international and domestic adoptions continued to lag behind non-adopted comparison peers in certain domains, such as physical growth and attachment. However, adoption appeared effective in improving outcomes for children in the domains of cognitive development, self-esteem, and behaviour problems compared to peers who remained in institutions or with their birth family (i.e., left behind).

Further, in relation to age of adoption, children who were adopted early (i.e., before the age of 12 months) tended to fare better than children who were adopted after the age of 12 months in terms of attachment security, school achievement, and physical growth, although older age of adoption was not associated with slower catch-up in the domains of cognitive functioning, self-esteem, and behaviour problems. Hence, it seems that adoption works effectively to improve children's outcomes in terms of their cognitive development, self-esteem and behaviour problems, and that early adoption promotes positive developmental outcomes, particularly with respect to their physical growth and attachment.

If we consider research evidence on children's developmental outcomes that are more closely aligned with the construct of *identity*, a major meta-analysis conducted by Juffer and van IJzendoorn (2007) of 88 studies, involving 10,977 adoptees and 33,862 non-adopted comparison peers, examined self-esteem as an outcome. Self-esteem, in this meta-analysis, was treated as a broad term which included other related constructs, such as self-concept, self-confidence, self-worth, self-image, or self-assurance. The results of this meta-analysis showed that levels of self-esteem for adopted persons were similar to that of non-adopted comparison peers. In addition, the parity in self-esteem between adopted and non-adopted individuals was present across all ages (from childhood to adulthood) and across all types of adoption (i.e., international, domestic, transracial, and same-race adoptions). Therefore, there is good evidence that adoption works effectively as an intervention, not only for improving general

benchmark outcomes (e.g., physical growth, cognition, behavioural problems), but also in promoting normative levels of self-esteem.

Taking the above findings together, it appears that age and the stability of early environments are important for children's outcomes. Rushton and Dance (2006) showed that, for children in the UK who are adopted from care after the age of 5 years by new parents (i.e., not their foster carers), rates of disrupted adoptive placements were more likely to occur if the child was older at adoption, had spent a longer time in care, and had behavioural difficulties.

Hence, age and stability affect not only developmental outcomes, but also affect whether disruption to adoptive placements occur. Rushton and Dance concluded that, for the most part, late adoption can be beneficial to children since over half of their sample remained in their adoptive placement. However, nearly a quarter of their sample were in adoptive placements that had been disrupted at the 6-year follow-up. Therefore, it appears that later age of adoption can be associated with difficulties that prevent children from remaining in their allocated placements. That is to say, late age of adoption is itself a risk factor for the stability of the adoption placement.

5.1.3 Summary

Current evidence suggests that early entry and stability in long-term environments are needed in order to promote positive developmental outcomes for children who are adopted from care. Areas of development affected by these factors include physical growth, cognition, attachment security, behaviour problems, school achievement, and self-esteem. Furthermore, not all outcomes are equally responsive to adoption, so that children's physical growth, school achievement, and attachment, in particular, are more strongly influenced by earlier adoption. Hence, in the case of children under the age of 5 years who are adopted from care in the NSW context, such a group would stand to benefit from early placement or adoption into long-term stable environments. These conditions provide a good foundation for the development of healthy identity, self-esteem, and sense of self-worth.

5.2 Adoption versus long-term fostering

The purpose of both adoption and long-term fostering is to provide a sense of permanency for children. Permanency with a stable and nurturing family is argued to facilitate children's development and provide a sense of emotional security that will remain with them throughout their lives (Livingston Smith & Institute Staff, 2013). Research that compares adoption with long-term foster care attempts to establish whether there are different outcomes for children in those different care settings; and therefore whether one strategy is better for children. However, it should be noted that it is often difficult to compare outcomes because of systematic differences in the characteristics of children who are placed in adoption and long-term foster care (Thomas, 2013). For instance, the circumstances of children who are placed in long-term foster care are generally not as well-planned and arranged as they are for children who are adopted, so it may be difficult to compare children who differ in their experiences (Quinton & Selwyn, 2006).

In the NSW context, for children who have been removed from their birth families and are unable to be restored or placed in kinship care, the options facing them are either adoption or long-term foster care. Below, the two forms of care arrangements are compared by considering differences in (1) broad developmental outcomes and the incidence of placement disruptions, as well as (2) the sense of security children experience or perceive in their placements.

5.2.1 Outcomes and disruption rates

As a whole, research supports the notion that adoption is a better alternative than long-term foster care. For example, Vinnerljung and Hjern (2011) conducted an extensive cohort study, involving data from 10 Swedish national registers on 900 adoptees and 3100 foster children. The children in this study had either been adopted before age 7 or remained in foster care

until they were 18 years old. The results of the study revealed that children who had been adopted had more positive cognitive, educational, and self-support outcomes than children in foster care, even after controlling for birth parent characteristics (e.g., level of education, mental health, substance abuse) and age of entry into out-of-home care. The strength of this study was that it assessed children who all entered OOHC before the age of 7 years, but differed in whether they were adopted or remained foster children. However, the generalisability of this study to the NSW context for children under the age of 5 years who are adopted from care is limited because it is not clear how many of the children were adopted by their carers. Further, as the study was conducted based on a national register, reasons for why certain children were adopted or remained in foster care, as well as characteristics of their out-of-home environment remain unknown.

One study in which the reasons for why children were placed for adoption are clearer is a longitudinal study conducted by Selwyn and Quinton (2004) that examined a group of 130 3- to 11-year-old children who were removed from their birth parents and had all received a best interest decision for permanency in favour of adoption. Despite court orders, however, 46 children were not adopted, so it was possible to compare the outcomes of children who were adopted with those who remained in long-term foster care. The results showed that both groups of children exhibited persistent behavioural and emotional difficulties, but children who had fewer difficulties at the time of the best interest decision tended to show improvements if they had been adopted rather than if they were in foster care.

Most importantly, the rate of placement disruption for adopted children was found to be low: 80 of the 96 (83%) adopted children were still in their adoptive placement at follow-up seven years later. On the other hand, placements were more likely to be disrupted for the 46 children in foster care. While disruptions for foster care placements were minimal within the first 6 months of foster care, 21 of the 46 (46%) initial placements had disrupted by follow-up 7 years later. In fact, at follow-up, 24 of the 46 (52%) children in long-term foster care were with carers who were different from their initial carers, thus indicating the instability of care for fostered children. The results of Selwyn and Quinton provide some evidence for better behavioural and emotional outcomes for children who are adopted compared to children who remain in long-term foster care. However, where the key difference lies is in the incidence of placement disruption, with initial adoptive placements more often remaining intact than initial foster placements.

5.2.2 Sense of security and belonging

In a review of the benefits and drawbacks of adoption as compared to long-term foster care, Triseliotis (2002) noted that it is difficult to assess the success of either type of care arrangement by simply looking at the incidence of placement disruptions because it is typically confounded by the age at which children have entered care. That is, children who enter long-term foster care tend to be older than children who enter adoptive placements, and this is indeed an issue in the studies reported above (i.e., Vinnerljung & Hjern, 2011; Selwyn & Quinton, 2004).

Further, he argued that evaluating behavioural and emotional adjustment is less important when comparing the outcomes of adoption and long-term foster care because both groups of children tend to be comparably high in adjustment difficulties. Instead, Triseliotis concluded that what distinguishes children who have been adopted from children who are in long-term foster care are that children who have been adopted express a greater sense of belonging, emotional security, and wellbeing within their adoptive families. However, he conceded that adoption is not always more suitable than long-term foster care, and noted that factors such as the child's age, current attachments, adjustment, and their wish to be adopted need to be taken into account.

Such factors are perhaps more applicable to older children, given that they are likely to have pre-existing attachments to their birth parents and be old enough to make decisions about whether they want to be adopted. Cashmore (2000) also suggested that being in long-term foster care may be more beneficial for some children and young people than staying with

their birth parents, but also stated that adoption, unlike long-term foster care, can provide a sense of permanence, belonging, and a clear indication of a child's status within a family. With respect to children under the age of 5 years, who are less able to understand what adoption is, a decision in favour of early adoption can perhaps lead them to have a sense of security and belonging early on as they form new attachments to their adoptive parents within a stable environment.

The *Belonging and Permanence* study, conducted by Biehal, Ellison, Baker, and Sinclair (2010) is a study that attempted to follow up 374 children 7 years after they entered care between the ages of 1 and 11 years. Children had either been adopted (by strangers or by their carers) or remained in long-term foster care. Consistent with the arguments of Triseliotis (2002) discussed above, results showed that children were comparable on a measure of emotional and behavioural difficulties, regardless of whether they were in long-term foster care or had been adopted. However, children in long-term foster care (28%) were more likely to have placement disruptions than children who were adopted (11%), although it should be noted that placement disruptions were again confounded by the age of the child's placement.

Nevertheless, what can be taken from the results of this study is that long-term foster care can result in similar developmental outcomes for children as it does in the case of adoption, *but only when the placement is stable*. Specifically, compared to children who had been adopted and fostered who were had been in their foster placement for more than three years (classified as stable care), children who experienced unstable foster care (i.e., moving at least once after a minimum of three years in a placement) had significantly worse scores on a measure of behavioural and emotional problems .

Children's sense of belonging and permanence in their adoptive or long-term foster placement was examined by Biehal et al. (2010) in an interview with two separate groups of children who had been in their adoptive or foster placements for at least 6 years. The majority of adopted children reported feeling emotionally secure and reported that they strongly identified with their adoptive families. In particular, children who were adopted by their foster carers described a strong sense of belonging to their adoptive families. Biehal et al. suggested that the success of such (foster) carer adoptions may hinge on the pre-existing success of the child-carer relationship prior to the application for adoption.

For children in stable long-term foster care, most children also expressed a strong sense of belonging to their foster families and perceived their foster carers to be parental figures, although some mentioned feeling uncertain about their future in the family. Indeed, in studies that have examined children and young people in foster care, it appears that long-term foster care can promote a sense of belonging to the family (Biehal, 2014; Christiansen, Havnen, Havik, & Anderssen, 2013). However, such findings should be considered against the trend for higher disruption rates in long-term foster care, which may be detrimental for feelings of security and belonging. Foster care placements are more susceptible to breakdowns (Selwyn & Quinton, 2004) and, consequently, children may end up moving across multiple placements, which as discussed earlier in this chapter, is not considered beneficial for children's development.

5.2.3 Interim summary

The extant research reviewed above strongly supports adoption as a positive influence on developmental outcomes, and in meeting *the child's physical, emotional and educational needs*, as outlined in the Adoption Act Section 8(2)(c). Further, the findings are also largely consistent with the hierarchical order of OOHHC options outlined in the amendments passed in late 2014 to the permanent placement principles of the Care Act, which specifies adoption as a preferable option over long-term foster care for children who are unable to live with their birth families and for whom kinship care is unsuitable.

A number of key conclusions can be drawn with respect to the developmental outcomes for children adopted from care:

- Early age of entry into foster care and the stability of care placements are important for children's developmental outcomes and wellbeing, and adoption at an early age promotes positive developmental outcomes, especially in domains such as attachment and physical growth.
- Not only does adoption promote benchmark developmental outcomes, it also promotes normative levels of self-esteem, a construct that is highly relevant to identity.
- Where it has been possible to compare long-term foster care and adoption directly, long-term foster care can bring about positive developmental outcomes for children similar to those of adoption. However, long-term foster care is more susceptible to disruption.
- While children who are adopted and in long-term foster care report a sense of belonging and permanency, the greater incidence of disruption for children in long-term foster care likely impacts their sense of security.

Overall, adoption appears effective in addressing the developmental needs of children in physical, cognitive, emotional, social, and educational domains, and provides a greater sense of security and belonging, which tends to be less certain for children in long-term foster care. As raised in Section 4, it is likely that the wellbeing and adjustment of adopted persons are relevant to their capacity to develop a positive sense of identity (Evan B. Donaldson Institute, 2009). Therefore, we argue that, in the context of permanency planning, adoption at an early age provides an optimal and stable facilitating environment for children's development and wellbeing, which will serve as important foundations for the formation of a positive and healthy identity in adopted persons. However, the research examined above has largely comprised broader age ranges, so further research is needed to determine the outcomes, disruption rates, and feelings of security and belonging for children under the age of 5 years in the NSW context who are in long-term foster care or are adopted early from care.

So far, the picture presented is one in which adoption is preferable over long-term foster care, in line with the NSW legislation. Certainly, the findings presented above are in accordance with the notion that children under the age of 5 years in care contexts would benefit from adoption. However, what is less clear is how the practices and procedures can optimise developmental outcomes, wellbeing, and foster a sense of identity for such children. In the next section, we review evidence on the role of contact in open adoptions, and argue that contact is a highly relevant factor in the identity formation of children adopted from care.

6. The Role of Contact

One of the issues clearly relevant to open adoption is that of *contact*. In this section, we outline main issues surrounding contact, particularly with respect to how contact is relevant to identity formation in adopted persons. However, it is important to note that there are no simple conclusions that can be drawn, and that our conclusions about the role of contact are more cautious than our conclusions regarding the developmental outcomes of adoption, as reviewed in the previous section. In recognition of this fact, in this section we attempt to draw on a range of sources, some of which are less conventional (e.g., professional guidelines, case law).

Despite the fact that more empirical work is needed to further examine issues surrounding contact, it is critical that we grapple with contact because it is very often a core experience of open adoption and is likely to be important for identity formation. Below, we consider how contact is defined, factors that are considered when decisions about contact are made, the role of contact as a source of knowledge about the birth family, and proposed developmental models of how contact is related to the development of an adoptive identity.

6.1 Contact in open adoption

The Adoption Act 2000 outlines that it is necessary to consider best interests for a child in terms of *the relationship that the child has with his or her parents and siblings (if any) and any significant other people (including relatives) in relation to whom the decision maker considers the question to be relevant* – Section 8(2)(f). Prior to the adoption of a child in care, it is likely that the child has had contact with birth family members in line with Section 86 of the Care Act, introduced in 2000, which permits courts to make contact orders for children in care proceedings (as well as beyond care proceedings). Depending on the age at which the child is adopted, the child is likely to have existing connections with birth family members, and such connections may still be significant even after adoption.

As also outlined in the Adoption Act, *best interests* for a child in an adoption decision should take into consideration *the child's physical, emotional and educational needs, including the child's sense of personal, family and cultural identity* – Section 8(2)(c). We suggest that contact is likely a key contributor to meeting children's identity needs, but such contact should be balanced against the child's need for security and safety, which is paramount for wellbeing (see section 3.1), and against the wishes of the child as he or she becomes older and better able to articulate his or her views. Against this backdrop, this section examines the role of contact in open adoptions and its potential impact on children's identity formation. Some general conclusions will be made about contact for children who have been adopted from care under the age of 5 in the NSW context.

6.2 Decisions about contact

In general, the term *contact* is not clearly defined but, in the care context, it has been taken to refer to any form of direct or indirect communication that occurs between a child and persons who are of significance to the child, and with whom the child does not currently live (Humphreys & Kiraly, 2009; Taplin, 2005), including birth parents, siblings, grandparents, and extended family members. Such communication can take the form of face-to-face meetings, telephone calls, exchange of emails and letters, and swapping of photographs or information. The majority of research in contact relates to the child's contact with his or her birth parents and this constitutes the focus of this chapter. However, it should be noted that children also often have strong links with other birth family members, especially siblings (Atwool, 2013; QLD Department of Communities, Child Safety and Disability Services, 2012). While this has not been the focus of sustained research, it is a very important issue for many adopted children.

Contact orders are – as they ought to be – focused on the needs and the best interests of the child. In this report, we do not seek to evaluate the making of contact orders by decision makers. Instead, we are focused on how *the best interests of the child* should be understood in

the context of existing practices, the relevant legislation and, critically, the conditions that best support the child's wellbeing and the establishment of a healthy personal identity. Guidelines provided by the Children's Court of NSW (2011) outline factors that should be considered when making decisions about contact. The guidelines begin by asking what the purpose of contact is. For instance, in circumstances where a child in care is likely to be restored to his or her birth family, contact is needed to be frequent enough so as to assist with maintaining attachments and promoting restoration (NSW Department of Community Services, 2006).

