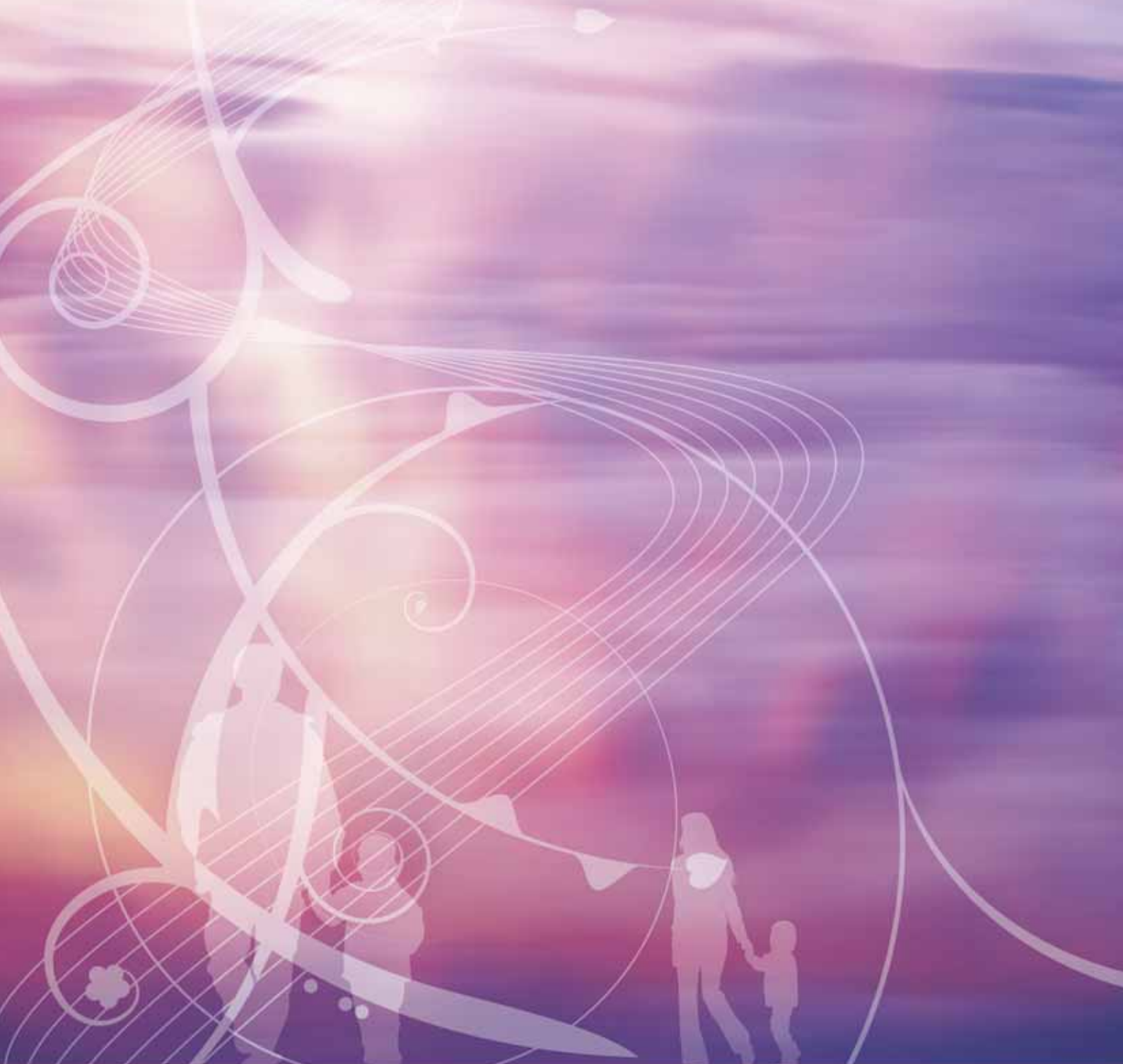




A STUDY OF INTERCOUNTRY ADOPTION OUTCOMES IN IRELAND

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Children's Research Centre

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Introduction

The request for tenders for the contract to undertake this study of the outcomes of intercountry adoption was issued by the Adoption Board on June 2nd 2004. On completion of the competitive tendering process, the contract was awarded to a research team from the Children's Research Centre, Trinity College Dublin. The contract between the Adoption Board and the Children's Research Centre, Trinity College was signed in December 2004 and the research commenced immediately.

This Study described in this report is designated as Phase One of a two-phase study.

Aims of the Study

The aims of the Study are as set out in the Invitation to Tender (2/6/04) and as elaborated in the response to the tender submitted by the Children's Research Centre (28/7/04). They are summarised as follows:

1. To identify, explore and evaluate the pre-placement (including preparation and assessment) and placement experiences and needs of children across a range of ages and countries of birth who have been adopted into the Republic of Ireland.
2. To identify, explore and evaluate the post-placement experiences and needs of children across a range of ages and countries of birth who have been adopted into the Republic of Ireland.
3. To identify the factors relating to pre-placement, placement and post-placement procedures and practices which contribute to successful intercountry adoption outcomes and to make recommendations along those lines.

Context and Background

The Adoption Board, which was appointed by the Irish Government, is a quasi-judicial body which is responsible for the issuing of Adoption Orders and Declarations of Eligibility and Suitability to adopt abroad. It also has responsibility for the maintenance of the Irish and Foreign Adoption Registers, the regulation of domestic and intercountry adoption, and the operation of the Contact Preference Register. In addition to its legal functions, the Board, in its Corporate Plan sets out the corporate vision which is "to achieve excellence in adoption and adoption related services with the best interests of children as our primary consideration" (Adoption Board, Corporate Plan, 2004-2007). To achieve this objective, the Board undertook to develop evidence based research programmes and to disseminate the findings of national research. This Intercountry Adoption Outcomes Study (Phase 1) is the first major study commissioned by the Adoption Board under its Corporate Plan.

The Study was commissioned with reference to the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption, which, under Article 9 (c) requires Central Authorities (such as the Adoption Board) to take all appropriate measures to promote the development of adoption counselling and post-adoption services. The Adoption Board had carried out a consultation with adoption support groups and service providers in 1999, which revealed the extent of concern about the effectiveness of preparation courses and the lack of post-placement support in intercountry adoption cases and decided to address these important issues.

By 2004, it was clear that intercountry adoption was a significant and growing means to the formation of families in Ireland. The decline in the number of children being placed for domestic adoption in Ireland

became very marked in the early 1980s, which is when a significant number of Irish couples who found themselves unable to adopt an Irish-born child started to look abroad. Their focus was generally on countries where there was a child-care crisis such as Romania and more recently, Russia and China.

Extensive research has been carried out on intercountry adoption in the USA (Groza et al 1998), Canada (Ames, 1997) and in the U.K. (Rutter et al 1998), but there has been very little comparable research in Ireland (O'Brien and Richardson, 1999; Switzer, 2001). While the major focus of the study is on developmental outcomes for adopted children, it also represents an invaluable opportunity to examine the factors which lead to the positive or negative development of adopted children. The study also aims to inform procedures and practices that are inherent in the adoption process. The Study employs methods and measures which allow for comparisons between this study and the other studies carried out internationally.

Approach to the Study

The Study Team assembled to carry out this research was multi-disciplinary, consisting of researchers with psychology and social work backgrounds. The approach to the Study was consultative. The Study Team had regular meetings with the Implementation Group for the Study, which was constituted by the Adoption Board and with an Advisory Committee established by the Children's Research Centre. Members of the Study Team met representatives of stakeholder groups at various points during the conduct of the Study and benefited from the advice of two consultants, Professor Richard Sullivan from the School of Social Work, University of British Columbia in Canada and Professor Robbie Gilligan, Head of the School of Social Work and Social Policy in TCD.

It was decided at an early stage that the data to be collected would be both quantitative and qualitative and that every effort would be made to access multiple perspectives on the family's experience and on the child outcomes. Thus the views of both of the child's parents and the child and the children's teachers were elicited so that, where appropriate, multiple perspectives were accessed on the key phenomena of interest.

The approach taken in this study is highly comparable with that taken in other studies worldwide. However the Study is also, as far as we can judge, distinctive in its focus on practice and the family's need for and experience with services; its attention to the experience of the children as well as child outcomes; and in its success in interviewing both parents, not just the child's mother.

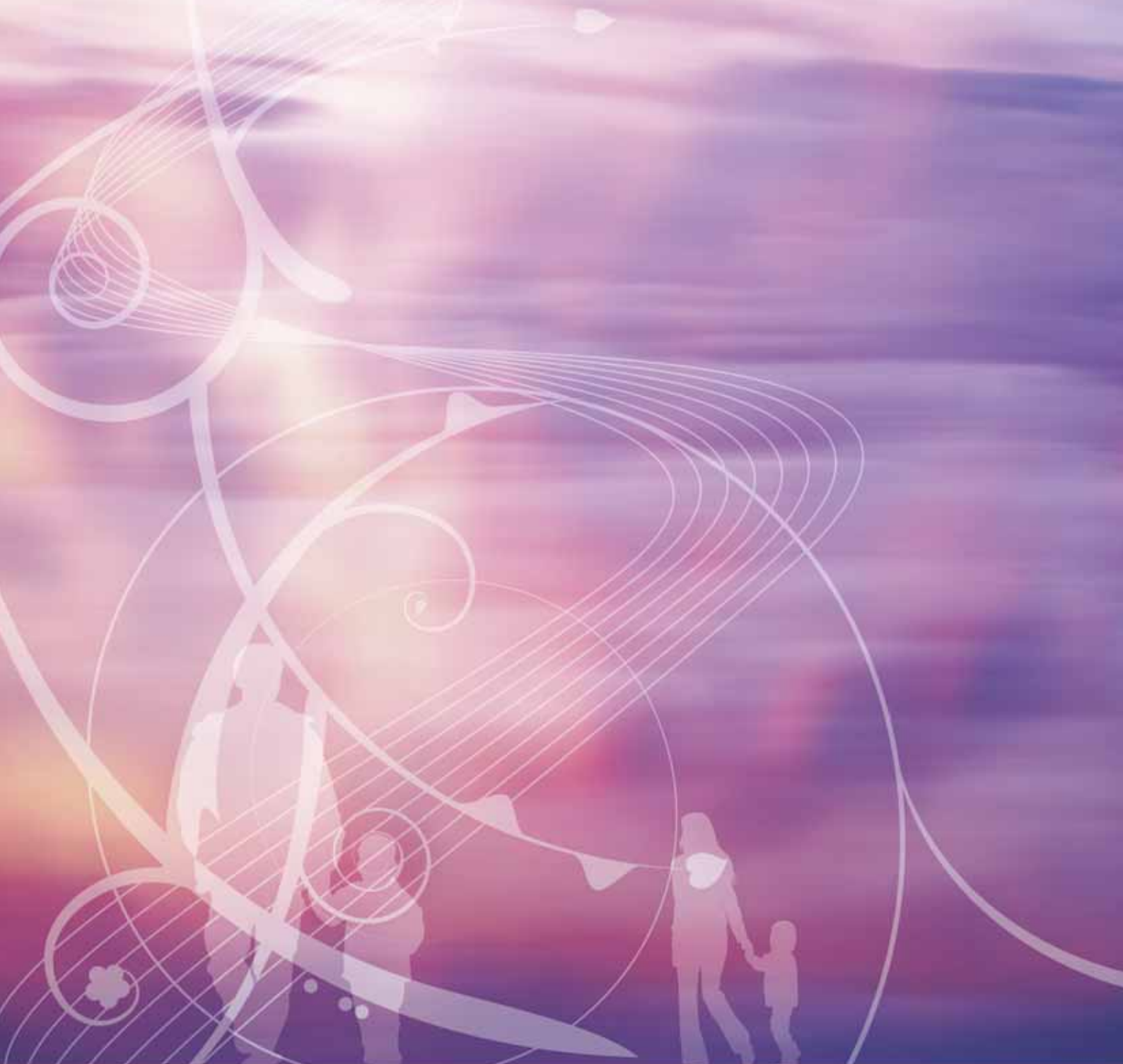
Given the sensitive nature of the Study, scrupulous attention was paid to ethical issues and widely accepted principles governing best research practice were observed.