However, when it is unlikely that the child will be restored, Barnardos (2013) have put the view that contact should be focused on *maintaining the child's links with his or her past*. Further, the Children's Court guidelines suggest that contact enables children to *retain a sense of identity, a sense of who they are in relation to their biological and cultural heritage* (Scott, O'Neill, & Minge, 2005), and it provides children with *realistic perspectives of who their birth parents are in order to avoid inappropriate idealisation* (Neil et al., 2013).

Other relevant matters that should be considered when making decisions about contact include the age and developmental stage of the child, the child's wishes regarding contact, the nature of the attachment between the child and his or her parent(s), potential risks to the safety, wellbeing and welfare of the child, and other practical considerations (e.g., distance, resources required for contact visits, level of disruption to child's current living situation).

In summary, the research literature and contact guidelines are at a consensus that there is no simple set of principles for contact between children in OOHC and their birth family members, and that the nature of contact should be considered on a case-by-case basis (Atwool, 2013; Neil, Beek, Thoburn, Schofield, & Ward, 2012; Triseliotis, 2011). However, with respect to children who have been adopted, there is an absence of empirically-supported guidelines as to how decisions about contact for adopted children should be made. Below, we consider one approach for how decisions about contact have been made in the NSW context.

6.3 Contact in Family Law versus Adoption Law

While courts are able to make contact orders for children who are in care proceedings according to the Care Act, there is no existing legislation in the Adoption Act that specifies how the issue of contact should be approached for children who have been in care and subsequently adopted by their carers. Such a child, in the eyes of the law, becomes the legal child of the adoptive parents, and is no longer guided by the orders of the Care Act. As evidenced in recent case law (e.g., Adoption of SRB, CJB and RDB, 2014; Adoption of NG (No 2), 2014), decisions about contact have been informed by the Commonwealth Family Law Act 1975 on the number of hours and when contact should take place.

Such decisions are based on the rationale that, although

"the best interests of the child, both in childhood and in later life, must be the paramount consideration when making a decision about adoption of a child", "it is very clear that the [Adoption] Act was intended to ensure that some measure of consideration was given to the position of birth parents. The strict requirements that ordinarily apply to obtaining the consent of a birth parent are perhaps the clearest illustrations of this" (Director-General, Department of Family & Community Services; Re TVK, 2012).

Further, it was reasoned that an adopted child is not considered to be a child who is in the care *"of a person under child welfare law"* because they are legally recognised as the child of his or her adoptive parents. Therefore, it is possible to make a contact order based on the Family Law Act, which was previously not possible for children when they were under parental responsibility of the Minister (and thus guided by the Care Act). Perhaps more alarmingly, it was also reasoned that *"a birth parent may often feel more comfortable about supporting an adoption process if, at the same time he or she can be sure that he or she, as the case may be, will retain enforceable rights of access into the future"*. In other words, it appears that decisions about contact in family law contexts are applied to decisions about contact in adoption contexts, and references are made to the rights of birth parents to access.

Ferrerira (2014) has in fact argued that when there is a breakdown of a family unit, resulting in a divorce, parents will still continue to have contact with their biological children after the proceedings. Thus, Ferrerira reasons that it should not be any different for children who are adopted because biological ties are not severed as a result of adoption, and children have a need to know about their biological heritage. It should be highlighted, however, that circumstances in the case of divorces are not equivalent to those of adoptions. Best (2003, as cited in Taplin, 2005) makes a contrast between decisions made in divorce settings and decisions made in care settings. In particular, in divorce settings, the likely reason for children being unable to live with both of their parents is because their parents have irreconcilable differences leading to the dissolution of the marriage. On the other hand, in care settings, children are removed from their parents because it has been determined that their parents are unable to properly care for and protect them. Hence, extrapolation of decisions about contact between family law to adoption settings warrants caution.

Furthermore, from the point of view of developmental psychology, there is a fundamental difference between adoption and divorce. All things being equal, a child in the context of divorce will have profound pre-existing attachments to both parents, and so there is no a priori reason to question the rights of birth parents to have access to their children in order to maintain that relationship. On the other hand, a child in the context of open adoption need to form a new and positive attachment with his or her adoptive parents, and the establishment of this attachment is critical for their subsequent development. In addition, the child who has been adopted from care has been removed from his or her birth family for a reason, likely as a result of birth parents being unable to provide an environment which promotes healthy attachment and a sense of safety and security. Hence, while there are no clearly established guidelines for how contact in open adoption should proceed, treating contact decisions for adopted children as if in the context of a divorce setting does not strongly align with what is already known about child development.

6.4 Contact as a source of knowledge and its role in identity formation

In the case of contact for children who are placed in OOHC, it is generally argued that the benefits of contact are in preserving family ties as well as promoting the possibility of reunification with the birth family (Scott et al., 2005), although there is little research evidence to directly link frequent contact with improved chances that children will be restored to their family of origin (Humphreys & Kiraly, 2009; NSW Department of Community Services, 2006).

However, when it is likely or certain that the child will not be restored to the birth family, the goal of contact changes to maintaining a child's ties to his or her biological and cultural heritage, as well as to ensure that the child's need for belonging, relationship, connection, and identity are met (QLD Department of Communities, Child Safety and Disability Services, 2012). In accordance with this notion, Derrick (2004) argued that when returning to the birth family's home is no longer the objective for the child, the purpose of contact is to maintain connections with the birth family rather than to build a relationship with birth family members. Hence, in the case of children who are adopted from care, the role of contact remains as a means to maintain children's connections to their birth families.

In terms of how adoptees perceive their contact, most adopted children and adolescents express a desire for more contact with birth family members than is arranged or agreed upon (Cashmore, 2000; Ryburn, 1995; Triseliotis, 2011), and they are more satisfied with contact arrangements when there is contact involving face-to-face meetings with birth family members than when there is not (Grotevant et al., 2008). Further, satisfaction with level of contact, rather than the presence or type of contact, has been shown to be predictive of better adjustment for adopted adolescents and young adults, suggesting that how adoptees experience contact is highly associated with their wellbeing (Grotevant, Mcroy, Wrobel, Ayers-Lopez, 2013). Hence, when decisions about contact are made, it is necessary to consider when and how contact will likely be helpful and satisfying for adoptees.

Of course, it is important to note that children's experience of contact can be varied and may not necessarily be in their best interests in particular circumstances, such as when the child is at risk of harm or re-abuse, or if contact creates distress that undermines the child's placement and sense of security with his or her new family (Taplin, 2005). Others have also expressed concern about the stresses placed on carers and very young children, as well as the disruption of routines, when birth parents do not attend contact visits (Humphreys & Kiraly, 2009).

Therefore, as agreed upon in the literature (e.g., Neil, 2012; QLD Department of Communities Child Safety and Disability Services; Taplin, 2005), what is needed is careful decision-making about contact and to ensure that decisions about contact are made with a purpose, are in the best interest of the child, consider the wishes of the child, and do not put the child at unnecessary risk.

6.4.1 Benefits of contact

Early debate on the advantages of contact focused on the notion that people have a right to know about their origins. Bath (2000) noted that open adoption was beneficial in that it allowed for stability of care for the child by his or her adoptive parents as well as continuity with his or her birth parents. Further, he argued that just as children in care have a right to permanency, children also have a right to identity given that they bring their existing family and cultural identity and their self-concepts upon being placed into care. In open adoptions, that serve to give the child permanency, contact is argued to meet the child's need for identity.

Contact serves to provide a child ongoing access to his or her birth family in order to obtain knowledge of their origins and the circumstances surrounding their adoption, necessary for positive identity development (Brodzinsky, 2011; Cashmore, 2000). Contact in open adoption is also useful for obtaining information about an adopted person's medical and genealogical history, as well as answers to questions about characteristics of their birth families such as, "Who do I look like?" (Grotevant et al., 2008; Siegal & Livingston Smith, 2012). Thomas (2013) suggested that contact can be beneficial because it enables children to maintain relationships with their birth family and to understand the reasons for their adoption. In an interview with domestic adult adoptees in the US, contact with the birth family was cited as the most helpful factor by 72% of participants in establishing a positive identity as an adopted person (Evan B. Donaldson Institute, 2009). Adolescents who were satisfied with the contact they had with their birth mothers also noted the role of contact in their identity formation (Berge, Mendenhall, Wrobel, Grotevant, McRoy, 2006).

Based on the literature presented above, it seems that the primary role of contact for children who have been permanently removed from their birth families and are unlikely to be restored is one of *knowledge acquisition*; that is, obtaining information via a child's (adolescent or adult's) direct experience with birth family members, as well as perhaps by verifying information received from adoptive parents about birth family, that can assist with identity formation. Certainly, adopted children express needs for information about their birth families, and contact can assist with the open exchange of information between adoptive and birth families which will likely be necessary for adopted children to achieve a positive sense of self-identity (Neil et al., 2013; Ryburn, 1995). While the literature appears supportive of contact as a means to address the identity needs of adopted persons, it is less clear *how* contact specifically promotes identity and how contact can be structured such that it leads to better outcomes. One way to approach this question is to consider adoptees' changing needs for certain types of information with development.

6.4.2 The development of children's understanding of adoption

With development, children's understanding of adoption changes and will influence their desire for certain information depending on the developmental stage they are in. Brodzinsky (2011) described the developmental changes in children's conception of adoption. For instance, in being exposed to talk about their adoption from their adoptive parents, preschoolers are able to refer to themselves as being adopted but they have limited understanding of what that term actually means. During middle childhood, 6 to 12 years of age, children have developed better problem-solving and perspective-taking skills. They may realise that there were possibly

multiple solutions facing their birth parents prior to their adoption and question why they were removed from their birth families, but also empathise with the difficulties faced by their birth parents. The improvement of their logical thinking skills also entails the understanding that belonging to an adoptive family means being separated from their birth family. During adolescence, adoptees have a further advanced understanding of others' thoughts and feelings, so have a better grasp of their birth parents' situation. Further, they begin to understand the social implications and attitudes of their adoptive status, as they begin to establish their identity.

The benefit of having contact with birth family members, then, is that adoptees have direct access to information about their birth family and adoption history when they need it, such as when they are faced with relevant developmental challenges, including entry into school, the start of adolescence, career choices, marriage, or raising a family of their own (Grotevant et al., 2008; Ryburn, 1995). According to parents' views, contact with birth family during early childhood does not yet appear to be significant for their children because they are limited in their understanding of adoption. However, what parents agreed is that talking openly about adoption concerns and contact while their child is young provides a basis for addressing the identity issues that emerge during adolescent years (MacDonald & McSherry, 2011; Neil, 2009).

6.4.3 Interim summary

With reference to the case of children under the age of 5 years who are adopted from care in NSW, there is a definite gap in the research as to how contact can promote wellbeing and identity development in such a population. In a report of a longitudinal study of children in the UK who were adopted from care at the age of about 4 years (Neil et al., 2013), adoptive parents reported contact meetings, in which adoptive parents, the adopted child and birth parent/relative were present, to be enjoyable and not emotionally laden for children, likely because of children's limited understanding of adoption and the lack of close relationship with birth family members as a result of their early placement. In a follow-up period 7 years later, children typically perceived contact to be a normal and ordinary part of their lives and valued ongoing contact arrangements.

However, what is absent from the existing literature is empirical evidence that can guide decisions about the type and frequency of contact, and how contact should change as the child matures. That is to say, as children's understanding of adoption develops, what also changes are the kinds of information children would want to receive about their birth families. Hence, further empirical work is needed to examine how decisions about contact can provide the best outcomes for children and reflect what is suitable for their development at a particular age. There is emerging theory and evidence as to the role of contact in identity, particularly with respect to the formation of an adoptive identity during adolescence and young adulthood.

While the current section focuses on the role of contact for children who are adopted at an early age, it is likely that the evidence for adopted adolescents and young adults is still relevant. Indeed, as stated by Erikson, the foundations for the task of identity formation during adolescence will have roots in infancy and childhood (Kroger, 2004).

6.5 Openness in open adoption

There is great variation in the level of contact and communication in open adoptions that occurs between members of an adopted child's biological family and adoptive family. Grotevant (2000) described contact as existing on a continuum. At one end, there is no direct or indirect contact, and non-identifying information (e.g., height, nationality) is shared between parties, as is typical in closed or confidential adoptions. Under a more open arrangement, there are also mediated adoptions in which only non-identifying information is shared and indirect contact, in the form of letters and photographs, may occur and are managed by a third party (e.g., adoption agency staff).

At the other end, there are fully disclosed (open) adoptions in which there is direct contact between the adopted child and adoptive family with the child's birth family as well as an exchange of identifying information. Indeed, ongoing exchange of information and/or contact is pursued in open adoption in NSW (AIHW, 2014b). However, it is important to note that the actual level of contact and exchange of information can vary over time, and can involve multiple forms of communication, so it is vital that contact plans are reviewed over time to ensure they are still appropriate (QLD Department of Communities, Child Safety and Disability Services, 2012; Siegal & Livingston Smith, 2012).

6.5.1 Structural and communicative openness in adoption

Openness in adoption refers not only to structural openness (i.e., the level of communication and contact between adoptive and birth families), but also to the level of communicative openness, which is the prevalence of expression and discussion of the child's adoptive status within the adoptive family (Siegal & Livingston Smith, 2012). It is worth noting that structural openness is commonly measured via parental reports and focuses on adoptive parents' experience with the birth family by asking questions such as, "I know the name of my child's birth mother", "I have met my child's birth mother", "I have communicated directly with my child's birth mother by telephone, e-mail, or letter" (Brodzinsky, 2006), rather than specifically on the nature of contact between the adoptive child and his or her birth family, which may or may not occur.

Hence, the term openness is a very broad term, and does not always involve contact between child and birth family members. Nevertheless, it is apparent that adoptive parents play a key role in promoting openness between adoptive and birth families, whether that be in the nature of contact between the families, or in the nature of communication about adoption within the adoptive family. Contact that takes place post-adoption is an important process that involves both adoptive and birth families; otherwise referred to as the adoption kinship network (Grotevant, 2000).

By itself, the level of structural openness between adoptive families and birth families is not strongly linked to children's broader psychological and behavioural outcomes, such as self-esteem and emotional control (Grotevant, 2000; Quinton & Selwyn, 2006; Neil, 2009). Structural openness is more often associated with outcomes that are adoption-specific, such as curiosity of birth parents and understanding of adoption. Instead, what appears to be more important for broader outcomes for adoptees are the dynamics that exist within adoptive families. For example, when contact between adoptive and birth families is not possible, level of communicative openness about adoption within adoptive families has been proposed to be a critical factor in children's self-esteem.

Accordingly, Beckett et al. (2008) showed that 11-year-old Romanian-born and UK-born adoptees, who reported more difficulties in being able to talk about their adoption with their adoptive parents were more likely to have low self-esteem than children who reported fewer difficulties, regardless of the age at which children were adopted and whether they were subjects of international or domestic adoptions. In addition, children's reports of feeling *different* from their adoptive families were associated with difficulties talking about adoption with their adoptive parents, as well as low self-esteem. To sum, level of communicative openness within adoptive families appears to be associated with adopted children's self-esteem and their sense of belonging to the family.

Where there is contact between adopted children and their birth families, more contact is associated with more open communication about adoption within adoptive families, and children report higher levels of self-esteem (Brodzinsky, 2006). However, if considering what is a better predictor of positive outcomes for children, communicative openness is a more consistent predictor of children's self-esteem and behavioural difficulties rather than structural openness.

Hence, promoting a sensitive and open approach to communicating about adoption within adoptive families appears to benefit children's adjustment, suggesting that processes that occur

within the adoptive family are more important to the child's development than the structure of the family the child is raised in. In line with such a notion, Lamb (2012) argued that the quality of the child-parent relationship, the quality of the relationships between the adults raising the child or other significant adult figures, and access to physical, economic, and social resources are important factors for children's healthy development and adjustment. That is, independent of family structure, such factors are significant contributors to children's wellbeing. In applying this to the case of adoption, what seems to be necessary for positive developmental outcomes for adopted children are the processes that occur within the adoptive family.

6.5.2 A model for contact and identity

In open adoption, variation in the amount of information adoptees have about their birth families, as well as the level of actual contact adoptees have with their birth families, has been useful for examining the influence of contact and the adoptive family on the formation of an adoptive identity (Grotevant & Von Korff, 2011). A study conducted by Von Korff and Grotevant (2011) examined the relationship between adoptees' adoption-related conversations with their adoptive family, their contact with their birth family, and the development of an adoptive identity. Adoptees had been adopted before the age of 1 year, and were interviewed when they were adolescents and in young adulthood.

Results of the study revealed that the relationship between contact with birth family and formation of adoptive identity was mediated by the frequency of adoption-related conversations within adoptive families during adolescence, as well as in early adulthood. Hence, contact with the birth family that is supported by adoptive parents appears not only beneficial for maintaining a connection between adoptees with birth family members, but its benefits come about through promoting adoption-related conversations within adoptive families. Such emotionally significant conversations are likely to support adoptees in constructing coherent narratives about the meaning of adoption in their lives.

The findings of Von Korff and Grotevant (2011) were expanded upon by Neil et al. (2013), who proposed a model of adoptive identity development that includes the interaction between an adoptees' ability to process adoption-related thoughts and feelings, birth family characteristics, and openness in communication within adoptive families. Specifically, a healthy adoptive identity is achieved when contact is with birth family members who support the adoption. Openness in communication about adopted-related matters within adoptive families stimulates and is influenced by contact with birth family members. Further, adoptees differ in how much they are willing to explore and make sense of their adoption, which affects how much they are willing to engage with their adoptive families about such issues.

Neil et al. also analysed the adoption narratives provided by young adults who had been adopted before the age of 4 years and proposed four categories of adoptive identity, as described below.

- **Cohesive:** those who had thought a lot about their adoptive status over the years, and told coherent stories which acknowledged their thoughts and feeling, as well as those of other people.
- **Developing:** those who were exploring but not yet comfortable with the meaning of their adoptive status as there were still uncertainties or need for further information.
- **Fragmented:** those whose narratives appeared rigid or contradictory, and lacked a sense of coherence or comfort with adoptive status.
- **Unexplored:** those who felt comfortable with their adoptive status, engaged in little exploration, and told stories that appeared unchanged from middle childhood.

Neil et al. (2013) found that adoptees with a cohesive adoptive identity were the most well-adjusted, and that those with a fragmented adoptive identity fared the worst. In addition, there were indications that adoptive identity affected adjustment, and adjustment affected the adoptees' ability to make sense of issues related to their adoptive identity.

6.5.3 Summary

The results of the study conducted by Von Korff and Grotevant (2011) and Neil et al. (2013) are informative in that they suggest that contact has an essential role in the development of a sense of self as an adopted person via its involvement in promoting openness in communication within adoptive families. Hence, what appears to be more important for identity formation is not solely in the frequency and nature of contact, but in how such contact brings about opportunities to express adoption-related questions and concerns within adoptive families.

What is yet to be established, however, is how contact influences adoptive identity formation in adoptees who have been adopted from care before the age of 5 years in the NSW context. The findings of Neil et al. are promising in that it extensively examined the outcomes of children and how contact has been central to the development of adoptive identity. Similar efforts would be needed in the NSW context given that there are differences in adoption processes between England and NSW in terms of the number of adoptions that occur, court structures, opportunities for birth parents to oppose adoption orders, procedures in selecting potential adopters, as well as how contact is handled (Best, 2008).

With respect to how contact is relevant for young children, it is worth noting that children will engage in adoption-related conversations as a result of their contact with birth family members (Grotevant & Von Korff, 2011). It is not yet clear how very early conversations about adoption contribute to the adoptive identity process that becomes significant for adoptees during adolescence, although it is largely plausible that openness in communication during childhood is important as children come to better understand their adoptive status. Overall, it is clear that adoptive parents play an important role in the identity development of their adopted children by facilitating contact with birth family members and fostering communication about adoption-related matters.

To sum, the efforts of adoptive parents' in fostering children's sense of identity are crucial. Indeed, it has been shown that adoptive parents who have contact are more likely to develop more empathy and positive attitudes towards birth family members (Neil et al., 2013), and such values and attitudes will likely affect children's psychosocial outcomes and ability to develop a positive sense of self (Grotevant et al., 2013; Ryburn, 1995). Future research should continue to focus on the feelings and perspectives adoptive parents have about their child's contact with birth families, and to establish methods to support adoptive parents in communicating with their child about adoption-related issues.

7. Interviews with Adoptees

Based on the literature review presented in Sections 5 and 6 there is good evidence for those factors that lead to positive outcomes for adopted children, including pre-adoption factors such as early placement and stability. In addition, with respect to specific aspects of open adoption for children from care, contact with birth families is argued to be important for addressing children's need for information about their history, for preventing inappropriate idealisation of birth parents, and for stimulating adoption-related conversations within adoptive families as a means to promote adoptive identity.

That is to say, what appears to be important is the openness with which adoption-related issues and concerns are discussed, which is essentially what open adoption attempts to achieve. Therefore, what is currently known is the best-case scenario for adopted children as a whole. The current paper, in contrast, focuses on the best-case scenarios for children under the age of 5 who are adopted from care within the context and constraints of NSW policy and procedures. Given the unique legislative environment in NSW, more investigations of the key challenges and obstacles facing children and the main bodies who make decisions for them are needed (see discussions with practitioners in Section 8).

Cashmore (2000) noted that, in addition to examining the stability of placements and associated outcomes, the experiences and views of children and young people are imperative for understanding the success of foster or adoptive placements. The existing literature on children in open adoptions has tended to focus on the responses of adoptive parents, and less so on views of adopted children themselves (Grotevant, 2000). Therefore, the present study aimed to focus entirely on adopted persons' views on what their adoptive status means to them, and how it has influenced their identity. Asking adoptees was considered to be appropriate because we were aiming to understand their perspectives, experiences, and how they have made sense of their adoption. Further, while the study is retrospective in nature, it provides a window on how adoptees' experiences influence how they see and feel about themselves in the present day, and the factors they believe facilitated their development.

In preparation for this study, we requested raw anonymous data from Barnardos staff (2007) of an exploratory survey on adoption experiences they had conducted on children and young people, most of whom were adopted after the age of 5 years through their Find-A-Family program, and their adoptive parents. Most children and young people stated they remembered their adoption and, when asked what they found to be most important when they came to live with their adoptive family and the most important thing about their adoptive family, a majority of participants reported feelings of being safe, loved, and a part of their (new) family.

The present study sought to expand on the existing findings from Barnardos by focusing on the experiences of children who were adopted or placed for adoption under the age of 5 years by including questions on the influence of their adoption on their identity. We also felt it was important to interview young adults as adoption-related identity concerns tend to become more prevalent from late adolescence and onwards (Grotevant & Von Korff, 2011). We speculated that the sense of safety that comes about as a result of adoption would serve to promote adoptees' identity as a member of their adoptive family.

In formulating questions to ask participants in this study, we drew heavily on many existing studies that have examined the experiences of adopted children and young people, and we particularly focused on creating questions that asked for adopted persons' memories and experiences of adoption, of their contact with birth family members, and how such issues have influenced their identity with respect to their adoptive status, their sense of self, and of being a member of their current family. A majority of the interview questions were adapted from those used in a study by conducted by Hanna, Tokarski, Matera, and Fong (2011), who interviewed young adults adopted from foster care after the age of eight years (although, not necessarily by their foster carers) about how their adoption had impacted on their sense of the self. The

study revealed that, while adoptees varied in how much they had explored the impact of their adoption on their identity, three key themes emerged from their responses.

Firstly - the interviewees reported feeling a *sense of belonging* as a result of their adoption; some felt that they belonged exclusively to their adoptive family, some felt that they belonged to both adoptive and birth families, and a few felt that they belonged to their birth family only.

Secondly - interviewees described their adoption as a *second chance at life* because they were given opportunities they would not otherwise have had if they were not adopted.

Finally - interviewees stated how their experiences had given them a *sense of self-worth*; for example, they felt that they were stronger, more empathic, and had higher self-esteem as a result of their adoption.

Such themes are expected to emerge in the current study. However, it is important to note that the current study focuses on children who are adopted or placed for adoption before the age of 5 years and includes interviews with children and adolescents, so it is also expected that the responses may differ from those in Hanna et al. in important respects. In the current study, we were interested in examining whether participants' responses varied as a function of age: specifically, their actual age, and the age of their placement and adoption.

It is well-established that identity issues become more prevalent during adolescence (Kroger, 2004), so we examined the responses of children, adolescents, and young adults to see whether there were developmental changes with age. Based on the literature reviewed in Section 4, we reasoned that children would not have actively explored the meaning of their adoptive status for their identity. By contrast, we expected adolescents and young adults to be far more engaged with the meaning of their adoptive status for their identity.

Secondly, we wanted to determine whether the age of placement and adoption would influence interviewees' responses. For children who were very young, it would be unlikely that they will recall being adopted, so they may feel that they have always known they were adopted (Neil et al., 2013). On the other hand, for children who were placed early and adopted at a later age, the day their adoption was made final may be a very significant point in their life as they were no longer known as a foster child, and became the legal child of their carers.

7.1 Method

7.1.1 Participants

There were nine participants between 9 and 23 years of age: three children (all 9-year-olds); four adolescents (a 12-, a 13-, a 15-, and a 16-year-old); and two young adults (a 19- and a 23-year-old). Participants were recruited via Barnardos' existing database of individuals who were in their Find-a-Family program. Participants had either been:

1. placed for adoption and adopted before the age of 5 years, or
2. placed for adoption before the age of 5 years and adopted after the age of 5.

While attempts were made to secure a range of children who differed in their experiences, three sets of siblings (including one pair of twins) in the same adoptive placement were interviewed and included in the sample due to time constraints of the research project. In spite of this limitation, we expected responses to differ between siblings given differences in age and sex, as well as possible differences in fostering and adoption experiences.

7.1.2 Materials and procedure

Interview questions were devised based on existing studies that utilised interviews to examine children and young persons' experience of adoption (e.g., Colaner, 2014; Dance & Rushton, 2005; Hanna et al., 2011; Hawkins et al., 2007; Von Korff & Grotevant, 2011; Morgan, 2006; Ryan & Nalavany, 2008), how individuals construct meaning and identity from their

experiences (Noble-Carr et al., 2013). A question on wellbeing was also adapted from the Ryff Scales of Psychological Wellbeing (Ryff & Keyes, 1995) to ask about adoptees' satisfaction with their life as an adopted person. The specific questions adoptees were asked were tailored depending on how well they recalled their life prior to adoption and their actual adoption. Interviews were presented in a semi-structured format that took between 30 minutes to 1 hour to complete. A summary of the interview questions is displayed in Table 2. A full interview schedule can be found in the Appendix.

Table 2. Summary of Interview Questions for Adopted Persons

Interview topic	Examples of questions
Background	<i>How old are you? Can you tell me about the people in your family?</i>
Memory and integration of adoption	<i>Tell me what you recall about the day your adoption was made final" OR "When do you remember first learning that you were adopted, or did you always know? Tell me what your life was like before you were adopted? OR What do you know about what your life was like before you were adopted? How well do you fit in with your adoptive family? Are there times when you feel different from them?</i>
Identity as an adopted person	<i>What does it mean to you to be an adopted child/person? Is there anything that you don't know because you were an adopted child, but would like to know? How important is it to you that you let other people know you were adopted, or does it not matter to you?</i>
Birth family experience and contact	<i>Do you have contact with [your birth family]? How important is it to you that you have contact with [your birth family member]? How often do you have contact with [your birth family member]? What kind of contact? Has your contact changed over time? Tell me about the relationship between your [adoptive] family and [your birth family member].</i>
Sense of self	<i>What do you think has had the most influence on who you are today, how you feel about yourself, and how you see the world? How do you think your life would have turned out differently if you had not been adopted? How often do you spend time thinking about your birth family, and your foster care and adoption experience? Does it make a difference to you that you were adopted rather than remained a child in foster care?</i>
Sense of family	<i>What does the word family mean to you? What insights about families has being an adopted person given you?</i>

7.2 Results

Given the small sample of adoptees that was interviewed, and the structured nature of the interview, qualitative analyses were not undertaken on their responses. Below, we outline the responses of the adoptees and the key themes that emerged within each interview section.

7.2.1 Background

When asked to describe the people in their family, adoptees largely referred to the family members who they lived with, including their adoptive mother, adoptive father, siblings (both biological and non-biological), and grandparents. All adoptees referred to their adoptive parents as "Mum" and "Dad". In the case of one adoptee, who had been adopted by a same-sex couple, the adoptee referred to his adoptive parents as "Dad" and "Papa". Only when asked to speak about their birth families did adoptees describe their birth parents.

7.2.2 Memory and integration of adoption

Memory of their adoption and experiences prior to adoption were largely dependent on age of adoption and actual age of adoptee. Adoptees who were under the age of 5 years at adoption reported not remembering their adoption, and stated that they had always known they were adopted.

I think I've always known from the start, so like when I was old enough to comprehend... I was probably like... I don't know... 4 or 5 when I started to actually know what it meant (S91; 19-year-old)

[So you've always known you were adopted, it wasn't at some point that you learnt that you were adopted?] Yes, it's like having brown hair, or being a boy. You just don't think about it. (S14; 23-year-old)

Despite not knowing about the day of their adoption, however, adoptees were able to describe the circumstances surrounding their adoption, the life they had prior to the adoption (i.e., foster care), and what they knew about their birth parents. Adolescent and adult adoptees were more descriptive than child adoptees.

Um, I know that why I got adopted. I think she was sick, and she couldn't um look after me. Yep. (S28; 9-year-old)

Um, it was sad. Scary. Because she smokes [do you remember that, or were you told that?] No, no, stories. I think she [birth mother] smoked and mum and dad thought when they got me that I was gonna have something wrong with me, like what's it called, like a brain injury or something, but I don't. I just turned out to be a lucky girl (S81; 9-year-old)

Like why I got pulled away? [Yes] I don't remember anything. But I've heard stuff about it and they've explained stuff. Like, my understanding of it is that [birth mother] left [my brother], she never took care of us. She left him with her friend and she came back home and his arm was broken. She took him to the doctor's, but didn't take him to the hospital straight away. So, when she actually did, they found several things like fractures that might have happened a month ago or something. When they asked her what happened, she said she didn't know. (S44; 13-year-old)

Like, why I was put up for adoption was pretty much because – my birth mum was addicted to heroin and she couldn't look after us, and abandoned my sister and I in different places. So we both got taken away from her. I got adopted. She went back to her birth father. (S91; 19-year-old)

No. But I did hear some pretty horrific things about the circumstances upon which I was adopted... They found me because I had an irregular check-up at a hospital, I was 2 years old and I had the mental abilities of a 3 month old. They thought that maybe I was mentally retarded, but they thought they would keep me in care for a few days and see what happens. Within those 3 days, my abilities – like fine motor skills and cognitive abilities – increased significantly in that short period, they realised that this was not a mentally disabled child, but there was something to do with the parents. So that's when DOCS looked into it ... Apparently when I was found, I was covered in my own faeces and stuff. They really didn't know how to look after me properly. (S14; 23-year-old)

When asked how they came to know, adoptees reported that their understanding of their adoption came from their adoptive parents. In addition, when asked whether their parents had always been open about discussing information about their adoption and whether they found it helpful, all adoptees agreed.

Yeah. Because when I grow up and if I wanna know about it, I'd know most things about it. (S56; 12-year-old)

Yeah, because they answer all the questions there's not many to ask now because they teach us all about it. Now we know what's what and there's no insecurity about it. They just taught us that we're normal people, whether we're adopted or not. (S08; 15-year-old)

Yeah, anything that I brought up, they would happily answer. I don't think I would cope very well if everything was kept a secret. (S91; 19-year-old)

It was by asking my parents about what happened and the circumstances. It was never something to be hidden, never something not to talk about. As normal as talking about politics, or talking about the news, or what I ate for breakfast... That's the way it should always be [open]. Again, that makes you feel like it's normal. Such a big part that's made adoption not such a big issue for me and made me such a happier person for it, and not have so many insecurities that I think a lot of kids could through when they're adopted, is that openness and how normal it's felt. The moment you keep it a secret and make it into an issue, it's no longer normal. And then you lose that. Then the insecurity can start growing. So you need to keep it open. (S14; 23-year-old)

However, some of the children's comments suggested that there may be a limit to how helpful the disclosure and open discussion of information about adoption can be. For instance, given that adoptees who are adopted from care are likely to have gone through early adverse circumstances, information about events prior to adoption and about the birth family may be distressing for some, especially for those who are younger and less likely to fully understand what may have been, or continue to be, complicated and traumatic circumstances.