Outline of the Study

The study consisted of three stages. In stage one, research on intercountry adoption outcomes, policies and practices was reviewed. A computerised database on all intercountry adoptions in Ireland was compiled. In stage two, measures were selected and interview schedules constructed. The resulting schedules suited to children from ages 2 to 18, their parents, young adults and teachers were piloted and refined. A random sample of 180 children aged one to 18 was drawn from the total population. In stage three, the main data collection took place, entailing visits to 170 households in order to assess and interview the children and

their parents, distribution of questionnaires to 70 teachers, focus groups with service providers, meeting with support groups and interviews with 19 young internationally adopted adults. This report presents an extensive description of the resulting data. The qualitative data have been summarized and every effort has been made to allow the voices of the adoptive parents and children to tell their stories. The quantitative data have been subject to preliminary analysis using a mix of univariate and multivariate statistical procedures.

This report consists of ten chapters. Chapter One constitutes the literature review for the study, and sets the study in the context of international research on adoption and intercountry adoption. Chapter Two presents the design and methodology of the study, including details on the sampling procedures, research methods, and profiles of the families and children who participated in the study. The findings are presented in the remaining chapters. Chapters Three and Four present findings based on the parental interviews and relate to the processes of preparing for and becoming a family formed through adoption. In Chapters Five and Six, findings based on the developmental outcomes and educational progress of the children are presented. These results are based on direct assessment and interviews with the children and teenagers, as well as drawing on the perspectives of parents and teachers. Chapter Seven considers the way in which intercountry adoption is talked about in families, and experiences of cultural integration, racism and prejudice. In Chapter Eight, findings are presented on children's, teenagers' and young adults' perspectives and experiences of adoption. Chapter Nine considers parents' experiences of services and their perspectives on the need for services for their children. Chapter Ten presents the views of the Stakeholder Groups and Adoption Service Providers. Chapter 11 consists of a summary and discussion of the study's findings.



CHAPTER 1
INTERCOUNTRY ADOPTION: A REVIEW OF THE LITERATURE

Chapter 1: Intercountry Adoption: A Review of the Literature

Historical Context of Intercountry Adoption

Intercountry adoption refers to the movement of children across international borders from their habitual country of residence for the purpose of adoption (Kane, 1993; UNICEF, 1999). In the USA it began in earnest during the decades after World War II, and was largely initiated as an ad hoc humanitarian response to that and subsequent wars, which resulted in countless abandoned, destitute or orphaned children (Triseliotis, Shireman & Hundleby, 1997). In addition and particularly recently, a number of social and political factors within sending and receiving countries have been important in creating both a supply of children available for adoption and a demand for children from abroad for adoption. In Romania for example, Ceausescu's policy that every woman of 45 years or younger was compelled to have at least four children, coupled with the lowest standard of living in Europe, resulted in many families being forced to place one or more of their children in institutional care. One of the most shocking legacies discovered after the fall of Ceausescu's regime in 1989 was the six to eight hundred institutions, which housed an estimated 100,000 to 300,000 abandoned children (Johnson, 2000). Similarly, within Russia, harsh economic conditions forced children into institutional-care settings, where over 300,000 children were placed (UNICEF, 1997). In China, the one-child population control policy and policies restricting adoption by Chinese couples who are not childless has resulted in the abandonment of children, most often girls, in orphanages (Human Rights Watch, 1996). The majority of children in institutionalised care in these countries are 'social orphans', where one or both parents are still alive but have abandoned their children or are unable to care for them because of poverty, parental illness, alcohol and drug abuse, or child neglect (Johnson, 2000; UNICEF, 1997).

In the latter half of the 20th century in the developed world adoption became the dominant and accepted means for couples who could not have children to parent children. Until the late 1970s this demand was predominantly met by the supply of children born out of wedlock, typically children whose mothers were heavily stigmatised and given no support to care for their children (Kelly 2005).

In the latter quarter of the century improved benefits and services for single parents, ready availability of contraception, legislation for abortion, and increased de-stigmatization of non-marital births, resulted in a drastic decline in the number of infants available for domestic adoption (UNICEF, 1999). In Ireland the number of adoptions fell by 50% between 1967 and 1987, 97% of children born outside marriage were adopted in 1967 compared to just 11% in 1987 and just 1% in 2004. There was no matching fall in the demand for children; indeed infertility rates in Western countries have been rising and are expected to continue to rise (Ledger 2005). In the United States and the United Kingdom policies were developed to make adoption available as an option for abused and neglected children who would otherwise remain in state care (Kelly, 1998). Because of the protection afforded to the family in the Irish constitution this has not happened in Ireland, nor has it, for differing reasons, in the rest of Europe. As a result, prospective adoptive parents have had to look abroad to adopt. In fact, so few in-country adoptions now take place in most European countries that adoption is almost synonymous with intercountry adoption (Triseliotis et al., 1997).

In Ireland there has been a spectacular growth in intercountry adoption from the early 1990s when there was an average of approximately 50 a year to 2003 and 2004 when close to 400 adoptions were registered. In total 2522 overseas adoptions were registered between 1991 and 2004 (Adoption Board 2004). This growth was initiated by the Romanian orphanage crisis and the publicity it received in the media. Through the 1990s Romania was the dominant country of origin for children adopted into Ireland. Romania ceased to permit intercountry adoption in 2001 and has been replaced by Russia, China and Belarus as the leading countries

of origin. The number of children from each quadrupled between 2001 and 2004. In 2004 the governments of Ireland and Vietnam reached an agreement on the adoption of Vietnamese children by Irish adopters and this led to 115 adoptions in the first year of operation of the agreement. It is a feature of intercountry adoption that the numbers of children from the countries of origin or 'sending' countries rise and fall according to a variety of social and political pressures. They are, invariably, either relatively economically poor countries or have a substantial proportion of their population who live in poverty. Ireland was a 'sending country' through the 1950s and 1960s (Milotte, 1997). The receiving countries in contrast are predominantly the wealthy Western countries. Ireland with its greatly increased affluence has moved to the ranks of the receiving countries.

During the 1980s, about 180,000 children – an average of 17-18,000 per annum, were involved in intercountry adoption, although in this count, figures were unavailable for Britain, Ireland, Israel, Canada and Austria (Kane, 1993). Selman (2006) reports that the number of adoptions to 20 leading receiving countries grew from 31,667 to 44,860 between 1998 and 2004, an increase of 42%. He reports that the number of adoptions to Ireland grew from 147 in 1998 to 341 in 2004 an increase of 127%, the second highest rate of growth among receiving countries (after Spain). Selman (2000) documented changed patterns of intercountry adoption, from the point of view of states of origin. In 1989, the five countries with the highest level of intercountry adoption (ICA) standardised against births were Korea, Chile, Columbia, Paraguay and Haiti. In 1998, the countries of origin with the highest ICA ratio (ICA per 1,000 live births) were Bulgaria, Romania, Russia, South Korea, Guatemala, Vietnam and Colombia. This review will summarise the research literature of most relevance to this study; thus, in the main, it concentrates on the outcomes of intercountry adoption for children. It will then discuss the ethical questions that intercountry adoption poses, which are much discussed in the literature.

Irish Context

Adoption was introduced to Ireland through the enactment of the Adoption Act 1952. As referred to above, from 1952 to 1990 the vast majority of children (over 40,000) adopted in Ireland were children who had been placed for adoption by their mothers within the State (Adoption Board, Annual Report 2004). In the years 1951 to 1973, as well as those children placed for adoption within the Irish state, nearly 2000 children were placed for adoption outside Ireland, the vast majority of these children being adopted by Irish-American families in the United States (Milotte, 1997).

By 1990, only 8% of children born outside marriage to Irish mothers were placed for adoption. A direct consequence of this decrease in the placement of Irish children was that the share of resources within child welfare budgets (e.g. personnel, finance and infra-structure) which were assigned to adoption services within Health Service Executive areas (previously Health Boards) were severely curtailed. In addition, many of the voluntary adoption agencies who had also provided adoption services were either closed or ceased offering assessment and placement services.

The Adoption Acts 1952-1988 laid down regulations in relation to adoption practice in Ireland. When Irish residents began to adopt from Romania in the late 1980s, it was noted by the government and adoptive parents' support groups that this legislation did not offer sufficient protection for children and structures for intercountry adoption. In 1991, therefore, as a direct result of pressure from potential adopters, combined

with an intense media campaign, pressure from the Adoption Board and from adoption professionals, the 1991 Adoption Act was enacted.

The introduction of the 1991 Adoption Act meant that Irish residents wishing to adopt from abroad had to obtain a Declaration of Eligibility and Suitability from the Adoption Board. "Eligibility" to adopt from outside the State is established through compliance with the legal requirements of the Adoption Acts 1952-1991. "Suitability" to adopt is established through the completion of an assessment of the person/s wishing to adopt, which must be carried out by the Health Services Executive or a Registered Adoption Agency. The 1991 Adoption Act gave all applicants a legal right to assessment for intercountry adoption. Once potential adopters received a Declaration they were deemed suitable and eligible to adopt from abroad.

The Development of the Standardised Framework

During the 1990s, the model of preparation and adoption assessment which had evolved as best practice within the Health Service Executive (which replaced Health Boards in 2004) Adoption Agencies, was a model which was informed by research on preparation and assessment (Darling, 1987; Eastern Health Board 1990; Ryburn 1991; Triseliotis, Shireman, & Hundleby 1997). It was also informed as a result of research which had been undertaken with the main players within the adoption circle (Bouchier, Lambert & Triseliotis, 1991; Brodzinsky & Schechter, 1990; Feast & Howe, 1997; Howe, Sawbridge & Hinnings, 1992; Smith & Brodzinsky, 1994). Adoption practice was evolving and being refined through social work practitioners adopting international norms and practices and implementing them in the various Health Service Executive areas or Voluntary Agencies¹. Assessments became more comprehensive and included both individual and joint interviews with applicants. They also began to include a detailed report in relation to applicants' knowledge and understanding of adoption issues. In some parts of the country, where resources were available, preparation and information courses were also offered as part of the assessment process.

The rapid growth in applications for intercountry adoption from 1990 to 1998 was a phenomenon which had not been foreseen or anticipated within state funded child welfare services or adoption agencies, all of which had, as referred to above, been down-sized over the previous decade. As a result, with the now increasing numbers of applicants wishing to have an assessment for intercountry adoption, large waiting lists of applicants wishing to be assessed were created, with some areas of the country experiencing particularly long delays. This situation led to increasing levels of dissatisfaction among potential adopters and adoptive parent support groups. These groups became extremely vocal and lobbied both through the media and with the state authorities for increased resources and services to the area of intercountry adoption. Professionals in the area, and the Adoption Board also identified a need for increased resources, and particularly a need for expertise in the area to ensure that the best interests of children adopted from overseas were protected.

In 1998 the Department of Health and Children commissioned a report to review the preparation and assessment procedures for adoption. This report was also to make recommendations both for improved structures and to standardise procedures within the area (O'Brien and Richardson, 1999). Subsequent to the publication of this report, significant increased funding and resources for purposes of intercountry adoption preparation and assessment were made available to Health Boards and to some voluntary adoption agencies. The implementation of many of the recommendations of this report, particularly in relation to

1 Information from internal records of the Council of Irish Adoption Agencies (1988-2000)

Preparation and Information Courses and a standardised assessment process, began to be implemented, as resources allowed, in most parts of the country during the year 2000².

There has been no published research on intercountry adoption in Ireland. A number of unpublished postgraduate dissertations have focussed on this topic, e.g. Switzer, 2001. Kelly (2005) examined the experiences of a group of 18 Irish birth mothers who had a reunion with their children who had been placed for adoption in Ireland. These children were placed at a time when the mothers of children born out of wedlock in Ireland were disempowered and heavily stigmatised, comparable to many of the mothers of today's internationally adopted children. These mothers were unable to forget their child and 'move on'. The lack of any knowledge of their children throughout their childhood was particularly painful. The reunions were predominantly successful and had no adverse effects on the relationships between the adopted children and their adoptive parents. This was a small group of mothers who self selected to take part in the study. Their experiences may not be typical of all birth mothers but the broad thrust of the findings are in accord with the work of Howe and Feast (2000) and Slaytor (1999).

Key Themes in the Study of Adoption

The research literature on adoption is enormous. It has been particularly intensely studied because it provides a way of addressing perhaps the key issues of developmental psychology: what determines the people we become; our 'nature'; or the experiences we have in life particularly in childhood, our 'nurture'? Adopted children are born of one set of parents and nurtured by another so they provide an opportunity to study the effect of children being raised by parents with whom they have no genetic relationship. In addition, the adoptive parents are usually from more privileged economic and social circumstances than those the children are born into. Adoption research has also addressed another key question in our understanding of how children develop; how well can children recover from living in very deprived circumstances in the early months and years of their lives. Intercountry adoption adds an additional set of questions: how do children fare if they are adopted outside their country of birth; how do they cope with the loss of their birth country; how do they adjust to the country of their adoption; and how does it adjust to them? Transracial adoption poses further questions; how do children develop whose parents are of a different race and where they live in a society where there are few people of their race? This summary will address each of these questions.

In-Country Adoptions

Until the growth in intercountry adoption in the last 20 years, most domestic adoptions were of babies born outside marriage and adopted by childless couples. Studies of these children point to predominantly successful outcomes for the children. Very few placements break down and on most measures the children do as well as children in the general population but not as well as on adopted children raised in a background similar to the adoptees' adoptive home. Smaller studies of children and adolescents who attend mental health settings indicate that adopted children are over represented among their patients and are more likely to present with a range of adjustment problems. (Miller, Fan, Christensen et al., 2000; Wierzbicki, 1993). Adopted children, as a group, are more likely to display higher levels of externalising symptoms, that is, defiance, aggression, hyperactivity and other acting out behaviours. Learning difficulties and substance abuse are also more prevalent than among non-adopted children (Brodzinsky & Steiger, 1991; Fullerton, Goodrich & Berman, 1986; Kotsopoulos, Cote, Joseph et al, 1988; Marshall, Marshall & Heer, 1994).

2 Subsequent to the adoption of the Standardised Framework for Intercountry Adoption, a Guide for Practitioners was commissioned and issued by the Department of Health and Children. This Guide was compiled by Gill Haworth (Overseas Adoption Helpline, Great Britain) and John Simmonds (British Association of Fostering and Adoption). Included in the Guide were *Five Standards for Intercountry Adoption* against which all assessments were to be measured, and also an outline of the content and subjects to be covered in the Education and Preparation Stage. (see Appendix A)

In interpreting the findings of such studies however, Brodzinsky and Pinderhughes (2002) caution that adoptive parents may be particularly sensitive and more likely to refer their children to services, they perhaps are inclined to associate adoption with increased problems. However, the currently accepted position is that while there may be an increased readiness to use services among adoptive parents, serious psychological problems were found more often among the small numbers of adopted children referred to mental health settings. (Miller, Fan, Grotevant et al., 2000; Warren, 1992). While inpatient and clinic samples suggest a link between adoption and problems in adjustment, studies based on broader groupings of adoptees indicate a less consistent link. For example, studies have reported few significant differences between infant-placed adoptees and non-adopted infants, toddlers and preschoolers across a range of measures, including temperament, mother-infant attachment, language development, and cognitive and motor functioning (Brodzinsky, 1993; Singer, et al, 1985). Also, a number of studies comparing middle childhood and adolescent adoptees with non-adopted counterparts have failed to find differences between the two groups, in terms of patterns of adjustment (Benson, Sharma & Roehlkepartain, 1994). Finally, research that has traced children's progress throughout their childhood has emphasised the dynamic nature of children's adjustment. Bohman and Sigvardsson (1990) found increased frequency of nervous disturbance and maladjustment among 11 year olds that was overcome on follow-up at 15 and 18 years. The research presents a confusing picture but there is general agreement that the vast majority of adoptees are as well adjusted as members of the community at large but a small proportion – more than in the community at large – have psychological adjustment problems.

In the USA and the UK adoption has been used as an alternative to children remaining in long term foster care. Studies of these populations have shown that adoption placements are more stable and adopted children fare better than children who remain in foster care or residential settings (Bohman & Sigvardsson, 1990; Hoksbergen, 1999; Selwyn et al, 2006; Triseliotis & Hill, 1990). This indicates that for children damaged by early experiences, adoption can be a stabilising and a healing experience. Not surprisingly, the more damaging experiences the children have suffered and the longer they have been exposed to them, the more likely they are to have adjustment problems in later childhood and adolescence. There has long been a recognition that emotionally depriving experiences in early childhood are difficult to recover from, even with the best care. Despite recovering in many respects, such children and adolescents may experience problems in relationships and express these in their behaviour (Bowlby, 1969, Rutter, 1972). We will return to this in our consideration of intercountry adoption below. Vulnerability among adopted children typically manifests itself later on in middle childhood, perhaps coinciding with children's more sophisticated comprehension of the meaning and implications of being adopted (Brodzinsky, 1990, 1993, 1998). Thus as children get older, a more realistic understanding of adoption develops, which may be coupled with a heightened sense of ambivalence about their adopted status (Smith & Brodzinsky, 1994, 2001).

Intercountry Adoption

Intercountry adoption has many features in common with in-country infant adoption. The children are usually adopted as babies (the average age at adoption of the children in the sample presented here was 1 year and 4 months). One would therefore expect many of the findings in respect of in-country infant adoption to hold true for intercountry adoption and this is indeed the case. A major Swedish study of nearly 6000 intercountry adoptees who had reached young adulthood compared the adoptees with the general population, and with selected groups within it, on some broad outcome measures (Lingblad et al 2003). The adoptees tended to be brought up in more affluent homes than the average for the general population. The

adoptees reached the same educational levels as individuals of the same age in the population as a whole but not the level achieved by those of the same affluence. Reaching the average level of educational attainment was seen as a significant gain given the adoptees' often poor start in life. In terms of adult outcomes, such as long periods spent on social welfare, unemployment and psychiatric indicators, adoptees were over represented particularly when their higher socio-economic status was taken into account. The adoptees were compared to the birth children of their adoptive parents and fared worse on all measures. The most worrying aspect of the study was the adoptees' threefold greater risk of psychiatric problems including substance abuse. These predominantly negative findings are offset by the conclusion that the similarities between the great majority of intercountry adopted children and the general population are 'greater than the differences'. Also note that the overall findings do not take account of the diversity within the adoptee population. Some groups of adoptees fare considerably better than the average for the adoptee population. In this Swedish study adoptees from the Far East, particularly South Korea, do particularly well, perhaps due to what has been described as better pre-adoption care and to a larger number of younger infants in the South Korean group.

In a wide review of Scandinavian studies of children up to the age of 12, Dalen (2001) concluded that around 75% of adopted children manage well without any sign of major problems. The picture, however, is not all positive. 'The research results also show that 25-30% of the intercountry adoptees have some problems linked to language, learning, identity and ethnicity and (earlier research has) shown that many intercountry adoptees are struggling to find their place both in their families and in society at large' (Dalen, 2001). Dalen expects that the problems will increase as the children pass through their teenage years but other research indicates that the storms of adolescence do pass and it is a mistake to see the adjustment challenge of an adoptee as a fixed attribute rather than as a dynamic and changing process with progress and problems rising and falling (Howe 1996).

Do Adopted Children Recover from Early Deprivation?

One key difference between intercountry and in-country adoption is the care the children may have received prior to their adoptive parents taking care of them. This was brought into particularly sharp focus by the Romanian orphanage crisis that came to the public's attention after the fall of the communist regime of Nicolae Ceausescu in 1989. Unfortunately, such has been the publicity about the appalling conditions prevalent in many Romanian orphanages that in many people's minds all institutional care is like Romanian orphanage care. Indeed the word 'orphanage' is itself confusing. It is now accepted that most of the children in these institutions were not 'orphans'. That is, their parents were not dead but had placed their children in institutional care because they were unable or unwilling to care for them. These children have been described as 'orphans of the living'. As will be evident in the findings that follow, institutional care varies considerably in different countries, in different cities within countries and in different facilities within the same city. However, descriptions of adoptees' lives in institutional care in most research have portrayed very poor conditions. Positive work with the children was virtually non-existent, their basic care needs were barely met, and children were left to their own devices for stimulation with little or no opportunity to develop relationships with staff (Human Rights Watch, 1996, 1998; Johnson, 2000; UNICEF, 1997).

By any definition, the majority of these institutionalised children constitute a special-needs population (Johnson, 2000). Within many of the orphanages in Eastern Europe and Russia, medically and developmentally disabled children are over-represented. This could be accounted for by the fact that such

children are more likely to be placed in institutional care. However, with conditions of severe and prolonged deprivation, it becomes difficult to disentangle the disabilities the children are born with from those that may result from exposure to such a poor environment. The following are among the findings of many studies on the condition of children who are adopted from institutions:

- Medical problems: only 15% of Romanian children were healthy on arrival in the USA (Johnson 2000); Hepatitis B and intestinal parasites were common.
- Physical development: Children do not thrive in a deprived environment; Data from a variety of 'orphanage' studies indicated that they lose one month's growth for every three months spent in institutional care.
- Emotional development: Babies and small children need at least one consistent attachment figure to enable them to feel safe and develop confidence in others. Institutional care, where many children are cared for by a few changing caretakers, does not usually provide this. Children can develop a range of attachment disorders with a tendency to indiscriminate friendliness as a common disorder. Rutter and the English Romanian Adoption Study (ERA, 1998) reported that 1/3 of Romanian adoptees who had been in institutional care for over 2 years showed this disorder.
- Brain growth: Children's brains do not grow normally in deprived, under-stimulated conditions or abusive conditions (Anda et al., 2006). Rutter and ERA (1998) reported serious under-development of Romanian children's head circumference on arrival in the UK.
- Language development: Speech delays among institutionalised children are common. One study reported that 60% of 2-year-olds within one particular Russian institution had no language at all, and among the 3-year olds, only 4% used two-word sentences (Dubrovina 1991, as cited in Johnson, 2000).
- Learning: Among the Rutter and ERA (1998) sample of Romanian children adopted into the UK, reports from parents indicated that many children were functioning in the mildly retarded range at the time of placement. There were sizeable differences in developmental scores between children who had been adopted from an institution and those adopted from within a family setting, regardless of the age of adoption. The family-reared Romanian adoptees presumably experienced much less severe levels of deprivation.

Clearly adoption is a major life changing intervention in the life of a child being brought up in an institution. The key question that researchers have tried to answer is the extent to which change to a family environment with altogether better conditions will enable the child to recover from the range of deficits outlined above. There have been two major studies, one English and one Canadian that have addressed these questions by following a sample of children adopted from Romania across the years of their childhood. The results are very encouraging. Adoptive families can and do provide an environment where children can recover from very serious developmental delay, disadvantage and emotional deprivation. As indicated in earlier studies, however, recovery may not be complete for many children and some may be left with serious deficits. The research is complex because tracing what in their range of experiences damages children in particular ways is difficult, as is plotting what it is exactly that leads to their recovery or to their failure to recover. This is compounded by not knowing what happened to the children before institutional care and not being able to assess the exact quality of the institutional care. The 'headlines' from the English Romanian Adoption Study (ERA) are:

- 'The catch-up in both physical growth and cognitive level appeared nearly complete at 4 years for those children who came to the U.K. before the age of 6 months. The developmental catch-up was also
-

impressive, but not complete, in those placed after 6 months of age' (Rutter & ERA 1998). Overall the recovery has been described as 'remarkable' (Croft et al. 2001).

- The improvements were maintained when the children were studied again at 6 years old and there was further catch up of those who had been adopted later (over the age of 2) although they still lagged behind somewhat in their physical and cognitive development.
- 70% of early adoptees were functioning normally at 6 years compared to 25% of those adopted when older than 2 years.