What I should not do when I'm older; like take drugs and stuff. [So you've seen that in the members of your biological family?]. I haven't seen it, I know it. [You've been told about it?] By mum, because [sibling] asked it. [So mum gave you lots of information, how did that make you feel?] Pretty much a little bit scared, and then [sibling] said, "Stop mum!" (S73; 9-year-old)

But mum and dad tell me don't tell [birth mother] where we live because she can actually be a bad influence on like what we do, and sometimes she can maybe rob us because we have a lot of things here. [So they're a little worried about that?]. So I don't really talk about it because it makes me feel scared. (S81; 9-year-old)

For children who did recall the day their adoption was made final, they were able to describe the occasion.

A tiny bit. I remember the judge asking me if I wanted to wear the wig, but [my sister] did wear it. (S73; 9-year-old)

Yes, I do. Um, yeah I remember being in the room – courtroom thing and having the stamp in my hand and stamping the papers. I remember exactly what I was wearing as well, and I've also got photos of them. So yeah, I do remember it. (S44; 13-year-old)

Yeah, I remember. I remember the day clearer than I remember anything else. It was pretty much, in the morning I woke up like I was really nervous but excited. On the car ride there, like, even nowadays, the work that I'm working with now, it's in Sydney. So even when I drive there, certain places I remember from the drive to the adoption. I remember the roads and all that to where it is. [How old were you then?] I think 7. We got to stamp the papers, that gave me a sense of relief and more safe. Brought more safety into me. More feeling like I can be more secure, not worrying that anyone could come in and take us out. (S41; 16-year-old)

Adoptees who remembered their adoption also described the sense of security they had in finally being adopted.

I remember the adoption because I was here at about age 1. And it just felt like we were part of it anyway because we grew up in this household. We were just mum and dad's sons

anyway... It completes the whole process of me becoming a part of this family. So, yeah that was a pretty good thing to remember. (S08; 15-year-old)

I didn't feel safe before I was adopted. Being adopted helped me, made me feel like safe, secure, in an actual family, not being moved around like someone being shipped, like a toy or something. (S41; 16-year-old)

One participant reported that her sense of belonging to her family started long before the adoption even occurred, when she was placed into foster care with the family who later adopted her.

To me it wasn't just like 'oh I'm adopted, I'm part of this family now'. It was like I was part of the family before that and then I got adopted and then I was like 'oh yeah, I'm adopted'. So it wasn't really like 'I'm a part of this family now'. It was just words on a paper to say I was officially, like legally and that. (S44; 13-year-old)

For adoptees who remembered their adoption, they were able to describe some factors that helped with their adoption experience.

I think because we were like, it was fun. And I guess we knew that we were in foster care, and we knew what adoption meant. But I think it was because we already felt like a family. So this was just making it legal. (S44; 13-year-old)

Well, because we were so young, we didn't really know much about the whole adoption thing. But mum and dad led us through it, told us everything we needed to know, the whole family supported us and the whole adoption process. That really helped. It made us feel less different, and it helped us know that they wanted us here and they weren't only doing it because we were two random kids. Like, they actually loved us. (S08; 15-year-old)

When asked how well they fit into their family, adoptees generally reported that they fit very well and that they did not have a sense of being profoundly different from their family.

We're all kinda odd. We all have our differences I guess. But it's not hard to fit in. Being here and growing up in the family, you are a part of the family, everyone loves you. And you fit in quite well, you just gotta make yourself heard sometimes with the extra group of people here [laughs]... Maybe like at get-togethers, you get a feeling. If you go and visit mum's side, and you see that bit of extended family, you can feel out of that because you don't know everyone, and you haven't grown up to know them. Other than that, you just feel like you're a part of it. (S08; 15-year-old)

Pretty well, it hasn't really felt much different to normal families I don't think (S91; 19-year-old)

I fit fine. Obviously, I'm different from my sisters [two biological children of adoptive parents, and one adopted from a different family]. But they're different from each other too. I think it's quite normal for family members to be different from one another. I definitely feel like I fit in. (S14; 23-year-old)

7.2.3 Identity as an adopted person

When asked what being an adopted person meant to them, adoptees reported that they viewed themselves as special or chosen.

I feel like my mum and dad chose me, they wanted me. In some ways it has helped me and in others, I went through this stage where I went oh I'm adopted. I don't know why, I went through it. But now, sometimes I forget I'm adopted. It's like I'm just a part of the family. Like I'm not adopted. (S44; 13-year-old)

Well, you are different because you are adopted. If anything, being adopted helps the way you were brought up. If we weren't adopted we could be anywhere right now, we could be in danger, getting in drugs. Some kids do drinking alcohol and that. I guess you feel special that you are adopted because it just takes you away, and yeah, I guess that's it really. (S08; 15-year-old)

I guess I feel like I've been chosen rather than... like... I guess I was an accident at first, but then I was chosen, so I feel pretty special knowing that, and that my parents went through so much to get me. That's always felt special to me (S91; 19-year-old)

Some adoptees reported that their adoptive status was not a large part of how they saw themselves, but did acknowledge its benefits.

I don't really take it as anything really. To me, it's another thing in life. Like, some people say adoption is rare but it's really not. There's so many adopted and foster kids. You can't even tell. If you just met me, you wouldn't know at all because of how well I fit in. Even at school there's foster kids and people don't even realise. To me it's just another thing in life. Adoption means there is more people out there like me, rather than there's many people that aren't like me. (S41; 16-year-old)

Nothing... The only thing I can think of is that I am very lucky to be able to have had the opportunities I had and the second chance in a way other kids wouldn't get in this world. Other than that, it's given me an extra sense of open-mindedness, and extra sense of empathy of having gone through that experience. Of knowing that those are the circumstances from which I came from. Family is something people take for granted, but I think there is a degree to which [I] don't do that because I know I am adopted. I think that is something that any other person can develop, but for me, it came through for me as a result of thinking about how lucky I am for being adopted. (S14; 23-year-old)

For younger children, the meaning of their adoptive status to their identity was less readily apparent, suggesting that children are yet to fully explore such issues.

Um, this. Uh... kind of the same. Um, I don't really mind it. (S28; 9-year-old)

Yeah, it means to have a life. [Can you tell me more about that?] Nah. (S73; 9-year-old)

Um... just to. Well I don't know. What do you mean, what does it feel like? [Yeah?] It feels weird in a way because you have two sets of parents. I don't really think about it much. (S56; 12-year-old)

When asked if there was anything they did not know because they were adopted, but wished they did know, some adoptees described their wish to know who their birth father was, as well as the significance of knowing things from their past and having access to genealogical information.

Yeah. I think I wish I knew my birth father, even though [my birth mother] doesn't know. I just wish I did know. Like I've said before, if there is any way we can find out. I would have liked to know how life would have been, not that I wanted it, I would just like to know. I guess I know a lot of things, but I also don't know a lot of things. But the things I don't know, other people don't know as well... And I also don't know about everything happened, and I don't know much about [my birth mother's] life now, but I don't really care. (S44; 13-year-old)

Probably more about my biological father. Yeah, because I've only seen photos of him and I know his name but not anything about his background or who he really was. (S08; 15-year-old)

Um, well I don't know who my birth father is so that's always been a bit mm [grimace]. For ages, I know it's really insignificant, but I didn't know what time I was born and it really bugged me because everyone else knew. But, I found a tiny piece of paper like last week that was in my medical records that just had the time I was born. It's the only record I had of it. I was really happy about it... it had the time I was born, and the weight I was when I was born. That was exciting. (S91; 19-year-old)

It would be nice to know more about hereditary conditions that people can have. I don't know anything about my father's side... It would be nice to know from a practical point of view some more things. It would also be nice to understand... I wouldn't mind if somebody had more answers to do with how my [biological] mum ended up at that point, and my [biological] grandmother ended up the way she did. (S14; 23-year-old)

In relation to how important it was to tell other people about their adoptive status, most adoptees stated that they were happy to talk about being adopted but it was not something that they initiated. Such conversations usually emerged when they were asked about their parents. For the most part, adoptees mentioned that the majority of their friends knew about their adoptive status and were accepting of it.

Um, nearly everyone knows. But it doesn't really matter to me. (S28; 9-year-old)

It used to be really important, I used to let everyone know. But now, I'm kinda like, who really cares? Not in a bad way. I just don't go and tell people, 'oh yeah, I'm adopted'. Like if they question me, I might say I am adopted. (S44; 13-year-old)

My friends, most of them already know. I guess it doesn't really make a difference to them, they just see me as me, their friend. They understand the whole adoption thing. I think it's not that important that people do know because it doesn't really change who I am to them. (S08; 15-year-old)

To me, I'd tell them. But if they don't wanna know, I won't go out of my way to let them know I am adopted. A couple of my friends at school, I've been friends for over 5 years, after 3 years, they found out I was adopted and it didn't faze them much. Obviously they had a few questions, and then they just got on with it and we're still friends to this day. My close friends know I'm adopted and like they haven't changed their attitude towards me, it's just the same. (S41; 16-year-old)

It's not really like a... Like if someone asks, or if it comes up in conversation, then I'll talk about it. But I'm not like Hi, I'm [name], I'm adopted. But I also don't keep it a secret, like I don't care if anyone knows. (S91; 19-year-old)

Not very at all. Doesn't matter to me. Sometimes if it comes up in conversation, I'll say it really offhandedly. I kind of forget it matters to some people. It just doesn't bother me at all. (S14; 23-year-old)

Two siblings (twins), who were adopted by the same family, had differing views about the importance of telling other people about their adoption. For one, telling other people was considered to be important and it was dissatisfying when other people said that the adoption did not matter. The other sibling was reluctant to openly talk about being adopted. Such results suggest that adopted persons' experiences and the meaning they prescribe to their adoption are varied, even between siblings raised within the same family.

Yeah, [sibling] always says, 'Don't tell them', and the people say, 'It doesn't matter anyway, I don't even care', and sometimes that hurts my feelings. [So if people say to you 'Oh, I don't care', that hurts your feelings because it's important to you that you were adopted and you want people to know that?] Yeah. [Why is it important to you that you let other people know?] Because it's kind of special that I'm adopted. (S81; 9-year-old)

It does matter, and I don't tell them. But [sibling] does and I get cross at her. [Do you know why it makes you feel angry?] Angry because I don't want to tell. (S73; 9-year-old)

7.2.4 Birth family experience and contact

Adoptees' experiences and contact with birth family members varied widely. Some had ongoing contact with their birth parents and family, some had infrequent contact, and some had contact during the earlier part of the adoption, which ceased when the child was older.

Um, like, every 3 months or something. Or is it? Um, I'm not really sure about that... I think I go twice. (S28; 9-year-old)

It's 4 times a year we have to see her. But if she cancels, we'll just wait for the next visit. So like that was one visit, but you cancelled it, so your fault. We have tried to make it up in the past but after she kept cancelling, it was like, mum said, and dad, we don't want you guys to be upset or disappointed because she keeps cancelling. (S44; 13-year-old)

We did every holiday until I was 13. And then I said I want to stop [seeing my birth mother]. But I didn't stop with my brothers and sisters. (S41; 16-year-old)

I didn't have that contact with her for quite a few years. At first, it was access visits every 6 to 12 months (when I was 2 to 7 years old) but that stopped because she went back on drugs. So I didn't talk to her for 7 to 8 years maybe but I started talking to her last year because I was doing a project at school and I needed information from her so I contacted her again... It's not really a regular thing. It'll be like, we'll talk for a week, and we won't talk until a few months. (S91; 19-year-old)

We meet twice a year, talk for a bit, hang out, usually at a restaurant. Although, we legally had to until I turned 18. I continued with my mum after I turned 18. It was nice to stay in touch and I know I mean a lot to my biological mum and that seeing her makes her happy. I know she loves me even though she wouldn't know how to express it like a regular

parent would. It's a lot more about looking out for her, more than it is for me... - S14 (23-year-old)

For adoptees who did not know who their birth father was, few expressed a strong desire to have contact with him; the majority indicated that it was more important to know who he was.

[Do you ever see your birth father?] No, never. He doesn't come. I don't know why he doesn't come. Because I'd like to see his face again. Because I don't really know what his face looks like anymore. (S81; 9-year-old)

I'd like to know who he was. I wouldn't really care if I talked to him or not, it would be good to know who he was. (S91; 19-year-old)

In terms of actually meeting my biological father, I don't care at all. It's just, who cares. If he got in contact, I would be open to it just because "why not?" but it's not certainly something I seek. In the same way that my parents are my parents, this guy is not my parent, he's just some guy. I don't feel I have any connection with him. I don't know anything about him, so certainly nothing that interest me. It's not anger or animosity towards him, I just don't care. It's be nice to know more about the circumstances, but I'd rather focus on the present and not worry too much about the past. (S14; 23-year-old)

When asked about the importance of knowing about their birth parents, adoptees reported that knowing about them led them to discover things about their biological or genealogical history, and allowed them to speculate about the origins of certain traits and characteristics. It also allowed them to make sense of the past, which they saw as positive process. Further, having contact with birth parents provided adoptees with a direct experience with their birth parents so as to obtain a realistic view of who their birth parents were, as well as addressing questions adoptees might have about their birth family that could remain unanswered in the absence of contact.

It helps because if you didn't know anything about your biological parents there'd be a lot more questioning and the thought of being adopted, so yeah, I guess because we knew her and we had visitation with her, there wasn't much questioning, and we didn't have much of a problem with it. Because we saw the way she was living and the way we were living now, we were just grateful for it. (S08; 15-year-old)

It's cool to find out things about her, because I can then relate to like see if... things are genetically passed onto me and if I have the same traits or skills as her, it's pretty fun to know. It's pretty important. (S91; 19-year-old)

I don't think of it much at all now, it's not so important now. I think if I didn't have it, it might be important because I wouldn't know about the circumstances of my adoption or my birth. So it's important that I know, and that as a child I was given easy access to that information so it was never a big deal. And the thoughts and insecurities that might have developed never did. It's great that I know all that stuff, even though it doesn't matter to me now. (S14; 23-year-old)

For some adoptees, having knowledge and receiving updates about their birth family members was not very important to them.

Doesn't matter. I don't really want to know [Is there any kind of information you would want to know about your birth mother?] Nah. [What about your birth father, would you like more information about him?] Yeah. [What would you like to know?] What he looks like. [Anything else?] Not really. (S73; 9-year-old)

What I know about [my birth mother] and her side of the family, I'm fine with. I don't need to know anymore. I don't find it important to know about her, like her other sisters and my other cousins. I guess it would be important if I did know about my father, but I don't. It's important that I know about it, but it's not important enough to know more. (S44; 13-year-old)

The way I see it. This sounds a bit immature, but if they don't want to make the time for me, I don't see the point in making time for them... I got updated every now and then. But I didn't really take it into consideration. If I was doing work, it wouldn't stop me from doing work to think about it, I would just move on. (S41; 16-year-old)

Adoptees generally described the relationships between their adoptive and birth families to be amiable, and indicated that their parents were supportive of their contact with birth family members. It was also clear to some adoptees that their parents had ambivalent feelings toward the birth parents, but they were supportive of contact visits nonetheless.