The findings in relation to relationships between children and adoptive parents are more complex, partly because the qualities in a relationship are harder to measure. A general trend has long been recognised, where early maltreatment leads to behaviour problems and consequent problems in the parent child relationships. The Romanian adoptees' relationships with their adoptive parents tended to be characterised by a lack of engagement with their parents rather than the conflictual and oppositional behaviours associated with abused and neglected children studied in the UK. Croft et al (2001) found that these difficulties were worse the greater the children's delay in cognitive development. They were worse at age four for children who had been longer in an institutional setting, but by age six this difference was absent, indicating the progress children make in an adoptive home environment. The 'good news' then is that for most children the effect of deprivation on children's capacity to relate to their adoptive parents diminishes with the passing of time and the relationship improves as a consequence.

The ERA study has now been able to measure the adoptees' progress in early adolescence. Those who had endured less than 6 months early institutional care had an average IQ equal to UK adoptees who had not been institutionalised but those who had been in Romanian institutional care longer than 6 months scored 15 points lower in IQ tests at age 11. This points to the persistence of the effects of severe early institutionalisation in some if not all cases, contradicting earlier research that indicated that children do recover from early disadvantage if their circumstances are improved (Clarke & Clarke 1976). The current thinking is moving in the direction of explaining persistent under-performance when it occurs by the failure of the brain to develop normally in conditions of prolonged early and severe deprivation (Anda et al, 2006; Beckett et al, 2006; Rutter 2007) and so complete recovery may not be possible for some children. Rutter (2006) reports a substantial increase in the percentage of children with multiple impairments when institutional deprivation lasted more than six months. However, some of these children did very well.

It is important to remember that research typically reports on large numbers of children and the trends amongst them. Within these trends there is wide variation among individual children, so there should never be a presumption that because child A has experienced X that the consequences for that child will automatically be Y whether Y be a positive or a negative outcome. This is particularly so when we often do not know the exact qualities of X, which is often the case in the pre-adoptive histories of internationally adopted children.

The study by Ames and colleagues (Ames 1997; Chisholm, 1998) of children from Romanian orphanages adopted into Canada had similar aims to the ERA study. The children were followed up until they were, on average 10.5 years old. The Romanian orphanage children had significantly lower IQ scores than the comparison groups who were early Romanian adoptees (adopted before 4 months) and who had not experienced orphanage care and Canadian born non-adopted children. IQ differences were particularly

pronounced in those who had spent over 2 years in orphanage care. At 10 years, the Romanian orphanage children showed a higher rate of insecure attachment than the comparison groups who did not differ from each other. On the positive side, the orphanage children's parents, teachers and peers reported that they were as well accepted as the comparison groups but they still tended to have less social support and to be less involved in peer group activity. The orphanage children had recovered from all their physical and health deficits and there was striking catch up between ages 4 and 10 years. There were few differences on any of the measures between the early adoptees from Romania and Canadian born, not adopted, children at 10 years. The study confirms the findings of many others that if children arrive in an adopted family having suffered serious deprivation of more than 6 months duration in the first years of their life, many will have difficulty in developmental catch up to children who have not had these disadvantages and their problems may persist into early adolescence and perhaps beyond. This research has been popularly summarised by Edelsward (2005): the greatest challenges (insecure attachment, lower IQ and parenting stress) were evident in 30% of the orphanage children - the 'challenged' children; 35% had a few problems but were progressing well and recovering from early deprivation (the 'wounded wonders') and 35% did not have more serious problems than the average Canadian children (the 'resilient rascals').

Transracial Adoptions

A proportion of intercountry adoptions are also transracial adoptions, normally (certainly in Ireland), white parents adopting black (of African origin), Asian or South American children. A number of Romanian adoptees are of Romany origin, a distinct ethno-linguistic group. There is an extensive body of research that deals specifically with this issue. As in adoption in general the research can be divided into that dealing with in-country transracial adoption (almost exclusively in the USA, UK and Canada) and intercountry transracial adoption. The additional dimension of the black or Asian children being brought up in a predominantly white society by white parents has led to much debate and soul searching among policy makers and practitioners. Rushton and Minnis (1997) drew up a number of hypotheses from their review of the literature. They surmised that a transracially placed child will:

1. experience higher placement breakdown rates than other comparable groups;
2. have different developmental outcomes from a child placed with same race parents;
3. develop a negative racial identity compared to a child placed with same race parents;
4. fail to develop appropriate survival strategies to cope with racism in society at large;
5. experience low self esteem compared with black or Asian children in same race placements.

Rushton and Minnis reviewed the research literature on in-country adoption. They found no evidence for 1. and 2. USA studies quote satisfactory outcomes for more than 70% of adoptees and one British study of 19 year olds report 90% satisfactory outcomes. Rushton and Minnis (1997) found that the research they reviewed did not allow firm conclusions in relation to 3, 4 and 5. They concluded, however, that the view that achieving race matching should be the first priority in the search for placements for ethnic minority children lest they experience negative outcomes, is *not* supported by the available evidence. Feigelman and Silverman (1990) reported that in most black as well as Korean, Vietnamese and Columbian transracial placements, adoptees adapt reasonably well to their white homes and that most of their emotional and developmental problems can be traced to their pre-adoptive experiences: "Most of the adoptees and their families were the targets of some ethnic hostility, but for the vast majority of these families this was not a harmful or continuing

problem. The 'non-white' children identify with both white and non-white communities and while they may endure degrees of doubt and discomfort, there is every evidence that transracial adoptees have a positive evaluation of their non-white backgrounds and appearance" (p 200). Neither they nor, for the most part, their adoptive parents deny their racial identification. These adoptees and adoptive parents in the USA and in the UK usually have the advantage of living in a multi-racial, multicultural society which may not be so prevalent in many parts of Ireland.

A study by Bagley and Young (1993) followed 50 Chinese girls who were adopted in England through until they were 22 to 28 years old. It paints a very optimistic picture:

- 'It was striking the degree to which these Chinese girls had become Anglicized; they spoke with regional accents and they shared interests, pursuits and values of their adopted brothers, sisters and school friends' (p198). This was true even when their parents encouraged a strong interest in Chinese culture.
- There was a variety of approaches to the cultural issues – some families embraced Chinese culture, others did not because they wanted their daughter to be no different from brothers and sisters or because the child herself resisted it.
- The children reported some teasing about their ethnic origins which disappeared by the time they reached secondary school.
- A problem for the families was the attitudes of relatives, ranging from those who were patronising to 'frank rejection'.
- The researchers concluded that the successful resolution of identity problems was attributable to; 'strong bonding and relationships based on love, affection and concerned tolerance and an authoritative form of parenting based on firm grounding in moral precepts'.

The researchers were able to interview 44 of the 50 women when they were in their 20s and they were living settled and successful lives with high levels of educational and occupational attainment. Thirty percent were married or engaged to be married. When questioned, they identified themselves as 'English and about half maintained a strong emotional and intellectual interest in Chinese culture'. Three women had problems of mental health or adjustment at follow-up. Bagley and Young conclude by warning that these optimistic findings may be limited to particular sets of circumstances in particular countries. Some ethnic groups are more accepted than others in societies that have a strong racist element. In Canada, Native Indians had dramatically poorer outcomes than other adoptees: 'The reason for this seemed to be the widespread discrimination against Native people in Canada, and communities, peers and relatives of the adopters could not accept the adopted child as part of the white community'. (p 204). This Bagley and Young study has been criticised by Rushton and Minnis (1997) because of its small sample size and it could also be faulted for the loss of 6 (or 12 %) of the sample at follow up. These six may have had more or fewer problems than the interviewed majority.

Despite the positive outcomes reported by virtually all studies of transracial placements, they do pose added difficulties for the children and their parents because of racism in our society. Most commentators therefore argue that same race placements, where these are feasible, will be in the best interests of children. This is generally applied to in-country adoptions in the UK. There is widespread agreement that this desirability should not deprive children of families where same race placements are difficult or impossible to achieve. The current pattern of intercountry adoption where couples from the relatively affluent 'West' are

adopting children from the Third World and other poorer countries makes a high proportion of transracial placements inevitable. The ethical issues associated with this are discussed below. The important message of this section is that although there may be added challenges, research indicates that transracial placements can and do work successfully for most children and adoptive parents.

Ethical Issues

The adoption of children by non-family members has long been a source of ethical concern. It has been and remains extremely difficult to agree on a set of ethical standards (i.e. a system of principles governing morality and acceptable conduct) for intercountry adoption that will be accepted and practiced by all countries who either send children for intercountry adoption or who receive them. The needs of children are interpreted differently in different countries, particularly in relation to adoption. In Ireland, for example, the protection afforded to the family by the Constitution has meant that children who could be adopted on the basis of their best interests (even if against their parents' wishes) remain in care for all their childhood. This is not the case in UK and USA. The problem with the child's best interests as a guiding principle is that different people from different perspectives take differing views of what is in the child's interests in general or in particular cases. The arguments surrounding recent 'celebrity' intercountry adoptions popularise these arguments and they can be summarised as follows:

- **on one side**– the child's family or extended family should be supported to care for him, and he should remain in his own country with his own people, language, culture and religion.
- there are millions of children in poor institutional care and dying daily across the world from disease and malnutrition; all the efforts of those concerned with their fate should be concentrated on raising standards for the many and not rescuing the few.
- the celebrity is meeting her own needs and is not truly concerned with the fate of the poor children of the world; at worst the child is another desirable commodity to be purchased in the market place.
- **on the other side** – the child will remain in an orphanage and be condemned to a life of poverty and disadvantage; it is in *this* child's best interests that he is adopted by a celebrity who will provide all the advantages of a home and wealth in the West.
- this child is an individual and important in his own right; he should not be denied the benefit of adoption because there are millions of other needy children in the world.
- the celebrity is a genuinely humane person and reaching out to help a child in need.
- the celebrity is merely filling a vacuum in the care of deprived children left by the failure of international political leadership.

Adoption has traditionally been characterised by two key motivations in the adopters – their desire to give a home and family to a child in need and their need for a child to complete their family. Triseliotis (2000) recounts the history of intercountry adoption since World War II as a movement from predominantly the former to predominantly the latter. The Second World War, the Korean and the Vietnamese wars all led to many orphaned and deprived children and their fate provoked a compassionate response among many in America and elsewhere which found expression in waves of intercountry adoption often of older and special needs children. The early response to the Romanian orphanage crisis was similarly driven by compassion for the fate of the children portrayed in the Western media. Triseliotis dates the beginning of the change to the

wish to create or expand their family as the dominant motivation in intercountry adoption to the mid 1970s when the supply of indigenous children in Western countries fell sharply as a result of the widespread use of contraception and more supportive attitudes towards single parents who wanted to raise their own children. This was particularly important in Ireland where we have moved from a plentiful supply of Irish children for adoption to a very few each year and unlike the USA and the UK, Ireland has not sought to promote adoption as a resource to provide families for children who otherwise remain in care. Triseliotis (2000) comments that studies after the 1980s show a decisive shift in both the type of persons pursuing intercountry adoption and the type of child being adopted – the children were becoming much younger and the adopters largely middle class with no children of their own. Adoptive parents have become motivated by their need to have a child or children to complete their family. Not many human actions are truly altruistic. More often, even in apparently selfless acts, we are meeting some of our own needs. So adoptive parents' motivation to meet their need for a family should be taken along with their capacity to understand and care for an adopted child and their desire to adopt a child should be judged in the round. This has been the task of adoption agency work for many years – to harness the drive and commitment that childless couples bring to provide homes and families for children who need them. As indicated above, this combination of commitment on the part of adoptive parents and the careful assessment of their capacity to care for a child has led to predominantly successful outcomes for children who are adopted.