Mum and dad don't like her kind of. But I don't know how she feels. This year or last year, she brought still things [Did you like them?] Nah, because we already had them. [Are your mum and dad very supportive of the contact you have with your birth mother?] Mm, I don't know. [Do they support you well?] Yeah, but I don't know because I just play and don't watch. Usually there's people there and we try to make friends (S73; 9-year-old)

Dad kinda sits back and says hi. I think [my birth mother] gets along with them, and they get along with her. And mum accepts the fact that she is our biological mum and that she still needs to visit us and everything. And she'll sit back and let us. But if it's not a visit, and if [my birth mother] called, like she called on our birthday or during Christmas. It's more like, this is our time as a family, you can call when we're not doing something, we'll give you a call back. They both accept each other. But it's not like oh yeah, sure, ring anytime you want. They're not best friends, they're friends, but not really close friends. (S44; 13-year-old)

They both know a fair bit about each other, my parents and my birth mum. They aren't too bad. They get along and that, they talk and whatnot. I guess my parents don't want that much to do with it because yeah. I don't know how to say it. I guess um, it doesn't really matter to my parents, because they're my parents now. (S08; 15-year-old)

Like visitations, they would just talk. They wouldn't have fights or anything, not that I would see. But mum tries to help her. I know my biological mother is happy that we're with mum and in a good family. (S41; 16-year-old)

Mum and dad used to come on access visits with me. They'd like talk, there wasn't really any rivalry or tension I don't think. I think everyone knew it was in my best interests to be adopted. (S91; 19-year-old)

There's never been any issues, always friendly to one another. There's never really been animosity from any party, which has been a good thing. If there were animosity, it would have been much harder on myself, especially as a child to think "why are these people fighting"?" (S14; 23-year-old)

Of particular interest was that adoptees spoke fondly about the importance of being in contact with their biological siblings.

I like seeing them. Because... I get to play with them, with someone. (S28; 9-year-old)

Yeah, sometimes, now they don't. They stopped about one year ago [Do you know why it stopped?] No, maybe cause they didn't want to see us anymore and they didn't like to meet us again. [Does it matter to you that you don't see them?] Yes, and no. No, because three of them robbed, or two. Yes, because they kind of share my life. Because I like them sometimes. Well, I like [one particular biological sibling], because... he's mean, he's nice, he's a bit violent, and a bit bigger than us. He gives us hugs, and I like hugs from him. I give him nearly ten hugs before because we sometimes don't see him in a long time and I don't know if we're going to see each other again. [So he is someone you want to see more often]. I think I'd rather he be in this family. (S81; 9-year-old)

To me, it was actually. Like, the contact with my mum would make me nervous and all that stuff. Because, I would think she would take me away because she done it in the past. I wanted more contact with my biological sisters and brothers, rather than that contact with my birth mother. As an older brother, I wanted to know that they are doing well in life and not messing around. (S41; 16-year-old)

Yeah, I didn't really talk to her that much. But since I got Facebook in 2009 I've been talking to her. But we've only recently started catching up in the last year or so. Before that we were emailing each other, back in the day, I've never really ceased contact with her. (S91; 19-year-old)

7.2.5 Sense of self

When asked about the people and experiences that had shaped their sense of who they are the most, adoptees generally reported that the people in their families have had the most influence on who they are, as well as school, friends, and interests.

Probably mum or dad. [Why?] Because they try to protect us and they love us so much (S73; 9-year-old)

Mum, my family basically. But Mum's a big one. Also because I'm a Christian so God has had an influence and the bible, even the school because I go to a Christian school. And my friends. The main two are mum, like my family, and Christ and the bible. (S44; 13-year-old)

Probably my mum and dad and siblings. They just helped me grow up to be a good person and respect people and they put me in a good school, and I have really strong bond with my brothers and sister. They just helped me grow up to be a real good person. (S08; 15-year-old)

What's had the most influence ... Probably the schools I've been to, and my family members have had the most influence on who am I today... Just growing up with them in general. Being around them every day. I think everyone is somewhat shaped by their family and the people they associate with the most. (S91; 19-year-old)

Few adoptees reported that their adoptive status largely influenced who they were.

Not really that much to be honest. It doesn't really affect me as much as it affects other people I don't think. Other people who have been adopted I talk to say it's a huge part of their daily life. For me it doesn't really feel like that. It's just what it is, and I've always known it to be that way, so it's not really that different (S91; 19-year-old).

Further, when asked whether their adoptive or birth family had a larger influence on the person they were, their adoptive family was always the most influential.

[Who has helped you become who you are today?] Dad and Papa. [Can you tell me how they've done that?] They just help me out. [Has your birth family influenced you much?] No. [Can you tell me why?] I'm always with Dad and Papa, and that's why. (S28; 9-year-old)

This family I reckon, because I barely ever see my birth family. I barely see my aunties, and I see my [birth] mum whenever I can. Even when I see [my birth mother], we talk, but she doesn't really tell me anything, she only tells me what she's been doing and asking me what I'm doing. (S56; 12-year-old)

My family now. But I also think I guess, the whole, like my whole life, so like. It's hard to explain. Now, what it is influencing me as a person and shaping me as a person now would be my family, but also my past life... They've both had influences, but different. I thought with my biological family, I don't want anyone to go through with that. But my family now have had an influence on me now as to how I'll live life and how I'll react to people. My biological family have also had an impact on me in that as well, for what I won't do in my life. So, this family is like what to do and my other one is like what not to do (S44; 13-year-old)

This family. If I wasn't adopted and I stayed with my biological mum, I really doubt I'd be a respectful person and that I'd grow up in a good household like this. You get put in a place like this and it totally turns who you could be as a person. (S08; 15-year-old)

I have no idea. Because I don't really contact or hang out with her [birth mother] often, so I'm not really sure she has influenced me very much. (S91; 19-year-old)

My adoptive parents, by an infinite amount. They're my parents, the ones who raised me. The nature-nurture argument has gone on for a long time, but I don't think I can attribute nature to my biological parents because even though it came from them, it could have something I got from my great-great-grandfather, where hereditary traits are passed on and it's not obvious and straightforward. From a nature point of view, it's obvious the nature part comes from something to do with your biology. But the nurture part, I was not raised by my biological parents, so why would they have any influence? (S14; 23-year-old)

Adoptees reported that being adopted gave them a second chance and opportunities they would not otherwise be exposed to if they had not been adopted, as well as the fact that they would be an entirely different person.

I don't think I'd be like now, I think I'd be a bit way different. I wouldn't know my cousins that I know now. Or, yep. (S28; 9-year-old)

I wouldn't be the person I am today. (S41; 16-year-old)

I have no idea. I think it would be very different. Because I'm brought up in a conservative family, like went to a nice school, got the stuff I needed and wanted. If I'd grown up with a single mum living in the city, it would have been different. Not a lot of money and all that. I feel very privileged knowing I was adopted. (S91; 19-year-old)

Being adopted, I was given opportunities, reasons to live, and reasons to be a good person. If I hadn't been given that, I would have a longing for the things I didn't have, and felt deprived, and fallen into a category into a deprived person who didn't have opportunities and sought to make my own opportunities through ways that are not legal or very nice. I think I would have quite likely become a criminal. (S14; 23-year-old)

When asked whether remaining in foster care or being adopted made a difference, adoptees favoured adoption as providing security that foster care could not.

It's important to be here because otherwise we wouldn't be as nice [Do you think being adopted made you nicer?] They teach us the proper things to do, because school can't, it just tells us what we should be doing [But it's mum and dad who really teach what you should do? And they do a good job?] Yeah, and they can show us. (S73; 9-year-old)

Adopted because you get loved, cared, and more kisses. (S81; 9-year-old)

Uh, I would've wanted to be adopted... I just didn't want to live with other people, that I didn't know, that are just random people. (S28; 9-year-old)

Yep, definitely does. If I was fostered, if anything were to happen, people can just take me out. But now that I'm adopted, it would take a really big thing for me to leave. (S41; 16-year-old)

I don't think it would make too much of a difference, but I think that sense of security you get knowing your adopted rather just fostered would have an impact on your self esteem. (S91; 19-year-old)

Huge difference. Indescribable difference. I would not have felt the same degree of belonging. It would be like this itch that constantly reminds you that you're different or there's something that is not normal about your circumstances. So everything I was telling you before about how normal it was and how natural felt, how it was like having brown hair or being a boy, things you don't think about. That is something I would not have had if I was actually a foster child. Because every time I would look at a form or something, or at my name on a schoolbook, or someone asking about my name, and having that pointed out to me that it was different from my mother's name again and again. And no matter how much they tried to make me feel like I was part of the family, and even if they made exactly the same efforts that they have made for me, I would still be constantly reminded of that. That would have brought up insecurities and made me question more like whether I really belong, whether I was really part of the family, whether I was really the same as everybody else. And I think a child should feel like they have a family and not like they are some burden that has been thrown upon a family, that they are somehow different purely because of the biology of their birth. It's just stupid, it's actually dumb. It makes no difference if you are biologically linked or not. You have other situations, like stepparents involved, and that doesn't make a difference; so why should it in this circumstance? (S14; 23-year-old)

When asked how often they think about issues related to their adoption and whether they found it difficult to talk about it, most adolescent and adult adoptees reported that they did not think about it too much and found it easy to talk about. Younger adoptees found it more difficult, possibly because they understood less about adoption and had not yet explored what their adoption experience has meant for their sense of self. However, one child (S81), in particular, appeared to wonder about the kind of person they might become in the future.

A lot. I sit around and do this. [What do you think about?]. I think about when I get older, what I'm gonna be, what I'm gonna turn out to be, who I'm gonna turn out to be, a mean person or a nice person. [What would make you a mean person?] I don't know [You seem like a nice person to me]. I would never smoke. (S81; 9-year-old)

Not much. I usually forget about it. [So, do you find it difficult to think about or talk about these things?] Sometimes. [What do you think makes it difficult?] Like, I forget things. (S28; 9-year-old)

I don't really think about it. I've got more important things to think about it. I don't think about it a lot ... [Do you find it difficult to think about or talk about these things?] Sometimes... I don't know. It's just hard to understand. (S56; 12-year-old)

Not really that much anymore. It's not a big of a deal that I'm part of this family. I do think about it on the odd occasion, you just think about what your biological mum or dad, and your family could be doing. (S08; 15-year-old)

It actually doesn't run through my mind, As much as you think it would, it really doesn't. (S41; 16-year-old)

No. It's not an issue to me. I think you should just be straight up about it. Again, it's like having brown hair, a part of who I am. If anything, the funny part is when other people think it's a big deal. That's the funny part. But for me, it's never a real issue. (S14; 23-year-old)

7.2.6 Sense of family

Adoptees' definition of what a family was largely comprised of people who they live with, and who cared about and raised them. Most spontaneously stated that blood ties were not relevant to the concept of family.

It means happiness. Joy. Love. And, yeah. So-on and So-on. Good words. [Do people need to have the same blood in order to be a family?] No. You just have to be like allowed, and make sure you fit in together. [How do you fit in together?] Like the same stuff, and do the same. But if you don't, it won't be a proper family. You would be arguing all the time. [So proper families do things together?] Yeah. (S73; 9-year-old)

It means it's a special thing. It means that I can spend time. Like with my [foster carer] and my birth mum... [foster carer] looked after me a lot, a lot yep, but she didn't look after me like how mum and dad look after me now. I think she only looked after me for 2 or 3 years. [So does family mean people who look after you for a long time?] Forever, until they die. Sometimes I say to myself I wish that my family never dies. (S81; 9-year-old)

Someone that I care about, and that I help. [Have you learnt anything else about families because you were adopted?] Uh, no. Just, this is my everyday family now. [Do people need to have the same blood in order to be a family?] No. Because you might get adopted like me, and yeah, that's all. (S28; 9-year-old)

A group of people who love you. Because I was fostered by this family, family doesn't mean legally or officially or born into. I guess it just means a group of people who love you, who accept you and everything ... [Do people need to have the same blood in order to be a family?] It's not that it has to be in blood. Family doesn't mean you have the same blood. It's like you have the same love for each other and you accept everyone in the family and everything. (S44; 13-year-old)

There's a quote from this movie. The quote is, and I want to get a tattoo across my ribs because that's how strong the quote is for me. The blood you carry doesn't determine your family, but the people who love and care for you determines your family. So like you can be in a family that beats you and not care for you and not feed you, that doesn't determine them as your family, that determines them as other people who are cruel to you. But the people who love you, your friends and family. If I had my biological family here, and the family I'm living with here. I would say the family I'm living with is my family. (S41; 16-year-old)

My adopted family is much more a family than anyone that I am blood-related to. And adoption has shown me that. I think family is those who have always been there for you and I don't think it has to be through blood that you consider people family. There's a quote, and it's often misquoted, the blood is thicker than water quote. That's not actually the quote. It's actually the blood of the covenant is thicker than the water of the womb. Which means like those people who you've been through hard trials and hard times with, and stuck with you, they are closer to you, and more family than those born with blood. I agree with that, that those who've always stuck by you, cared for you, are more family than anyone else. (S91; 19-year-old)

It's the people that matter to you most. Then again, there are a lot of people that matter to me that aren't family... family are the people that are close enough to you that you can do anything and they would still care about you... I don't think blood should ever define family, I don't think it does. It's a dated way of looking at defining families as being about blood ties. (S14; 23-year-old)

Finally, when asked whether they would consider adopting a child in the future, many agreed that they would so that they could show such a child that being adopted can be beneficial.

Yeah, I would actually. I used to think because ... I would do it because I know a lot about it now: about the children who are fostered and are adopted, and why they get taken away. I would adopt a kid so I could put them in a better house like I was. (S08; 15-year-old)

I definitely would try to adopt. But I wanna get a kid who has been through harsh times. That everyone has said 'nah, he's been too hard'. I wanna get one of them to show that there's someone for everyone. There's a family for everyone, that's how I see it. (S41; 16-year-old)

Yeah. Like, I'd happily adopt a child. Hopefully I can show them how well it [adoption] can turn out. (S91; 19-year-old)

Yeah, absolutely... I would see it as a way of helping another person who had no other option. And I see it personally as a way of giving back a little that, given that adoption has helped me so much. (S14; 23-year-old)

7.3.1 Interviewees' age

On inspection of interviewees' responses, it appears that children did not have much to say about the impact that adoption has had on their sense of self, and they had few stories to share about their adoption and their lives prior to their adoption. In contrast, adolescents and young adults showed more signs of having thought about such issues and expressed greater readiness in sharing their thoughts. Such a finding is consistent with the literature on the development of identity (e.g., Grotevant, 1997; Kroger, 2004; McAdams, 2011) in that identity is not fully explored and a life narrative is not constructed until adolescence and young adulthood.

Over and above the possibility that children are yet to undertake exploration for their identity development, younger children might have also had difficulty fully grasping what adoption actually is. As noted by Brodzinsky (2011), it is perhaps not until adolescence that adopted persons have a clearer understanding of their birth parents' situation and the reasons why they were removed from their birth parents. In fact, when the children in the present study were asked about why they found it hard to think about or talk about their adoption, they responded by saying that it was "hard to understand" or that they "forget things". It was also clear from some children's responses that they found it hard to link events together in a coherent narrative, although they certainly understood and were able to communicate many aspects of their experience. Therefore, children's still-developing conception of adoption and foster care (i.e., the personal, social and legal circumstances that give rise to adoption/foster care, as well as the practical aspect of having adopted/foster parents and birth parents) appears to limit their ability to consider the meaning of their adoption for their sense of self.

While it appears that identity formation is not a priority during childhood, it is not to say that identity matters only during adolescence. The foundation for identity formation in adolescence is most likely set in motion during childhood years, depending on the level of open communication and exchange of information about adoption-related issues within the adoptive family, as noted by Neil et al. (2013) and Von Korff and Grotevant (2011). Indeed, in the current study it was obvious that adolescents and young adults drew upon continuity of knowledge to explain many of their feelings and identity commitments; they strongly articulated the value of always knowing about their adoption and having continuous access to open communication about their adoption. While the 9-year-olds were not articulate about identity per se, they did convey the personal knowledge base that features so strongly in the responses of adolescents and young adults.

In a set of guidelines for how adoptive parents can share information with their children, Brodzinsky (2011) argued that talking about adoption to children should occur early rather than later, that is an ongoing process, and that it should be appropriate for the child's age and development. The adolescent and adult adoptees in this study all agreed that they had found it helpful that their parents had been open to answering any questions and discussing their history while they were growing up, and some acknowledged that to be deprived of such information would be detrimental to their welfare. Hence, what appears to be important for the identity of adopted persons, regardless of their age, is that they possess or have continual access to information about the circumstances surrounding their adoption.

However, while access to information about adoption is critical, it is important that the nature of information discussed with adoptees is appropriate for their developmental stage and level of understanding. For instance, young children may have difficulty understanding and accepting information about the complicated circumstances prior to their adoption as well as those of their birth family. Further research will be needed to clarify how parents should discuss age-appropriate adoption information with their children so as to promote healthy identity later on, as well as providing training for professionals so they are able to guide adoptive parents.

7.3.2 Age of placement and adoption

As can be expected, the age of adoption influenced how well interviewees' recalled the day of their adoption. Obviously, for those who were placed and adopted under the age of 5 years, interviewees reported not being able to recall their adoption and did not differentiate between their foster placement and adoption with the family they were with. Most stated that they had known their whole lives that they were adopted. On the other hand, for those who were placed before the age of 5 years but adopted after the age of 5 years, interviewees showed strong recall of the day of their adoption.

The legal status of their adoption was a source of security in that they were no longer foster children and there would be no chance for them to be removed again. Interestingly, one adoptee noted that the day of her adoption was one that simply provided legal confirmation of what she already knew: that she was a member of her (foster/adoptive) family. In other words, there is evidence of variability in how individuals value the significance of adoption.

Consistent with the findings of Barnardos internal research (2007) – in which children noted that their adoptive families made them feel safe, loved, and gave them a sense of belonging – some participants in the present study reported that adoption provided more reassurance in stability, permanence, and belonging. For others, however, it is likely that early placement, even as a foster child, solidified a sense of belonging very early; so it did not become an object of reflection. Despite such differences, however, it is clear that adoptees perceived themselves to belong exclusively to their adoptive family. It is likely that because they had been adopted/placed at very young ages, the family who raised and cared for them is understood to be their 'real' or 'genuine' family; and the only one they really know.

In comparison to the findings of Hanna et al. (2011), who showed that individuals adopted after the age of 8 years varied in how much they identified with their adoptive and birth families, *all interviewees in the present study identified exclusively with their adoptive families*. For instance, when first asked to describe the people in their family, all adoptees spontaneously referred to members of their adoptive family. Further, when asked how well they fit with their family, no interviewee mentioned feeling like they never belonged to their family. Such a finding is very different from that found in Dance and Rushton (2005), which showed that individuals adopted after the age of 5 years often took a considerable amount of time to feel settled into their new family, although most eventually felt that they belonged. Therefore, early placement likely eliminated feelings of being different or not being a part of the family. Finally, when asked to describe their own definitions of the word *family*, adoptees strictly defined family as the persons who have raised and cared for them, and that blood connections were not necessary for family membership or bonds. In summary, such findings strongly suggest

that early placement for adoption profoundly supported the development of children's identity as belonging to a family.

7.3.3 Adoption versus long-term fostering

When interviewees were asked whether being adopted made a difference to them compared to remaining a foster child in their family, adolescents and young adults expressed strong views in favour of adoption. Interviewees referred to the greater sense of security and belonging that adoption offers, and they expressed the view that they were a legal member of a family and were no longer a foster child who could be moved from place to place. One interviewee even suggested that, even if his parents had put in the same efforts and raised him the same way as he was but as a foster child, it would not provide him with the same sense of belonging and security. Such findings are in line with the literature that favours adoption as a better option than long-term foster placement (Biehal et al., 2010; Triseliotis, 2002); that is, adoption provides a strongly sense of belonging and permanence.

Strictly speaking, the conclusions expressed above do not rule out the possibility that long-term foster care can provide the same positive benefits to children as adoption. For that possibility to be ruled out, it would be necessary to examine how individuals who have remained in long-term foster care, and do not desire to be adopted, perceive their fostering status, and how it influences their sense of security. Indeed, as stated by Cashmore (2000), long-term foster care is appropriate for certain individuals; although it is not yet well-established what factors define such individuals. Nevertheless, it is clear that the adoptees in this study perceived the benefits of their adoption in contributing a sense of stability, consistency, and belonging, above that of remaining in foster care. It is also worth noting that even if long-term foster care (with placement prior to 5 years of age) could produce the same outcomes as adoption, it is hard to see how it could produce better outcomes in terms of adopted individuals assessment of their own experience and values.

7.3.4 Knowledge of and contact with birth family members

Interviewees were asked to describe their experience of contact with birth family members. Frequency and type of contact changed over time and varied between interviewees. Some individuals had ongoing contact with their birth family, some had early contact with their birth family but later decided to cease contact, and some lost contact with their birth family early on but were able to re-establish contact years later. Such findings suggest that there is no single solution to how frequent contact should occur and that decisions about contact need to be made on a case-by-case basis (Triseliotis, 2011). While we did not specifically ask about adoptees' satisfaction with contact (cf. Grotevant et al., 2013), adoptees differed in how much importance they spontaneously ascribed to the contact they had with birth parents. Some expressed that it was somewhat important, but some stated it used to be a good thing but was now no longer as important.

When talking about the importance of contact, adoptees generally referred to the opportunities they had to obtain information; little mention was made of establishing and maintaining a reciprocal relationship with birth parents, consistent with the arguments of Derrick (2004). Also in accordance with the literature on the role of contact presented in Section 6 (e.g., Bath, 2000; Grotevant et al., 2008; Siegal & Livingston Smith, 2012), adoptees ascribed importance to knowing about their birth families in order to obtain information about history, and this was most evident for adoptees who did not know who their birth father was. In particular, some adoptees stated that if it were possible, they would prefer simply knowing who their birth father was over having contact with him.

To sum, for adoptees in the current sample, contact was treated largely as a means to acquire information about their birth family, obtain realistic perspectives of who their birth parents are, and perhaps to fill in the gaps in their knowledge, that would help in the task of establishing their identity. While the children seemed relatively less concerned about contact and the resulting information (although see Section 8.2.1), this information was clearly very important to adoptees in adolescence and young adulthood.

Adoptees' responses to questions about contact also revealed the significant role played by adoptive parents, who were reported to be very supportive of the contact adoptees had with birth family members. Interactions between adoptive and birth families were also reported to be amiable. In other words, it appeared that parents were not threatened by their child's contact with birth family members, or they succeeded in conveying a supportive atmosphere irrespective of the threats they may have perceived (Grotevant et al., 2013).

Overall, the contact that children and adolescents have with birth family members is facilitated by their adoptive parents. Furthermore, it has been proposed that contact serves not only as a way to link an adopted person with his or her history, but it also serves to promote open communication and discussion about adoption-related information within adoptive families that helps the adoptee form an adoptive identity (Von Korff & Grotevant, 2011). Hence, continued research efforts are needed that emphasise how the actions of adoptive parents and dynamics within adoptive families can best support children's identity development and wellbeing.

In so far as conclusions can be drawn from this study, adoptive parents' support of contact assists adoptees to achieve a balanced and integrated personal identity. This study, however, provides relatively little information on how much contact is necessary to achieve such an outcome, and on what terms it should be conducted. It is noted, however, that none of the adoptees interviewed here had frequent contact with their birth family, with many only seeing their birth family members a few times a year.

A major theme that was also evident from adoptees' responses was the importance of contact with other birth family members, especially siblings. In the current report, little focus has been placed on the significance of birth siblings for adopted persons, and the same can be said about the existing literature. More efforts are needed to investigate the role played by contact with birth siblings in future research, as it is clearly important to adoptees (Atwool, 2013).

7.3.5 Sense of self

When asked about who or what has shaped the person they are today, most adoptees mentioned their adoptive parents and family members, followed by other things such as school, friends, interests, and religion. Such a finding makes sense in light of adoptees' reports of identifying themselves exclusively with their adoptive families. There was little mention of birth families strongly influencing adoptees' sense of who they are. Indeed, when asked whether their adoptive family or birth family played a greater role in shaping their identity, adoptees' chose their adoptive family, and stated reasons for their choice. They stated that that they had been raised by their adoptive family all their lives, not their birth families, and they did not see their birth families frequently enough for them to have a strong influence on their identity; indeed, quite a few noted that their birth family would fail to turn up to arranged meetings. In sum, in the same way that adoptive parents play important roles in facilitating contact with birth family members and promoting communication about adoption with their children, adoptive parents are clearly a significant contributor to their adoptive children's sense of who they are and how they see themselves.

While none of the adoptees felt a strong inclination to define themselves in terms of their adoptive status, their adoption was still meaningful to their sense of self. For instance, consistent with the findings of prior interview studies (e.g., Dance and Rushton, 2005; Hanna et al., 2011), interviewees stated that their adoptive status provided them with a second chance at life and opportunities that would not otherwise have arisen had they not been adopted. Further, when asked to consider what their life would be like if they had not been adopted, some commented that they would likely have become a completely different person. Adoption was also treated as a sign of them being *special* and *chosen* by their adoptive parents. Some stated that their adoption had made them a better person by giving them more empathy for others, consistent with Hanna et al. (2011), and most indicated that they would adopt a child themselves to show their child how well adoption can turn out.

7.4 Conclusion and limitations

The present study was informative as it explored the experiences of children and young people in NSW who were adopted or placed for adoption before the age of 5 years, and how they believed their adoption experience influenced their identity. However, the study has a number of limitations, all of which could be addressed in future studies. First, the sample was very small, limited to 9 participants because of time constraints. Future research would require a larger sample in order to enable exhaustive qualitative analyses.

Second, the sample consisted only of individuals who had been adopted through Barnardos' Find-a-Family program, which has strict entry criteria (see p. 22) compared to other adoption providers such as the NSW Department of Family and Community Services. More studies are needed to examine whether the present results are applicable to children who have been adopted under the age of 5 years through different agencies. Finally, the study was limited in solely examining the views of adopted persons. As discussed above, adoptive parents clearly play a significant part in helping their child's identity formation so further investigations of their perspectives, attitudes and behaviours are critical.

In spite of such limitations, however, what has been revealed in this exploratory study is that the adoption experience broadly varies between individuals. With respect to how open adoption can promote identity formation and wellbeing, it appears that key contributors are early placement/adoption, access to information about their history and birth family, and the processes that occur within adoptive families.

8. Views of Professionals and Researchers

In this chapter we examine the views of professionals and researchers in the area of fostering and adoption concerning what they believed to be necessary for healthy identity formation in adopted children. Two categories of experts were included in the panel. One category consisted of professionals who had extensive experience working in key agencies in NSW (NSW Family and Community Services, Children's Court, Office of the Children's Guardian). The other category consisted of domestic and international scholars who specialised in research in fostering and adoption.

In formulating questions to direct to interviewees we drew heavily on the key issues that were outlined in the literature review (Sections 4 through 6) and the child interview (Section 7). That is, experts were asked directly for their opinions and views on particular issues, including whether adoption was more beneficial for children than fostering, how open adoption promotes children's sense of biological identity, the role of contact, and how to assist children in obtaining a sense of belonging to their family. The rationale behind this approach was to create an open conversation that would bring out expertise and experience working in related sectors. It was not our intention that this would constitute a formal research investigation; rather it was a structured conversation.

8.1 Approach

We identified 17 individuals who we believed would have good accumulated and expert knowledge in the sector: eight from professional backgrounds and nine scholars. Of the eight professionals, three were approached and agreed to discuss the topic; two declined; one did not respond; two were not contacted because of insufficient resources. Of the nine scholars, four agreed to discuss the topic (but one could not participate because of limited resources); two declined; and three were not contacted because of limited resources. The professionals and scholars were identified in a number of ways:

1. recommendations by researchers from the Centre for Excellence in Open Adoption, Barnardos
2. canvassing of key scholars in the literature on adoption and fostering
3. recommendations from experts who were interviewed.

The final group of experts consisted of: Mark Allerton and Susi Blacker (Children's Court Clinic, NSW); Kerry Boland and Jennifer Roberts (Office of the NSW Children's Guardian); Kate Alexander (NSW Family and Community Services); Professor Judy Cashmore (Sydney Law School, University of Sydney); Victor Groza (Grace F. Brody Professor of Parent-Child Studies at the Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio); Julie Selwyn (Professor of Child and Family Social Work, School for Policy Studies, University of Bristol, UK)

Questions used to structure the conversations are presented below. Those who agreed to discuss the topic were first asked broad questions about what they believed to be necessary for promoting the development of positive identity in adopted children and then asked to more specific questions. Some questions were tailored depending on the expertise of the expert. Conversations were undertaken in a semi-structured format that took between approximately 30 minutes to complete.

Table 3. Guiding Questions for the Expert Panel

General Questions

In your opinion, what helps facilitate the formation of a healthy and positive personal identity in adopted children?

[for scholars] What do you believe are the key issues, areas, or frameworks that are relevant to the formation of a positive identity in adopted children?

Are there any issues you think are missing from the existing literature (what are they)? What further research do you think is needed to clarify our understanding of positive identity development in adopted children?

Specific questions

[for professionals] In your role, what do you consider the most important issues in adoption that are in the best interests of the child and reflect the spirit of the Act? What do you believe are the main obstacles in achieving these outcomes?

Do you think it matters if a child is adopted or fostered? Why/why not?

One of the issues that seems to be important in this context is the child's biological or genealogical identity. To what extent does open adoption facilitate this? Do you have any views on the processes of adoption and how it impacts on children's identity?

In our own investigations, we distinguish between children's access to knowledge about their birth families and children's access to direct contact with their birth families. Do you have a perspective for which (or whether both) are important for adopted children?

Are there any other issues we should consider in order to better understand the best outcomes for children and to foster their sense of belonging to their adoptive family?

In your specific role as X, did you have anything you wish to add or clarify? Is there anything you feel we may have missed and needs to be addressed?

Do you have any recommendations as to other professionals or experts in this field that you think we should also speak with?

8.2 Responses

Rather than report responses to each question, an effort was made to thematically group responses around the pre-identified issues, and the novel issues they arose through discussion. This approach was ideal as many did not want to stick to the questions, or felt that some of the questions were not revealing important issues.

8.2.1 Adopted children need open communication about their lives and adoptive parents are the key for achieving such communicative openness

Throughout the majority of the conversations there was a robust consensus that the ways in which the adoptive family facilitates and supports the child's sense of where he/she comes from is essential for healthy identity formation. By and large, the capacity for the adoptive family to achieve this goal was viewed in terms of their willingness to engage in open communicative interactions with the adopted child and with the birth family, without conveying a judgmental attitude or being overtly critical. Furthermore, such communicative openness was described as an *attitude* or a *continuing process* rather than an isolated event or series of discussions, and it was also seen as an essential feature of the **trust** that supports the child's capacity to explore and resolve his/her identity issues through development.

Some interviewees stressed that adoptive parents should, ideally, be able to take on a *mature attitude* toward the continuous and changing needs of their child for information without feeling insecure in their own relationship with the child. Indeed, two potential problems, which are related, were identified with adoptive parents taking a critical attitude toward biological family or being over-protective of their child in relation to biological family. These were:

1. Feeling threatened of biological family or being critical of them may, in the long run, have negative consequences for the quality of the relationship between the child and their adoptive parents
2. Children will feel that they cannot access the information they need for their personal journey of self-discovery; they need partners in this journey, not barriers.

In order for adoptive parents to take on such a *mature attitude*, the role of good assessment and support from case workers was identified as an important ingredient, though it was not specified *how* caseworkers could achieve these outcomes. In keeping with this perspective, one discussant advocated that we should change the way parents think about adoption so that they are open to seeking information (e.g., from caseworkers, adoption agencies) even once the adoption is finalised: seeking information, he/she noted, is not something about which adoptive parents should feel shame or embarrassment.

Furthermore, without any clear sense of exactly how this is best achieved, there was broad consensus that children **need to know that they are adopted**. This quote illustrates the risk, as assessed by one discussant, of not allowing children to understand throughout their development that they are adopted:

Beyond this, my [...] experience and understanding of the impact of discovering one has been adopted, particularly from the age of about ten on, suggest that realising that one's sense of historical identity and family background are based on a misapprehension, is a major identity trauma

Beyond *needing to know* about adoptive status, some interviewees explained that only an ongoing attitude of communicative openness creates in the child a sense that he/she will find understanding and answers to his/her questions from adoptive parents. For younger children, this process can be embodied in a *Lifebook* or *Life story*, but it is important that it is not static document, it must move with the child or continue to find expression in other aspects of family interactions; this creates a model for engaging with the child in the construction of his/her own identity.