Triseliotis (2000) describes a third phase in the development of modern intercountry adoption, 'trading in children'. Many authors (Davis 1995, Saclier 2000, Triseliotis 2000) condemn what they describe as the sale of children: "Indeed a booming trade has grown in the purchase and sale of children in connection with intercountry adoptions. It originates in the continuous pressure exerted by couples in economically advanced countries and the fact that they frequently can be induced to pay very large sums of money to satisfy their desire to have a child" (Saclier, 2000 p. 57).

There is general agreement that the USA has led this trend where it pervades domestic as well as intercountry adoption. Davis (1995) describes the differential 'pricing' for a healthy infant compared to a special needs child. Adoption has become a 'service business' dominated by the business ethics of supply and demand that encourages birth mothers to 'shop around' for the agency that will provide them with the best financial package and consequently adoptive parents have to pay the market price. For adoption arrangers, more adoptions are good for business leading to aggressive competition between 'suppliers' (Davis 1995). Gritter (1999) has characterised this climate as 'unabashedly competitive'. If those arranging the adoption are running a business, the birth parents are in dire financial circumstances, and the prospective adopters are desperate for a child, it is as many commentators point out, difficult to see who is putting the child's needs first. The latter is nonetheless the agreed international focus for all adoption practice.

An abiding characteristic of intercountry adoption is the variability of practice across both receiving and sending countries. Some European countries (e.g. Norway and Sweden) have made particular efforts to organise their service on a 'not for profit' basis. Some sending countries (e.g. China and Vietnam) have negotiated bilateral agreements where the financial arrangements are fixed at government level, although these payments may include 'donations' to the child care services of the sending country. The practice of prospective adopters making donations was rejected by the Special Commission on the practical operation of the Hague Convention in 2005. 'Donations by prospective adopters to bodies concerned in the adoption process must not be sought, offered or made' (Recommendation 9).

United Nations Convention on the Rights of the Child

In all the ethical debates about intercountry adoption and the hostile reception it sometimes receives in the media, it is important to remember that the United Nations Convention on the Rights of the Child, the world's most endorsed international convention, approves of it under specified circumstances as being in children's best interests. Article 21 states: "The primary aim of adoption is to provide the child, who cannot be cared for by his or her own parents, with a permanent family. If that child cannot be placed in a foster or adoptive family and cannot in any suitable manner be cared for in the country of birth, intercountry adoption may be considered as an alternative means of child care."

Hague Convention on Intercountry Adoption

The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption 1993 reiterates the principles of the UN Convention and attempts to develop international policy and practice to give expression to them. Thirty-eight countries have now ratified the Convention. Ireland is a member of the organisation but has not ratified the convention. Article 4 sets out the requirements for intercountry adoption: the country of birth must:

- establish that the child is adoptable according to its laws
- rule out possibilities for suitable in-country placements
- ensure that informed consent of parents is obtained in writing
- ensure that parental consents have not been induced by payment or compensation of any kind
- establish that due consideration has been given to the child's wishes and opinions and where required the child's consent has been freely given.

Articles 5 to 9 set out the obligations placed on the receiving state including 'take all appropriate measures to prevent improper financial or other gain in connection with an adoption and deter all practices contrary to the objects of the Convention' (Article 8).

The Hague Convention is recognised as a landmark in international efforts to regulate intercountry adoption and develop a model of good practice but there are many difficulties in trying to apply universal principles in an area as culturally diverse as the care of children (Triseliotis 2000). Duncan (2000) identifies key operational issues in addition to the financial concerns discussed above:

- Accreditation of agencies empowered to arrange adoptions: these vary widely from country to country and the key reform of banning privately arranged adoptions has not been achieved. Article 22 allows individuals to arrange adoptions. In France most families adopting from abroad take an independent rather than an agency route (Greenfield 1995). This is also a feature of much practice in the USA. Many hold that restricting adoption arrangements to 'not for profit' accredited agencies is a key step in addressing profiteering (Saclier, 2000; Triseliotis, 2000).
- Preservation and access to identifying information: there are very different practices in relation to how information in relation to the adopted child's birth family is dealt with. Some countries (UK) grant adopted people a right of access while others, including many states in the USA, legally prohibit access to birth family information.

Triseliotis (2000) is pessimistic about the Hague Convention being able to deliver an intercountry adoption service that is firmly based on children's rights and children's best interests, contending that too many countries are operating with an adult-centred approach. The prospective adopters are mostly childless couples at the end of a 'long and painful road'. Intercountry adoption has become the way childless couples satisfy their desire for a child. This has contributed to the development in the West of a pernicious philosophy of 'a right to a child' (Salcier 2000). In this atmosphere adoption can all too often be developed to meet the needs of relatively well off and powerful adopters and pay insufficient attention to the best interests of the children whose interests all international conventions agree it should serve. The demand (backed by huge disparities of wealth) for young healthy children whose physical appearance is similar to the adopters can lead to children being separated from their birth families when they should be supported within them (Saclier, 2000). There is no argument that children should not be institutionalised and that intercountry adoption is a valuable means of providing children with the family experience they need (Salcier 2000; Triseliotis, 2000). The challenge is to ensure that it is children's needs that are paramount in the organisation and the delivery of the service. Key among the conditions / suggestions / questions emerging from the literature are:

- The child is in genuine need of a new family. Services should concentrate on children who are in institutions, not those living with their family.
- Adoption by a family abroad is in the child's best interests when in-country alternatives are not available.
- The process should follow standards of good practice set by accredited 'not for profit' agencies, and direct arrangements from one person to another and individual facilitators should be banned
- The process should involve no profit, including disguised inflated fees and expenses or 'donations' (from the adopters) to sending countries children's services.
- How does the international community ensure that the best interests of the child are paramount in all intercountry adoptions?
- Can the Hague Convention be developed, strengthened and extended to all sending and receiving countries?

Summary

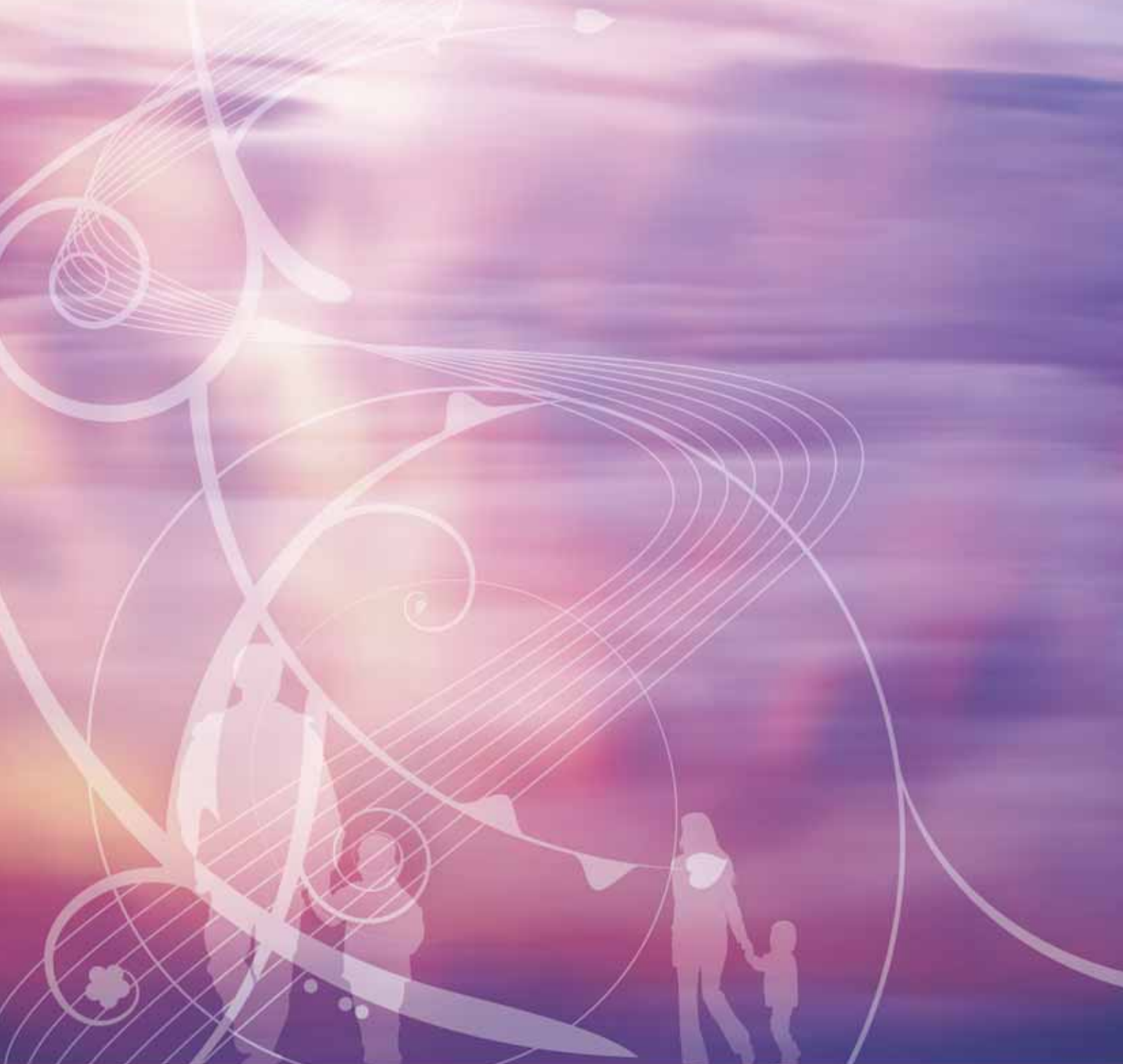
A recent appraisal of adoption research (van Ijzendoorn & Juffer 2006) concluded: "... adoption is an impressive intervention leading to astonishing catch-up. History and ethnology suggest that humans, like many non-human species are adapted to adopt.... Because (international) adoption is effective in turning the tide of children in unfortunate circumstances it can be justified on ethical grounds. At the same time, and paradoxically, adoption also is an intervention that should be prevented as much as possible, by structurally enhancing the life chances of poor families in developing countries." (p1240)

The international literature on intercountry adoption is vast. This review has summarised the key findings principally in relation to the outcomes for children and has introduced the ethical issues inevitably associated with the movement of children far from their countries, families and cultures albeit to loving parents who provide them with much improved circumstances.

The main message from the literature is that intercountry adoption delivers predominantly successful outcomes for children in all aspects of their development. The largest studies report that the great majority

of children achieve at least national norms in relation to their development. They often under perform when compared with children from families of similar socio-economic status to their adoptive parents. Studies of smaller clinical populations indicate that adopted children are more likely to be referred to child guidance services.

The key ethical argument is about the current focus of much intercountry adoption practice. Many authorities contend that the focus is not clearly and completely where it should be – on the best interests of children, with the assumption that in all but the most serious circumstances they should be cared for by their parents. They maintain that the disparities in economic circumstances between countries and families of origin on the one hand, and receiving countries and adoptive parents on the other, can distort this principle and allow the agenda of prospective adopters and adoption agencies to dominate. There is widespread agreement that intercountry adoption has a role to play in international child welfare where countries, for a range of reasons, are unable to provide good enough care for some of their children.



CHAPTER 2
DESIGN & METHODOLOGY

Chapter 2: Design & Methodology

This chapter describes how the study was carried out. Firstly, the chapter details how the sample for the study was drawn and the process of recruitment of 180 families into the study. Following this, the profile of children in the sample (in terms of age, gender and country of birth) is outlined. Analyses of response rates and a comparison of the achieved sample with those families who did not wish to participate indicate the extent to which the findings of the study can be generalised to the population as a whole. The chapter then proceeds to describe the fieldwork process and research methods employed. Included in these sections are a description of the assessment measurements and interview schedules used with children and their parents, and the ethical principles inherent in the research. Following this, a detailed profile of the 180 families is provided.

The chapter concludes with a description of additional stages of the research, which sought to elucidate the perspectives of key groups. These included a sample of young adults who had been internationally adopted, teachers of children in the main sample, committee members of support groups, and Principal Social Workers, and Social Workers working in the area of intercountry adoption. The approach and methods employed with each of these groups are described.