8.2.2 The importance of early attachment

There was a general consensus that early attachment relationships are very important for children's development, and for the formation of a strong personal identity as someone who is loved and valued. Some interviewees explicitly linked attachment to identity formation, but by-and-large discussants considered strong attachment relationships to be a necessary and pervasive condition for overall wellbeing. That is to say, most affirmed the mainstream view (or principle) in the fields of developmental psychology and developmental psychopathology, that infants and young children need stable, loving and reliable relationships on which they can depend. Whilst viewed as a critical need of early childhood (and beyond), the principle is not at all specific to adoption, although some discussants stressed that adoption *per se* was a good way to ensure that children in OOHC would have access to safety, security and stability.

Two distinctive perspectives on the attachment relationship emerged, which are in fact somewhat at odds in the context of adoption: that is, the need to protect existing attachment relationships while at the same time needing to establish safe, reliable and protective attachment relationships. There was an awareness amongst some of the discussants that:

- a) breaking attachment bonds can lead to lasting emotional damage, but that
- b) in the context of OOHC, infants and children often come from relationships that are already causing harm.

Despite some tensions in grappling with the significance of breaking and re-making attachment bonds, there was consensus that adoption creates a loving and secure environment, and that in such an environment the identity challenges of adoption can be integrated into the young person's personal identity in a positive manner.

8.2.3 Timeframes surrounding removal to permanency are too long, and a concerted commitment to early permanency planning is essential to meet children's needs

There was a general consensus amongst the professional interviewees that delays in finalising placements and uncertainty or lack of stability in children's relationships and placements are not in the best interests of the child. Once again, this issue was largely framed in terms of the attachment needs of the child. Accepting that, in some cases, infants and children could not stay with their biological parents, a number of interviewees stressed the need to reduce attachment related trauma by ensuring that children are transitioned to stable, permanent settings as soon as possible.

Two factors were identified in the progression to permanency that cause potentially harmful delays in finalising placements and create a lack of stability in all those concerned with the protection and care of the child in question. These were (i) the processes around assessment and legal proceedings, and (ii) the willingness of caseworkers to think about adoption as a suitable option from early in the process of planning for permanency.

8.2.4 Adoption is a better long-term solution than fostering

There was fairly uniform consensus amongst interviewees that adoption is a better long-term outcome for children than fostering. The reasons for this were three-fold. First, there was acknowledgement that, pragmatically speaking, adoption is a more stable option for children. Second, adoption is better able to foster a deep sense of safety and security. Finally, adoption waylays persistent issues that can be raised in the context of fostering that threatened the child's/young person's sense that they truly belong in a family, which is inexorably bound to them. These issues include the symbolic meaning of payments associated with foster care, as well as ambiguity about the young person's status in the family once they have reached 18 years of age. As one interviewee put it, "... adoption seems to express the goal of successful permanency planning, while fostering implies partial achievement of this goal".

However, there was also recognition that (a) permanent fostering arrangement can sometimes meet the same needs as adoption, and (b) in certain circumstances a permanent foster care placement was preferable. One interviewee stressed the potential advantages of permanent foster care arrangements in cases where the ongoing needs of the child are very high. Another interviewee emphasised that permanent foster care arrangements can work well but adoption is more likely to bring about optimal outcomes for children. Finally, a few interviewees stressed the importance of making sure that the placement was right for the child, in terms of the match between the child and family, and that the decision between adoption and fostering should not obscure this important determinant of meeting the child's needs.

8.2.5 Clear consensus on the need to better understand how contact can benefit children, and establish practices around contact directed to this outcome

A clear consensus emerged on the need to better understand how contact should be used to benefit children in the context of open adoption, and current practices in this area were criticised; although it was acknowledged that it is an extremely difficult area in which to achieve consensus in practice and there is currently no clear, shared vision of how contact should be conceptualised or utilised. One interviewee put it like this:

There is not enough research on how to ensure meaningful and effective contact for children in the care system. We currently distinguish contact to maintain an attachment (once this has been established with biological parents), from contact to maintain a sense of family and cultural identity connection. This issue needs to consider variables such as age of adoption, kin placement v. placement with strangers, short-term placements versus long-term placements/adoption, and the fit between cultural backgrounds, and racial backgrounds.

There was general consensus that contact is an important tool in establishing a child's sense of identity with his or her family of origin, and that direct person-to-person contact is important for keeping unrealistic fantasies and fears at bay. However, it was interesting to note that, although not expressed as such, there was a general consensus that *communicative openness*, rather than contact, should in fact be the goal for children entering adoption and that contact should be conceived as one of the tools that can, and should, be used to this end. In this vein,

one interviewee clearly expressed an important idea: contact shows the child that the adoptive family values the child's heritage – by making efforts to get to know the biological family, understand them, and spend time with them, the adoptive parents are also showing their child how much they value their child's heritage. This is a very important component of the young person's identity formation.

Furthermore, there was consensus that thinking about contact is difficult and needs to be responsive to current circumstance, and that prescriptive legal guidelines were not helpful.

Some principles could be extracted that are relevant to the current paper:

1. Contact, whilst important, should be arranged so that a child's current placement is not disrupted, or so that there is minimal disruption. This is a reflection of the hierarchy of children's needs, which places security and safety in the context of the primary attachment relationship higher than the immediate needs of biological family.
2. Contact needs to be meaningful, thoughtfully planned and informed by child's need (including his/her developmental stage) and wishes. Contact can at times, and in some contexts, be harmful and unpleasant, and children sometimes express very strong wish to be kept apart from their biological family. Such experiences and wishes need to be recognised but also balanced against a long-term vision in which the child will have many and multiple opportunities to make meaningful and rewarding contact with biological family.
3. There needs to be acknowledgement that the purpose of contact changes once the prospect of restoration has passed. Permanency planning is about making difficult decisions in the child's best interests and once a decision has been made to permanently remove or adopt a child, contact should no longer be conceptualised in terms of maintaining primary attachment bonds between the child and biological family. Rather, under such conditions, contact should be conceived of as part of a long-term strategy to support the child/young person's emerging identity as an adopted person that will have relevance throughout the developmental journey.

Contact should not be used as a means of compensation for the biological family, this is very negative and in no one's long-term interests.

8.3 Conclusions

The views and opinions of the experts interviewed here were, broadly speaking, in line with the other findings of this working paper as summarised in Section 2. Furthermore, there was some consensus that, under the right conditions (such as those specified in this paper: adoption from OOH under 5 years), open adoption is a good option for children in terms of meeting their *best interests*, which include their identity needs and sense of belonging. Despite this consensus, there was some concern and frustration that (1) there is a general reluctance amongst practitioners to entertain adoption in permanency planning, and (2) the time frames for adoption are typically too long.

In conducting these interviews, it was also noteworthy that while all interviewees were deeply concerned about children's best interests and were well informed about the nature of attachment relationships and their importance for development, relatively little consideration was given to children's views or opinions, and there was only wide-ranging consideration of the child as a *thinker*; that is, someone who is actively making sense of the world.

The view that the child needs the opportunity to *make sense of his/her condition* throughout development was, however, captured in the idea of communicative openness, and the importance placed on this practice by many of the interviewees. The view that children need access to reliable people not only in terms of physical and emotional caregiving, but also in terms of the information they provide and the manner in which they provide it, is central to communicative openness and there is increasing consensus in the research literature of the

importance of open communicative practices with children who are adopted. In the context of their ground breaking longitudinal research, Neil and her colleagues (2013) explain:

There were some indications from this third stage of the study that both birth family contact and adoptive family communication about adoption could help young people achieve a cohesive sense of identity. The mechanism by which this occurred appeared to be the opportunities that adoption conversations and contact events created for the young person and their adoptive parent/s to process adoption related thoughts and feelings. (p. 285)

However, while *communicative openness* acknowledges the child as a thinker, it is nevertheless an imprecise and broad construct that is open to many interpretations, implementation strategies and criticisms. For this reason, *there is a burning need to operationalize communicative openness in the context of adoption and in light of the changing needs of children through development*: as one interviewee put it, both practitioners and parents need a way of navigating what to share, when to share it, how much detail to provide, and how to filter or process information for children.

Another issues arising from this interview process included the need to acknowledge that there are a proportion of adoptees who do not experience a burning need to know about their biological or genealogical roots. A careful survey of the literature also strongly suggests this must be the case, and it does present some barriers for open adoption practices as they are currently conceived. In thinking about how to resolve this issue, however, it is important to recognise that historical adoption practices were many and varied but there was not wide spread recognition that children *should always know that they are adopted*. Accepting this as a principle of open adoption fundamentally changes the opportunity for children to form a sense of themselves as an adopted person and changes the likely expectations for access to information and contact with biological family through development.

Finally, one interviewee stressed the negative stigma that can be associated with adoption in some contexts, and emphasised that this is less acute in the case of fostering. Inherent to this negative process is the idea that the child has been *given away*, or is *expendable* (whether or not that accurately reflects the historical events that resulted in the adoption). Whilst this would represent a profound challenge for healthy identity formation, and would potentially present an argument for permanent fostering over adoption, it was a curiously absent theme in Section 7 where we sought the views of adopted persons. Thus, while we think that it is certainly an important issue, we have not dealt further with such challenges to identity formation in the current paper.

In sum, it is important to stress that the views and opinions captured here were but a small proportion of those that could be sought and that, critically, we did not systematically seek the views of either practitioners (i.e., child protection workers and case workers) or the biological families of adopted persons. With respect to the former, we believe that it will be important in future to understand how front line workers view adoption, how they understand the evidence concerning adoption, and how their experience their responsibilities to both children and biological family. Only in this way will it be possible to build consensus around the conditions under which adoption is an optimal and desirable solution for a given child, and how open adoption practices can best support children's and young people's identity needs.

9. Concluding Remarks: The importance of keeping a developmental mindset when acting in a child's best interests

This working paper was initially commissioned by Barnardos at the end of 2014, who requested that we undertake an analysis of the extent to which adoption meets the identity needs of young (non-Aboriginal) children who have been removed from parental care under the Care and Protection Act and, furthermore, who are in need of care and protection for the remainder of their childhood. That is, children for whom a Care Plan must be submitted to the Children's Court and for whom there is negligible chance of restoration or kin care. Subsequent modifications to the original request resulted in a wide-ranging survey of the current research in conjunction with the views of key groups; including individuals adopted under the Barnardos Find-A-Family program.

Given Barnardos' position in the sector, it is important to emphasise that the opinions and views expressed in this working paper were entirely our own. We undertook an independent evaluation of evidence relating to this issue. While we sought the views of various individuals well placed to provide commentary in the NSW context, we did not seek the views of any Barnardos staff because of the obvious conflict of interests. We are also pleased to note that Barnardos did not attempt to influence our deliberations or conclusions. Nevertheless, we should like to note that Barnardos have considerable experience in permanency planning for children and their views should be actively sought by others wishing to bring about changes or modifications in practice or policy in this area.

Against that backdrop, and given the extensive Executive Summary presented in Section 2, we provide here only a brief overview of some of the key conclusions and recommendations of the report, and try to contextualise these for a broad audience. We end this section with some discussion of issues that arose unexpectedly in our investigation but which seem to be of significance going forward; in particular, the need to keep a developmental mindset when thinking about the best interests of children in the context of adoption.

9.1 Summary and contextualisation of major findings

Many of the conclusions presented in this report are not controversial, but it is nonetheless important to emphasise the particular perspectives we have applied in consideration of these issues.

With developmental research science, certain kinds of evidence and approaches for deriving such evidence are privileged over others. To make clear how this works, consider the first conclusion of this working paper, which is simply that **early adoption brings about good outcomes for children** (see Section 2.1.A). There will be some people for whom this conclusion touches a nerve, perhaps because it evokes particular adoption practices, maybe historical ones, that have been widely condemned (e.g., forced adoption). This response is understandable. In reaching this conclusion, however, we have simply sampled the impressive contemporary research literature that compares certain measurable outcomes for children who have been adopted with similar children who have not been adopted, or compares children who have been adopted early with those who have been adopted late.

The vast majority of these data are derived from industrialised Western countries, and so are somewhat comparable to our own circumstances in NSW. What is most impressive about these data is their uniformity. Across different countries, independent research groups have reached broadly similar conclusions many times over with different children: in terms of widely accepted indices of developmental outcome, which include physical growth, attachment and

emotional self-regulation, cognitive development, social integration, and educational performance, adopted children do better than their non-adopted counterparts, and early adoption yields better outcomes than later adoption.

Whilst adoption is not a topic that can be subject to genuine experimental research, which provides a very high standard of evidence, the fact that so many independent research groups reach broadly similar conclusions allows us to largely eliminate certain kinds of doubts that we might ordinarily have about social science research findings. The principles of *independence* (of the samples and researchers) and *replication* (across different contexts) tell us that these conclusions are very robust.

In a landmark publication, van IJzendoorn and Juffer (2006) presented a major meta-analysis of research on the relation between adoption and child outcomes. The meta-analytic methodology, while not perfect, allows researchers to gather research from many sources and consider them simultaneously. On the basis of their meta-analytic findings, they concluded (*italics added*),

[w]e found a linear relation between time spent in an institutional setting and lag in physical growth, indicating that children from orphanages indeed have been negatively affected in a dose-response manner by the preadoption period.

But we also found that domestic as well as international adoptions are effective interventions in the developmental domains of physical growth, attachment security, cognitive development and school achievement, self-esteem, and behavior problems. The meta-analytic evidence for this finding is enormous, based on hundreds of adoption studies on thousands of children and their families. Although catch-up with current peers is incomplete in some developmental domains (in particular, physical growth and attachment), adopted children largely outperformed their peers left behind. In most developmental domains later adoptions (after 12 months of age) or international adoptions did not lead to lower rates of catch-up. (p. 1240)

A response to our conclusion, and those of van IJzendoorn and Juffer, might be that when considering adoption each case needs to be considered on its merits and that the conditions specific to NSW do not generalise to these broad findings. *But this is to miss the point.* The extant research literature strongly implies a principle that does generalise across settings. Furthermore, if we consider the NSW context and the children who are the focus of this working paper, the conclusions reached by van IJzendoorn and Juffer should very much apply as the children we have focused on are normally removed early from highly adverse circumstances. The research findings that speak to the benefits of adoption are strongest for precisely these kinds of children (see Section 2.1 conclusions A and B).

For these reasons, in Section 2.2 we have recommended that,

the benefits of early open adoption should be accepted as a guiding principle in making decisions in the best interests of children for whom restoration or kin care is not possible

We do not consider this conclusion to be controversial within the evaluative frameworks relevant to our disciplines.

Whilst this first principle is robust, however, what is less clear within our evaluative frameworks is whether adoption is *inherently* better than permanent fostering arrangements. Thus, even if it can be shown that adoption is related to better developmental outcomes than permanent fostering arrangements, it is very hard to establish if children who are adopted can be validly compared to children who are in permanent fostering arrangements. This is because the children who end up being adopted, for example, may differ in some systematic way from children who end up in permanent fostering arrangements. That is to say, there may be something *inherent to certain children or their circumstances* that means they are more likely to be placed in a specific permanency arrangement. This would imply that it is the child or his/her circumstances explaining the difference between adoption and fostering outcomes, not the permanency arrangements *per se*.

Whilst this is a very important possibility, especially from the point of view of research and sound explanation, it has to be balanced against other possibilities and practical, verifiable facts; which is what we have tried to achieve in this working paper. Thus, developmental outcomes may be better for adopted children when compared to children in permanent fostering arrangements because of something *inherent to these different permanency options*. Adoption might be, for example, inherently better suited to meeting the child's needs for nurturance, stability and safety because it symbolises and formalises, in a manner that is very powerful for people in our culture, a psychological and legal difference in the commitments and responsibilities required of us. Adoption may imply a *qualitative shift* in most people's attitudes and their perceived responsibilities.

In thinking about the difference between adoption and fostering it is helpful, we think, to reflect for a moment on the symbolic value of adoption for identity formation. In the interviews we conducted with adoptees (see section 7), being legally adopted had a lot of personal meaning and value to the young people we spoke with. Here is another example of this sentiment from a young man – Damian – adopted through Barnardos' Find-A-Family program (the full interview can be heard on Youtube). He says,

I think the belief [in permanency] really came when the ink dried on the adoption paper, to say that this is you know, it's now been signed by a judge and this is it. Up until that point, right up until the paperwork is signed the parents can always give you back, they can always go, 'we don't want that, that's not for us'. You know, they can essentially reject you until that point when they sign that paperwork (see <http://youtu.be/rpPuN9svoiM>)

If we compare the possible interpretations of how adoption and permanent fostering relate to child outcomes as outlined above, it is clear that adoption is more stable than fostering and, furthermore, being adopted is highly valued by the young people we spoke with. It may ultimately turn out to be true that permanent fostering can *in principle* achieve the same outcomes as adoption, but pragmatically speaking this is not generally true in the NSW context, and we struggle to see how it could be true without some very radical changes in our practices and expectations.

In reaching this conclusion it is important to note that the comparison between adoption and fostering as permanency options for the young children we are considering can be vigorously pursued in future. While in NSW there may exist systematic differences between the types of children who are ultimately adopted and those that enter permanent fostering arrangements, we note that this is not true in the other Australian states and that suggests an interesting comparison.

Establishing the value of adoption in terms of the outcomes discussed above – physical growth, attachment security, cognitive development and school achievement, self-esteem, and behaviour problems – is important. Such indices, many of which can be independently measured, allow us to achieve a more objective foundation for decision makers, and it should be noted that positive outcomes in these domains contribute to healthy identity formation. But it is very important to note that no matter how good open adoption can be argued to be in terms of measureable outcomes, we generally agree that it also has to be good in terms of the individual's developing sense of who they are; which we loosely refer to as an individual's *identity*, and this cannot always be reduced to the indices we have discussed.

Identity is hard to quantify and is, by its very nature, a subjective, personal construct (see Section 4). Confusingly, identity is also a complex construct that can be manifest differently in separate contexts, and may even imply some contradictions in the way we think about ourselves. But despite the fact that identity does not subject itself easily to empirical measurement, it is nonetheless critical to people's sense of wellbeing and happiness. That is to say, to be content with ones' self may to a great deal depend on the kinds of measureable outcomes we have discussed but it is more than the sum of these parts and *to overlook the importance of identity for wellbeing is a folly*: this is nowhere more self-evidence than in the case of adoption.

There is now widespread familiarity with the need that many adoptees experience to have access to knowledge of their biological and genealogical origins, to meet their birth parents, and to reconstruct their personal story. It is also reasonably well accepted that the effects experienced by some adoptees when they learn, later in life, that they are adopted can be catastrophic (see Section 8). To discover you are adopted can imply a profound violation of trust and can set in motion a compelling search for one's identity. It is precisely for these kinds of reasons that *open adoption* has become standard in many countries, including Australia.

However, whilst there is little consensus on how open adoption should be implemented, or how exactly it best serves the interests of the child, there is nonetheless consensus that children should to have access to their biological family because of identity needs; this was succinctly expressed by Minister Upton,

In open adoption the child retains links with their birth family and other significant people in their lives where it is in their best interests. [...] Open adoption ensures children know their identity and wherever possible maintain relationships with their birth family.

NSW Minister for Family and Community Services,
Gabrielle Upton (2014, November)

When viewed from a distance, the findings of this working paper regarding the identity implications for children (adopted via the Find-A-Family program) are remarkably simple. The testimony of these individuals (Section 7) quite plainly shows that they have strong and positive identities as adopted persons. They feel that they own this aspect of themselves, and we found no evidence in this group of regret or shame at being adopted. Quite the contrary, the overwhelming sense was that they felt treasured by their (adoptive) parents; something that all children should be allowed to feel and something that contributes in a profound way to healthy identity formation.

Furthermore, we would like to stress that the adopted persons we spoke with were keenly aware that their prospects in life would likely have been dire if they had not been adopted. On the balance of evidence, they are justified in reaching this conclusion, even if the truth cannot be ultimately known, and it is remarkable that it is part of their sense of who they are; that is, someone who has been loved and protected, via adoption, from an alternative fate.

These are simple and strong findings that we should not lose sight of. Whilst we certainly need more evidence from a more diverse range of circumstances and children, and from different programs, it nevertheless remains true that there is very compelling evidence that, all things being equal, early open adoption meets the identity needs of young people and creates the conditions that foster a profound sense of belonging.

9.2 Keeping a developmental mindset when acting in a child's best interests

One of the findings that has emerged in the preparation of this report is the pressing need to establish a framework for understanding how to think about *the best interests of the child over time* when planning for permanency from OOHC, especially when there is little or no chance of restoration. In thinking about this, it is essential to recognise that a prescriptive rule based approach cannot meet the needs of the child. Rather, decision makers and those who care for such children need a set of principles and an understanding of the changing and individualised needs of children that takes into account development.

There are currently some sensitivities to children's developmental needs already built into the decision-making frameworks that are used in the OOHC context. Generally speaking, in the scholarly literature and amongst experts there is a deep sense of importance that is placed on the early attachment relationship, and much consideration it is given in relation to children's future relationships. In some respects this is entirely appropriate, but it is also quite limited in forward planning for children.

When the primary biological attachment relationship has clearly failed the child, it is no longer sound to think about the needs of the child in relation to biological family based on the core principles of attachment theory. Infants and children need attachment figures who are stable, loving, safe, and predictable. This is not controversial. When the biological parents have been shown to not be able to provide such caregiving they are clearly not appropriate attachment figures. However, *it is still very important that the child or young person has the opportunity to have a meaningful relationship with their biological family, when that is possible.* So the question that should be asked is how this can be supported in such a way that is appropriate for a developing – and therefore changing – child.

The main vehicle for currently meeting children's needs in relation to biological family appears to be contact orders and practices, but there is not consensus on how much and of what kind such contact should be. Rather than focusing on contact *per se*, we believe it is helpful to think about what it is that we have to achieve for the child. Arguably, *open adoption* implies that children should always know that they are adopted, and that they have a different biological and genealogical identity. But a 5-year-old has very different ways of being able to understand this when compared to an 8-year-old. Similarly, a teenager has very different needs in relation to identity when compared to a child.

Children are not in a privileged position to know how their needs might change with development. But as people who care for and protect children we have ample evidence that their needs will change and we need to be able to respond to such changes. Consider an example for the purposes of illustration:

An 8-year-old adopted girl might adamantly maintain that she does not really want to see or discuss her biological mother, but as an adolescent or young adult she might experience a burning need to get information from and perhaps spend time with her biological mother.

A problem arises because the ways we engage with children at one point in development will have an impact on what they feel they can or cannot do at a later point in development. If we force this hypothetical girl to spend time with her biological mother when she is 8 years old, her resolve might harden and become immovable, even though her needs might change. If we buy into this girl's reticence to discuss or think about her biological family and cease to discuss it with her as a child, she may not know how to approach us and get the information she needs when he is a teenager. She may feel that her biological family cannot be spoken of, or that they are a source of shame.

The importance of a developmental perspective in making placement decisions for children has long been recognised. Young children's needs for stable attachment relationships suggest that early adoption is in their best interests when they can not be safely returned to their biological families. Yet identity theory suggests that an understanding of these early relationships and how they have contributed to the adopted person's life story may support healthy narrative identity. In their interpretation of the best interests of the child standard, Goldstein, Freud and Solnit (1984) commented:

"Unlike adults, whose psychic functioning proceeds on more or less fixed lines, children change constantly, from one state of growth to another. They change with regard to their understanding of events, their tolerance for frustration, and their needs for and demands on motherly and fatherly care for support, stimulation, guidance, and restraint. These demands vary as the child matures and begins to need independence, i.e., gradual freedom from control. Since none of the child's needs remains stable, what serves his developmental interests on one level may be detrimental to his progression on another (p.11)."

As people who care for children, we need to leave opportunities open for them to grow and change. Ideally, as children become more independent, they need to see us as allies in their journey or travails. This is important for all children, but it is of critical importance for children who have been adopted.

To provide this opportunity for children it is our view that we need to focus on the notion of *communicative openness*, which is even more important than contact itself. Communicative openness implies a way of relating to children that is honest and responsive to their changing needs. It also implies that the child has the belief that they have the right to seek the information they want and need. How this can be achieved is the focus for a future discussion, but it is our firm belief that it can be achieved and it is in the best interests of the child. Against this backdrop, contact as it is currently construed is not a goal in and of itself; rather it becomes part of the toolkit we should use to meet the child's need.

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11. Appendix A

Interview protocol

Hi _____, my name is _____, and I'm from _____. Today, we're going to talk about your experiences in your family and how you think being adopted has influenced your life and how you see yourself. I'm going to ask you some questions about what it was like when you were younger, what you think about being adopted, and what it all means for you. Take your time to think about your answers. And, if there's anything you are unsure about or if you need me to ask the question in a different way, just say so.

Background and Context

So first, I'd like to ask a bit more about you, and what your life was like when you were younger.

How old are you?

Can you tell me about the people in your family? Note: the aim here is to have interviewees respond spontaneously. For children, questions are presented with dolls to represent family members. Throughout the interview, we refer to interviewee's birth/adoptive parents according to interviewee's terms.

[Probes, if required:]

What do you call your parents who adopted you?

What do you call your [birth parents]?

Is there anyone else in your family?

Memory and Integration of Adoption (or what they know about it)

Do you remember being adopted?

Yes	No
<p>2A</p> <p>Tell me what you recall about the day your adoption was made final.</p> <p>Do you know any stories about your adoption?</p>	<p>2B</p> <p>When do you remember first learning that you were adopted, or did you always know?</p> <p>Do you know any stories about your adoption?</p>

If answered 2A:

Do you remember what your life was like before you were adopted?

Yes	No
<p>3A</p> <p>Tell me what your life was like before you were adopted?</p> <p>When were you placed into care?</p> <p>How many placements did you have before you were adopted?</p> <p>How long were those placements? Where did you live?</p>	<p>3B</p> <p>What do you know about what your life was like before you were adopted?</p> <p>Do you know when you were placed into care?</p> <p>Do you know how many placements you had before you were adopted?</p> <p>Do you know how long those placements were? Where did you live?</p>

[If answered 2A]	[If answered 2B]
<p>4A</p> <p>When you were adopted, how did your adoptive family make you feel like you belonged to their family?</p>	N/A
<p>5A</p> <p>What things do you think helped with your</p>	N/A

adoption experience? Is there anything you would change if you could go back in time?	
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*How well do you fit into your adoptive family? Are there times when you feel different from them?
 [If yes] In what ways do you feel different?*

Identity as an Adopted Person

What does it mean to you to be an adopted child/person?

Is there anything that you don't know because you were an adopted child, but would like to know?

How important is it to you that you let other people know you were adopted, or does it not matter to you? Why [is it/is it not] important to you?

[If it is important] What kinds of things do you tell other people when you talk to them about being adopted?

Birth Family Experience and Contact

Now, I'd like to ask you some questions about [sub: your birth family]. Is that okay? What do you know about [sub: your birth family]?

How important is it to you that you know about [sub: your birth family], or does it not matter to you? Why [is it/is it not] important to you?

How important is it that you are kept updated about [sub: your birth family], or does it not matter to you?

[If it is important] What kind of information do you like to receive from [sub: your birth family]?

Do you have contact with [sub: your birth parents]?

Note: may be necessary to ask separately about birth mother and birth father

Yes	No
<p>10A</p> <p><i>How important is it to you that you have contact with [sub: your birth parents], or does it not matter to you? [Why/why not?]</i></p> <p><i>How often do you have contact with [sub: your birth parents]? [none/some/regular?] What kind of contact do you have with [sub: your birth parents]? [direct/indirect?] Has your contact with [sub: your birth parents] changed over time? How?</i></p> <p><i>Tell me about the relationship between your adoptive family and [sub: your birth parents].</i></p> <p><i>How supportive are [sub: your adoptive parents] when you have contact with [your birth parents]?</i></p>	<p>10B</p> <p><i>Do you want to have contact with [sub: your birth parents]? Why/why not?</i></p> <p><i>How important is it for you to have contact with [sub: your birth parents]? [Why?]</i></p> <p><i>[If yes] How often would you want contact with [sub: your birth parents]? What kind of contact would you want with [sub: your birth parents]?</i></p> <p><i>Do you think [sub: your adoptive parents] would help you have more contact with [sub: your birth parents]? [Why/why not?]</i></p>

Do you have contact with anyone else from your birth family (X)?

Yes	No
<p>11A</p> <p><i>How important is it to you that you have contact with (X), or does it not matter to you? [Why/why not?]</i></p> <p><i>How often do you have contact with (X)? [none/some/regular?] What kind of contact do you have with (X)? [direct/indirect?]</i></p> <p><i>Has your contact with (X) changed over time? How?</i></p> <p><i>Tell me about the relationship between your adoptive</i></p>	<p>11B</p> <p><i>Is there anyone from your birth family that you would want to have contact with?</i></p> <p><i>How important is it for you to have contact with (X)? [Why?]</i></p> <p><i>How often would you want contact with (X)? What kind of contact would you want with (X)?</i></p> <p><i>Do you think [sub: your adoptive parents] would</i></p>

<p>family and (X). How supportive are [sub: your adoptive parents] when you have contact with (X)?</p>	<p>help you have more contact with (X)? [Why/why not?]</p>
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[If they have not already mentioned siblings] Do you have any brothers and sisters?

[If yes] Are they your biological or adoptive siblings?

[If biological] Where do they live?

[Do you live with them / have you lived with them before?]

[If sibling lives elsewhere] Do you have contact with (Y) [sibling]?

Yes	No
<p>12c) A How important is it to you that you have contact with (Y), or does it not matter to you? [Why/why not?] How often do you have contact with (Y)? [none/some/regular?] What kind of contact do you have with (Y)? [direct/indirect?] Has your contact with (Y) changed over time? How? Tell me about the relationship between your adoptive family and (Y). How supportive are [sub: your adoptive parents] when you have contact with (Y)?</p>	<p>12c) B Do you want to have contact with (Y)? Why/why not? How important is it for you to have contact with (Y)? [Why?] How often would you want contact with (Y)? What kind of contact would you want with (Y)? Do you think [sub: your adoptive parents] would help you have more contact with (Y)? [Why/why not?]</p>

Sense of Self

I want to talk to you about how you see yourself as a person. About the sort of person you are, the things that are important to you, your strengths and weaknesses, what you like about yourself, and so on. This is really about how you see yourself.

What do you think has had the most influence on who you are today, how you feel about yourself, and how you see the world? Why?

Are there certain people who have influenced who you are today? Who? How has [that person/those people] influenced you?

Are there certain experiences that have influenced who you are today? What experiences? How has [that experience/those experiences] influenced you?

I also want to ask you about how much you think your adoptive parents, your birth family, and your time in foster care [and your time in foster care (if they answered Question 3A)] have shaped who you are today, starting with who has influenced you the most. Who would you like to speak about first?

[Ask according to the order they wish to speak in]

Okay, how much do you think your [adoptive parents/birth family/time in foster care] have/has had to do with the sort of person that you are today? How much do you think they have shaped your life?

How do you think your life would have turned out differently if you had not been adopted?

As an adopted person, how pleased are you with how your life has turned out? Why/why not?

Do you think it makes a difference to you that you were adopted rather than remaining in foster care?

How often do you spend time thinking about your birth family, and your foster care and adoption experience?

Do you find it difficult for you to think about or talk about these things? Why/why not?

Sense of Family

What does the word 'family' mean to you?

What insights about families has being an adopted person given you?

Do you think people need to be related by blood in order to be a family? [Why/why not?]

[If interviewee is an adult] Do you think you would ever adopt a child? [Why/why not?]

[If interviewee is a child] If you were a grown up and wanted to have a family, do you think you would ever adopt a child? [Why/Why not?]

Is there anything else you want to tell me about being an adopted person