Sampling Strategy

For the main part of the study, the aim was to recruit a *simple random sample* of 180 children who had been internationally adopted into Ireland from other countries, and their parent(s). A simple random sample ensures that the sample is truly representative of the population from which it was drawn, and so the findings based on the sample can be generalised to the population as a whole. A simple random sample also ensures that every individual within the population has an equal and independent probability of being selected into the sample, thereby yielding a sample that is theoretically representative of the population from which it was drawn. By 'independent', we mean that the selection of any one individual in no way influences the selection of any other.

The starting point for the selection of a sample for participation in the research was a descriptive analysis of the population of children who have been adopted into Ireland from other countries. In order to do this, a database containing details of all children who have been adopted into Ireland from other countries was compiled, based on both the Register of Foreign Adoptions and the Adopted Children's Register³. Given that children adopted from certain countries cannot be registered on the Register of Foreign Adoptions, it was necessary to consult the Adopted Children's Register⁴. All entries into this Register from 1980 until the end of August 2005, where children's country of birth is outside Ireland, were consulted. On the basis of information received from the Adoption Board that the entries for a number of countries (e.g. United Kingdom, Germany) were most likely step-parent adoptions, a decision was taken to exclude children from such countries. Children on the Adopted Children Register from the following countries were included: Guatemala, Paraguay, India, Japan, Uganda, Chile, and Venezuela. Combining these children, and all children entered into the Register of Foreign Adoptions (1991 to 2005), the final database consisted of 2817 children and young people who had been adopted from 42 countries. The database takes account of adoptions registered before the end of August 2005.

Before the sample was drawn, there were a number of additional considerations. One important criterion for inclusion in the study was that the children have been in Ireland for *at least one year*. The rationale behind

3 Under the 1991 Adoption Act parents are not obliged to enter the adoption of their child in the Register of Foreign Adoptions.

4 Children adopted from countries where adoption legislation has been recognised as being on par with Irish adoption legislation may be entered on the Register of Foreign Adoptions. For countries whose adoption legislation is not recognised as being on par with Irish adoption legislation, parents may apply for an Irish Adoption Order which would then, if the necessary conditions have been met, be eligible for entry in the Adopted Children's Register.

this was to allow for a passage of time, during which adopted children and their parents will have had the opportunity to adjust to the major life transitions they have experienced, and to develop relationships with each other. As one purpose of the study was to examine developmental outcomes, assessing children and their families who have not had time to settle would have yielded findings of limited value. This is also in line with best research practice reflected in previous studies on intercountry adoption [e.g Rutter's (United Kingdom) & Ames' (Canada) Studies].

On the basis of this criterion, all children whose adoptions were effected after September 2004 were removed from the population. This resulted in the removal of 246 children, thereby reducing the size of the population to 2571. Of the children removed, the majority came from Russia (34%), Vietnam (30%), China (16%) and Ethiopia (6.5%), and almost all of these children were under five years of age. The predominance of children from Russia, Vietnam and China among this group of children reflects the dominance of certain countries from which children were being adopted into Ireland at that time.

Following the removal of step-parent adoptions and children whose adoption had been effected since September 2004, the resultant population comprised 2571 adopted children, from 42 countries. Finally, before the simple random sample of children and their families were drawn, children on the Register who were over 18 years of age were taken out and considered a separate group of young adults. (The recruitment process for this stage of the study is described later). Thus, the simple random sample was drawn from 2531 children in the Adoption Registers. The following tables provide a description of the total population of children adopted into Ireland (under and over 18 years), from which the sample for the current study has been drawn.

Table 2.1: Age & Gender of Population of Children internationally adopted into Ireland

| Age Category | Frequency | Percent |
|--------------------------------|-------------|----------------------------|
| 1 year* to 4 years 11 months | 888 | 34.5 |
| 5 years to 12 years 11 months | 1083 | 42.1 |
| 13 years to 18 years 11 months | 561 | 21.8 |
| 19 years + | 39 | 1.5 |
| Total | 2571 | 100 |
| Male: 46.7% (1200 boys) | | Female: 53.3% (1371 girls) |

* As a result of the exclusion of children who been in Ireland less than one year, the youngest child included in the population is one year (at September 2005)

Table 2.2: Country of Birth of Population of Children internationally adopted into Ireland, from which Sample is drawn

| Country of Birth | Frequency | Percent |
|---|--------------------------------|------------|
| Romania | 802 | 31.2 |
| Russia | 689 | 26.8 |
| China | 224 | 8.7 |
| Vietnam | 161 | 6.3 |
| Guatemala | 154 | 6.0 |
| Belarus | 144 | 5.6 |
| Kazakhstan | 100 | 3.9 |
| Thailand | 65 | 2.5 |
| Ukraine | 40 | 1.6 |
| Ethiopia | 31 | 1.2 |
| India | 28 | 1.1 |
| Brazil | 21 | 0.8 |
| Columbia | 16 | 0.6 |
| Mexico | 15 | 0.6 |
| Paraguay | 13 | 0.5 |
| Taiwan | 8 | 0.3 |
| Bulgaria | 7 | 0.3 |
| Canada | 7 | 0.3 |
| USA | 6 | 0.2 |
| Indonesia, Peru, Philippines | 12 | |
| | (4 children from each country) | 0.6 |
| Jersey, Sri Lanka, Rwanda and Chile | 12 | |
| | (3 children from each country) | 0.4 |
| Uganda | 2 | 0.1 |
| Zambia, Israel, South Korea, Bolivia, Germany, Liberia, El Salvador, Kenya, Ecuador, Bosnia & Herzegovina, Malawi, Japan, Zimbabwe and Venezuela | 14 | 0.5 |
| | (1 child from each country) | |
| Total | 2571 | 100 |

Each child in the population database of 2531 children was assigned a random number by the computer. The random numbers were then placed in ascending order, starting with the child who had been assigned the lowest random number (0). In this way, the first 180 children on the list were selected as the random sample from the population of children, as described in Tables 2.1 and 2.2 above. The children and their parents were invited by letter to participate in the study. When families either refused to participate or did

not respond to our invitation after a certain time had lapsed, an invitation was sent to the next family on the list. This process continued until 180 children and their parents had been recruited into the study.

Recruitment of Families & Response Rate

Recruitment of families began in January 2006 and fieldwork was conducted between January and September 2006. A "Letter of Invitation", which included a brochure with details of the research and what participation would entail, was sent by registered post to the families of children who had been randomly selected from the Foreign Adoption Register and Adopted Children's Register, as described in the previous section. Parents and children were invited to phone, e-mail or write to the research team to find out more about the study and what participation would involve. At this stage, they could also confirm whether they wished to take part in the study or not.

When work on this research project commenced, e-mail and telephone contact was undertaken with many of the stakeholder and adoptive parent support groups to inform them about the study. Updates regarding the study were regularly provided for support group Newsletters and on the Adoption Board website, in the hope that at least some families would be aware that the study was ongoing, and might be interested in taking part if invited.

In total 346 invitations were sent out. As the letters were sent by registered post, where families were no longer living at the address that we had obtained from the Adoption Registers, the letters were returned to the Children's Research Centre. Fifty-eight letters were returned to the Children's Research Centre. The assistance of the Department of Social and Family Affairs was sought and they agreed to forward letters on our behalf to these families at their new address. Fifty-six of the 58 families were followed up in this way, suggesting that two families were not registered for the purpose of claiming Child Benefit, or had perhaps moved abroad. Thus, 344 invitations were issued and all of those reached the families as intended.

Analysis of the profile of children and their families who were invited into the study are detailed in the Tables 2.3 and 2.4 below. In both tables, the columns on the right indicate the percentage of children in the population corresponding to each age category and country of birth. Percentages in the population and invited sample are broadly similar, indicating that the sample of families *invited* into the study is representative of the population. Statistical analysis has indicated that any slight differences that are present are not statistically significant and have occurred by chance.

Table 2.3: Age of Children Invited into the Study (n = 344)

| Age in Years | Number | Percent of Invited Sample | Percent of Population |
|----------------|------------|---------------------------|-----------------------|
| 2 – 4 years | 126 | 36.6 | 34.2 |
| 5 – 7 years | 85 | 24.7 | 23.6 |
| 8 to 12 years | 63 | 18.3 | 18.4 |
| 13 to 18 years | 70 | 20.3 | 23.8 |
| Total | 344 | 100 | 100 |

Table 2.4: Country of Birth of Children Invited into the Study (n = 344)

| Country of Birth | Frequency | Percent of Invited Sample | Percent of Population |
|------------------|-----------|---------------------------|-----------------------|
| Russia | 104 | 30.2 | 26.8 |
| Romania | 102 | 29.7 | 31.2 |
| China | 25 | 7.3 | 8.7 |
| Vietnam | 24 | 7.0 | 6.3 |
| Guatemala | 24 | 7.0 | 6.0 |
| Kazakhstan | 16 | 4.7 | 3.9 |
| Belarus | 16 | 4.7 | 5.6 |
| Thailand | 9 | 2.6 | 2.5 |
| Ukraine | 7 | 2.0 | 1.6 |
| Mexico | 4 | 1.2 | 0.6 |
| Paraguay | 4 | 1.2 | 0.5 |
| Ethiopia | 3 | 0.9 | 1.2 |
| Brazil | 2 | 0.6 | 0.8 |
| Columbia | 1 | 0.3 | 0.6 |
| India | 1 | 0.3 | 1.1 |
| Sri Lanka | 1 | 0.3 | <0.1 |
| Japan | 1 | 0.3 | <0.1 |

Of the 344 invitations, 70 families wrote or telephoned to say they were not willing to participate in the research, a further 94 families did not respond to our letter (164 in total). Where families were interested in the research, they either telephoned or returned their contact details to the researchers. Following the receipt of a positive reply, telephone contact was made with parents to discuss participation and organise interview times. During these initial phone calls with families a variety of topics were addressed including: the purpose of the research and its potential value and/or use; details on how the interviews would be conducted and the possible impact on children; confidentiality of the information; how the Children's Research Centre had been given access to their names and addresses; whether results from the developmental measures undertaken with their child would be shared with them; professional qualifications of researchers; and whether the research would have a role in counteracting the negative media portrayal of intercountry adoption.

In this way, 180 families were recruited into and participated in the study. This represents a positive response rate of 52%. It should be noted that the invitations were not sent at one time – rather they were sent in 13 separate batches, depending on the number of positive or negative replies that were received from the previous batch. Thus, the recruitment process was ongoing throughout the fieldwork stage.

Table 2.5: Responses to Letter inviting Families to participate in the Study

| Responses to Invitation | Number | Percent |
|-------------------------|------------|------------|
| Agreed to Participate | 180 | 52 |
| Refused to Participate | 97 | 28 |
| No Response | 69 | 20 |
| Total | 346 | 100 |

Profile of Children in the Study

The final achieved sample was made up of 180 children who had been adopted into Ireland from other countries, and their parents. The sample included 9 families where sets of siblings had been drawn – these family visits involved interviews and assessments with two or three children, and with the parents regarding *each* of the children.

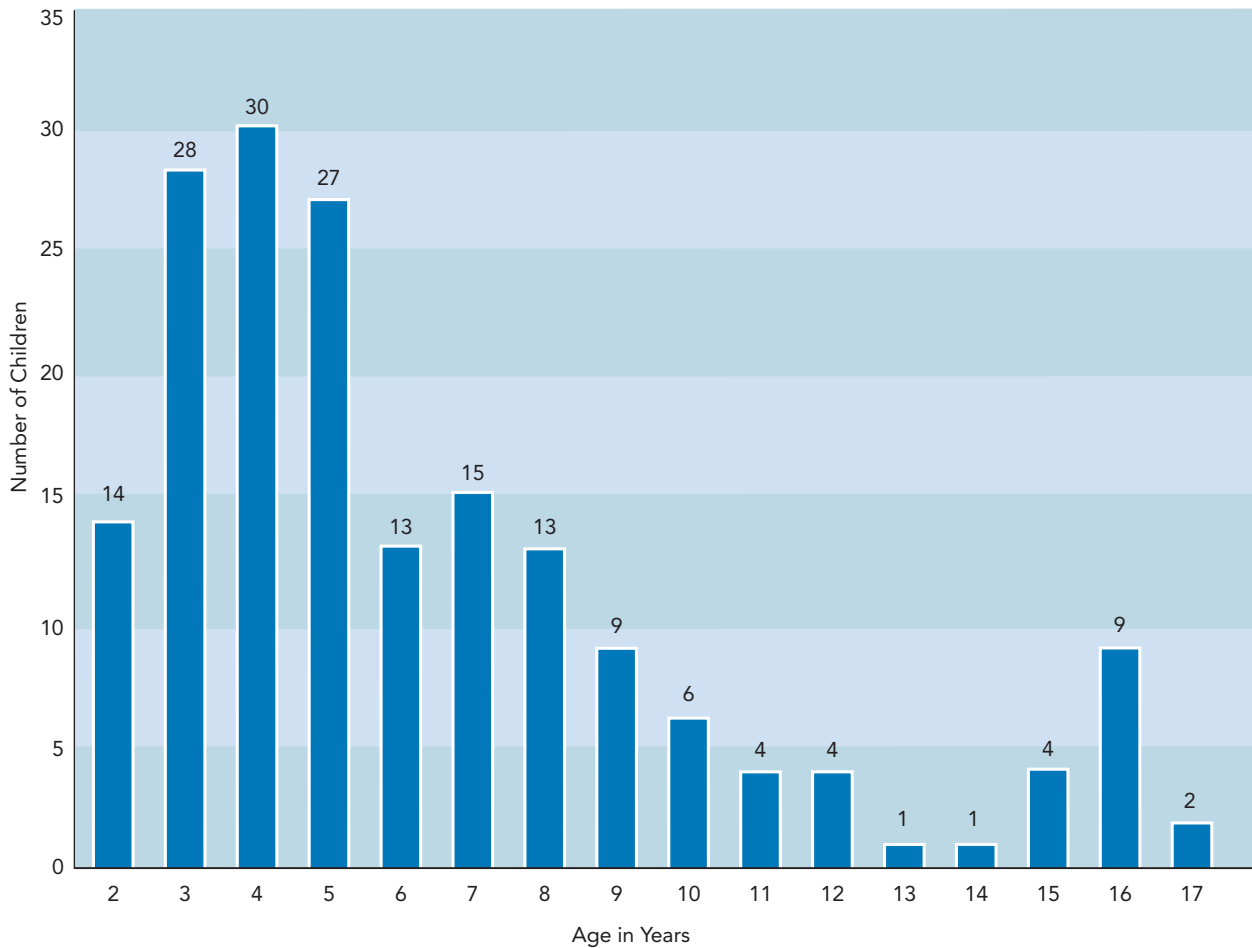
Age & Gender of Children

One hundred and eighty children and teenagers, and their parents were recruited and participated in the study. The children ranged in age from 2 to 17 years, and were broadly categorised into four age groups: 2 - 4 years, 5 – 7 years, 8 – 12 years, and 13 – 17 years. The sample is categorised in this way, as different methods of assessment and interviewing were required for children of different ages, although there were many similarities in the methods used across the older age categories. The mean age of the children was 6.85 years (standard deviation = 3.8). Over 90% of the participants were under 12 years of age, with over half of the sample in the five to twelve age range, and almost one-third between five and seven years. Ninety-seven girls (53.9%) and 83 boys (46.1%) participated in the study. These proportions are similar to the gender breakdown in the population.

Table 2.6: Ages of Children in Study by categories

| Age in Years | Number | Percent | Percent in Population |
|---------------|------------|------------|-----------------------|
| 2 – 4 years | 72 | 40.0 | 34.2 |
| 5 – 7 years | 55 | 30.6 | 23.6 |
| 8 – 12 years | 36 | 20.0 | 18.4 |
| 13 – 17 years | 17 | 9.4 | 23.8 |
| Total | 180 | 100 | 100 |

Figure 2.1: Ages of Children in Study, by individual age.



Country of Birth of Children

Fifteen countries were represented in the sample. One-third of the children were adopted from Russia, and almost one-fifth from Romania. The table below illustrates the country-of-birth breakdown of the sample achieved. For the purpose of comparison, the column on the right shows the percentage of children from the population, who have been adopted from each country.

Table 2.7: Country of Birth of Children in the Study

| Country of Birth | Frequency | Percent of Sample | Percent of Population |
|------------------|-----------|-------------------|-----------------------|
| Russia | 63 | 35.0 | 26.8 |
| Romania | 34 | 18.9 | 31.2 |
| China | 21 | 11.7 | 8.7 |
| Vietnam | 13 | 7.2 | 6.3 |
| Kazakhstan | 13 | 7.2 | 3.9 |
| Belarus | 10 | 5.6 | 5.6 |
| Guatemala | 10 | 5.6 | 6.0 |
| Ukraine | 5 | 2.8 | 1.6 |
| Thailand | 4 | 2.2 | 2.5 |
| Ethiopia | 2 | 1.1 | 1.2 |
| Columbia | 1 | 0.6 | 0.6 |
| Brazil | 1 | 0.6 | 0.8 |
| India | 1 | 0.6 | 1.1 |
| Mexico | 1 | 0.6 | 0.6 |
| Paraguay | 1 | 0.6 | 0.5 |

Comparison of Sample & Population

As indicated previously, the profile of the families who were *invited* into the study was similar to the population, with regard to the age and country of birth of children. Therefore, it is considered that the profile of families that were invited into the study was representative of the population as a whole. However, comparison of the sample that was eventually achieved and the population indicates four important (and somewhat related) differences. One highly significant difference between the sample and the population related to low levels of participation among the teen-aged group. Specifically, where 23.8% of the population was aged between 13 and 18 years, a significantly lower proportion of the sample - 9% - belonged to this age category. In contrast, a significantly higher proportion of younger children (age 2 to 4 years) participated in the study than may have been expected (40% in the sample compared with 34% in the population). In terms of country of birth, a significantly lower proportion of children adopted from Romania participated in the study than would have been expected. This no doubt relates to the lower proportion of teen-aged participants, given that the majority of teenagers who have been adopted into Ireland have come from Romania. Finally, the proportion of children adopted from Kazakhstan who participated in the study was significantly higher than would be expected.

Table 2.8: Significant Differences between Sample and Population

| | Percent of Sample | Percent of Population |
|------------------------------|-------------------|-----------------------|
| Age Category: 2 – 4 years | 40.0 | 34.2 |
| Age Category: 13 - 18 years | 9.2 | 23.8 |
| Country of Birth: Romania | 18.9 | 31.2 |
| Country of Birth: Kazakhstan | 7.2 | 3.9 |

Profile of Non-responding and Refusing Families

Given the differences that have emerged between the sample and population, as illustrated above, it is important to consider that the profile of families who *refused* to participate in the study, or who *did not respond* to the invitation represent a specific group, that are distinct from the profile of families that did opt into the study. In order to examine this further, a direct comparison of families who participated in the study (n = 180) and families who refused to participate or did not respond (n = 164) was undertaken. The table below illustrates differences in response rates according to the age of the children.

Table 2.9: Differences in Response Rates according to the age category of the children

| Age Category | Total Number | Number Participated (%) | Number Refusal/ Non-response (%) |
|---------------|--------------|-------------------------|----------------------------------|
| 2 – 4 years | 126 | 90 ⁵ (71%) | 36 (29%) |
| 5 to 7 years | 85 | 43 (51%) | 42 (49%) |
| 8 – 12 years | 64 | 30 (47%) | 34 (53%) |
| 13 - 18 years | 69 | 17 (25%) | 52 (75%) |
| Total | 344 | 180 (52%) | 164 (48%) |

Differences between response rates among the youngest and oldest age groups were highly significant. Thus, rates of refusal were significantly higher among the teen-aged group, while rates of refusal were significantly lower among the families with children younger than 5 years – over 70% of families with children in the youngest age group agreed to take part in the study, while less than a quarter of the families with teenagers agreed to participate. Related to this, the only difference in terms of country of birth between those families who refused to participate and those who agreed to participate was that a higher proportion of families who had adopted from Romania did not choose to participate in the study. Of the 102 families who had adopted from Romania who were drawn in the random sample, only 34 families participated in the study.

5 The age profile of the achieved sample in Table 2.9 indicates only that 72 children fitted into the youngest age category by the time they participated in the study. Thus, while 90 children were under 5 years of age when the sample was initially drawn, 18 children had moved into the 5 – 7 years age category by the time they had actually participated in the study. This discrepancy can be explained by the time lapse of up to one year that had occurred between drawing the sample from the population (end August 2005) and the end of the fieldwork (September 2006).

From the analysis it appears that families who had an teenager and who had adopted from Romania were less likely to take part. Given the close relationship between the two (over 60% of children who have been adopted from Romania into Ireland are now in the teenage years), it is difficult to tease out which of the factors (being an teenager, or having been adopted from Romania) has contributed to the decreased likelihood of participation in the research.

Reasons for Non-Participation

The reasons why families choose to not participate in study are of great importance, and may be related to the research questions and outcomes of interest. For example, it is possible that families who are experiencing particular difficulties or who have had negative experiences do not wish to examine or re-visit their experiences by taking part in research. On the other hand, as children get older, the issue of adoption may not continue as a salient feature of family life, and so families may not wish to become involved in a study of this sort. Furthermore, as children get older, they themselves may not wish to become involved in research, even if their parents wish to do so. These various reasons may help to explain why more families with younger children and fewer families with older children took part.

In order to elicit further information on these issues, a questionnaire was sent to the families who refused to participate, or who did not respond to our letter of invitation (this does not include families where our letters were returned to us, as we did not have addresses for these families, or families who had telephoned to indicate their reasons for not wishing to take part). This brief survey was completed anonymously and requested families to select from a checklist, their reason(s) for not taking part. This checklist was developed following numerous telephone conversations with parents who had contacted the researchers to state that they did not want to take part in the study. Sixty-eight non-participating families have indicated to us their reasons for not wishing to take part in the study. In particular, 12 families indicated that their child specifically did not wish to become involved in the study – this may help to account for the higher response rate among the younger children, and the lower response rate among the older children.

Table 2.10 below illustrates the various reasons that families had for not wishing to participate in the study. As can be seen from the table, the most common reasons included that families were too busy at the time, parents did not want their child to be involved in the research, the family was currently coping with a difficulty (e.g. bereavement, problem relating to their child), and that families just wanted to get on with family - life and not emphasise the issue of adoption in their family.

Of particular concern is the finding that 17 families did not wish to be part of the study because they were experiencing a number of family difficulties (although not all of these difficulties related to the child). Given that one aim of the study is to explore the adjustment of children following their adoption and take account of the difficulties children and families may experience, the non-participation of these particular families suggests that the study may not have fully captured the range and extent of difficulties that families experience. On the other hand, ten families indicated that adoption was no longer a salient aspect of their family life and they were just getting on with life "as normal", suggesting that they were not experiencing any particular difficulties.

Table 2.10: Reasons for not Participating in the Research

| Reason for not Participating in the Research | Frequency |
|---|-----------|
| Too busy at the moment | 20 |
| Parents did not want child to be involved in research | 19 |
| Too much stress in family at the moment/Family currently coping with difficulty | 17 |
| Child did not wish to take part | 12 |
| Want to get on with normal life and not emphasise adoption part of our family life | 9 |
| Not available for interview due to being in preparation for another assessment/having just completed another assessment | 8 |
| Information relating to adoption experience too private/Interview too intrusive | 5 |
| Negative media reporting of Intercountry Adoption | 5 |
| Previous negative experience with agencies | 3 |
| Not trusting information will be confidential | 3 |
| Research not necessary | 1 |
| Adoption experience so positive, no concerns to share | 1 |

In conclusion, despite efforts to recruit a random sample that would generally reflect the experiences of the population of children and families as a whole, the findings of the study need to be considered in light of the under-representation of families with older children adopted from Romania, along with the possible reasons for non-participation.

Fieldwork Process

Two researchers conducted the interviews with each family in their homes. Most home visits lasted two to three hours. Every effort was made to arrange interviews so that both parents could be present where applicable, and to accommodate to the routines of families. Therefore, most interviews took place in the afternoon and early evening, while some were carried out at the weekend. One researcher worked with the child, while the other researcher interviewed the parents. The following sections details the research methods that were used, and the ethical considerations inherent in the fieldwork and broader research process.

Research Methods

Given the broad nature of the research questions to be addressed, a number of different data collection techniques was employed. For parents, these included in-depth semi-structured interviews, and the administration of standardised questionnaires. For the children, this involved direct assessment of developmental status through researcher observation and interaction with the child, the use of standardised psychological tests and questionnaires, and a semi-structured interview with children (over 5 years) to elicit their perspectives on adoption.

Development of Interview Schedules: Initial Consultation Phase & Pilot Study

The specific form of the interview and the assessment methods used with the children, were developed following a process that involved a number of different stages. Initially, a review of the previous research on intercountry adoption was conducted, which pinpointed the main assessment techniques and research methods that had been used in previous studies. Similar approaches were adopted when appropriate to enable comparison with other research in the area.

A number of consultation meetings also took place between members of the research team, and individuals from various support groups for adoptive parents. The aim of this consultation process was to explore issues that may be of particular salience within the Irish context, and to examine the validity of the questions that parents and children would be asked in the interviews. This initial consultation included individual interviews with parents representing PARC (Parents of Adopted Romanian Children, PNPIC (Parent Network for the Post-Institutionalised Child), Thai Adoption Group, Ukrainian Kids and Irish Chinese Contact Group, and with individual parents who had adopted from Kazakhstan, Belarus and Russia. Individual interviews were also carried out with children who had been adopted from Romania. In addition, through e-mail and telephone, contact was made with the Ethiopian Adoption Group and the International Adoption Association (IAA). Interviews were also conducted with social workers, including Principal Social Workers, Team Leaders, and Social Workers. Consultation took place with the Council of Irish Adoption Agencies through attendance at Council meetings.

An Advisory Group was set up to offer ongoing expertise to the Study Team at all stages of the research. The Advisory Group membership included representation of stakeholders in the adoption process, i.e. adoptive parents, children who had been adopted through the intercountry process, professional social workers, the Adoption Board, and a representative with research experience in intercountry adoption who is currently employed at another third level institution in Ireland. Ongoing consultation was also carried out with Professor Richard Sullivan, from the School of Social Work at the University of British Columbia in Canada. During the design phase of the study, the Advisory Group met with the research team to offer feedback on the interview schedules, assessment tools and proposals for the recruitment process. The Study Team also had regular meetings with the Implementation Group for the Study, which had been established by the Adoption Board. This Implementation Group included expertise from professionals with an interest in the area, adoptive parents, and members of the Adoption Board. Feedback and advice from the Implementation Group and the Adoption Board was incorporated into the design of the interview schedules.

Following the design of the interview schedules, and the selection of the assessment tools and questionnaires, a pilot study was initiated to test the feasibility of the approach. Twelve families were recruited through support groups, through contacts from members of the Advisory Group and through social workers involved in adoption. Families who had adopted from Belarus (2), Romania (2), Russia (3), Vietnam (1), Brazil (1), Guatemala (1), Ukraine (1) and Thailand (1) participated. Four families with children in each of the three age categories were interviewed. Developmental measures and tests were undertaken with all children. Following the pilot study, parents and children were invited to give feedback to the research team in relation to the appropriateness of the questions and structure of the interviews. Their reflections were incorporated into refinements of the interview and assessment techniques.

Child Assessment Tools & Interview

A variety of research methods and tools was used to collect information on the children's development and how they were getting on at school and at home. Given the broad age range, not all tests and questionnaires were appropriate for all age groups – therefore it was necessary to use different approaches and different assessment tools with children of different ages. Furthermore, it was appropriate that the amount of time that researchers had to work with younger children was considerably shorter than with older children, given that the younger would become fatigued and disengaged more quickly. Notwithstanding this however, some common tools and methods were used across the different age categories. The table below indicates which methods and tools were used across the different age categories. A brief description of each test and method follows.

Table 2.11: Assessment Tools and Methods used with Children of Different Ages

| Assessment Tool/ Questionnaire/ Interview | 2 to 4 years | 5 to 7 years | 8 to 12 years | 13 to 17 years |
|---|--------------------------|--------------------------|---|--|
| Denver Developmental Assessment | <input type="checkbox"/> | | | |
| British Picture Vocabulary Scale | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard Progressive Matrices | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Measurements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drumcondra Primary Reading Test | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rating of Language Comprehension/Production | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME Inventory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (Up to 15 years) |
| Piers-Harris Self-Concept Scale | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Strengths & Difficulties Questionnaire (Child Self- Report) | | | <input type="checkbox"/> (From 11 years) | <input type="checkbox"/> (Up to 16 years) |
| Inventory of Parent & Peer Attachment | | | | <input type="checkbox"/> |
| Brodzinsky Openness Questionnaire | | | | <input type="checkbox"/> |
| Semi-Structured Interview | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Denver Developmental Assessment (II): used to assess the developmental status of children less than 5 years of age. The Denver II is designed to provide a general idea of development in four domains of functioning, determine whether children's development is proceeding at the expected rate given their chronological age, screen asymptomatic children for possible problems, and monitor children at risk for developmental problems (Frankenburg et al., 1992). The following areas of function are assessed: personal-social, fine motor-adaptive, language and gross-motor. Children's performance on various age-appropriate tasks is assessed through observation, interaction with the researcher and parent-report. The value of the assessment is to provide an organised impression of a child's overall development in relation to their chronological age. Conventional scoring of Denver II entails categorizing the child's test performance as either "normal," "suspect," or "untestable." Classification is based on the number of items the child fails (or refuses to complete) that are below the level expected for his or her age (Frankenburg et al., 1992). The

Denver Developmental Assessment is one of the most widely used screening instruments for infants and young children (Borowitz & Glascoe, 1986); and has been used in other studies of intercountry adoption (e.g. Rutter & ERA study in the UK). The researchers were trained in the use of this assessment tool.

British Picture Vocabulary Scale: used to assess children's receptive vocabulary for English, and shows the extent of English vocabulary acquisition (Dunn, Dunn, Whetton & Burley, 1997). Additionally, the BPVS-II may be viewed as a screening test of scholastic aptitude (verbal ability or verbal intelligence). While not a perfect predictor, vocabulary has been found to be a reliable index of school success and vocabulary subtests have been found to be among the most important contributors to comprehensive tests of intelligence (Elliott, 1990). Moreover, since the scale does not require verbal responses or writing or reading, it can be used with children with disabilities or speech difficulties, and non-readers. The task employs a multiple-choice form, where children are presented with four simple black and white illustrations on a page, and the task is to select the picture considered to best illustrate the meaning of the target word that is presented orally by the examiner. Raw scores are converted into standardised scores, based on normal scores developed on a British sample.

Standard Progressive Matrices: used to measure children's ability to form perceptual relations and to reason by analogy, independent of language and verbal skills (Raven et al., 2000). It is considered to be a reliable measure of general intelligence. The test consists of 60 items. Each item contains a figure with a piece missing. Below the figure are either six or eight alternative pieces to complete the figure, only one of which is correct. Each item requires the person to form perceptual relations and to reason by analogy to choose the correct missing piece. Norms are available for British children between 6 and 16 years of age.

Physical Measurement: In line with other large studies of intercountry adoption, measurements of children's height, weight and head circumference were taken.

Drumcondra Primary Reading Test (reading vocabulary sub-scale): used to assess English word comprehension. The test is standardised for children in Ireland in primary school. Scores on the reading vocabulary sub-scale are closely related to Total Reading Scores, which are based on three sub-scales: Word Analysis, Comprehension and Reading Vocabulary. However, due to time-constraints, one sub-scale was chosen for the administration in the present study. There were a large number of refusals and incomplete performances on this test and the results are not reported here.

Rating of Language Comprehension and Production: Following training with a speech and language therapist, the researchers rated and described children's language comprehension and production. Ratings were based on the observations of the researcher and his/her interactions with the child throughout the home visit. However, it should be noted that children's language comprehension and production is also assessed both as part of the Denver assessment (younger children) and using the British Picture Vocabulary Scale.

HOME Inventory: Home Observation for Measurement of the Environment (Caldwell & Bradley, 1984) aims to measure the types of parental stimulation and behaviours in the home setting that support children's development. The HOME has been used widely across the world, and in other studies of international adoption. The purpose of HOME is to understand the child's experiences, prospects, and the kind of life

each child leads in his closest surroundings. Four separate HOME versions were used in the study, depending on the age of the child. Through parent-report and observation, the child's environment is rated on factors such as provision of appropriate play materials, variety in experience, parental responsiveness and acceptance, provision of learning and language stimulation, encouragement of social maturity, and education and school related activities, physical environment, family participation, and regulatory activities.

Piers-Harris Self-Concept Scale II: used to examine children's self-concept, and feelings/thoughts about themselves in terms of their physical appearance and attributes, intellectual and school status, freedom from anxiety, behavioural adjustment, popularity and happiness and satisfaction (Piers & Herzberg, 2002). The Piers-Harris Self-Concept Scale is widely used, and has good reliability and validity.

Strengths & Difficulties Questionnaire – Self-Report: used to assess children's perceptions of their own behaviour and emotional adjustment (Goodman, 1997). The self-report questionnaire covers common areas of emotional and behavioural difficulties, such as conduct problems, hyperactivity, emotional symptoms and peer problems, and also includes a section on prosocial behaviour. (Teacher and parent-versions were also used in the study).

Inventory of Parent & Peer Attachment: used to assess teenagers' perceptions of the positive and negative dimensions of relationships with their parents and close friends, and how well these figures serve as sources of psychological security (Armsden & Greenberg, 1987).

Brodzinsky Openness Questionnaire: used to assess teenagers' views about the degree of openness and communication that exists between themselves and their parents about adoption and adoption-related issues. The questionnaire has only recently been developed by Brodzinsky, a leading researcher in the field of adoption research (Brodzinsky, 2006).

Semi-Structured Interview: In addition to these assessment tools addressing children's development in various domains (social, intellectual, behavioural, physical, language), a qualitative interview was carried out with children in the early/middle childhood and teen age categories. The interview was semi-structured in nature so that while key issues were addressed, participants were given scope to relate their own perspectives and experiences about adoption. Following initial introductory questions about family, school, after-school activities and friends, the children and young people were asked about their understanding of adoption and what it meant to them. Where appropriate, issues such as country of birth, birth family and identity were further explored. Given the highly sensitive and private nature of the topic, the researchers were cognisant at all times of the child's willingness and openness to discuss various issues. Further probing around issues only occurred when appropriate.

Parent Interview & Questionnaires

A semi-structured interview was carried out with parents, along with the administration of the two standardised questionnaires. The following topics were addressed in the parental interview:

1. Basic Demographic Information about Parents & Family
Including Parent's Age, Family Structure, Education and Employment Status of Parent(s), Religion, Number of Children, Ages, Gender, Adopted/Birth/Foster Children

2. Application, Preparation & Assessment Process
Including Gathering Information, Application Process, Waiting Times, Experiences of Preparation Course and Home-Study Assessment
3. Motivation & Decision-Making in Adoption
Including Motivation to Adopt and Choice of Particular Country
4. Adoption Process
Including Referral Stages, Travelling, Meeting Child, Initial Transition Period
5. Post Adoption Adjustment and Experiences of Parents and Children
Including the availability and use of services, satisfaction with services, parental report of child's progress at home and in school, the development of the parent-child relationship
6. Openness Within Families in Relation to Adoption
Including how birth families, country of birth, and past experiences are being included in children's and families' lives
7. Experiences of Racism or Prejudice in Relation to Racial Differences or Adoptive status.
8. Parent's Perspectives on Service Provision and Developments for the Future

In addition two standardised, widely-used questionnaires (Parenting Stress Index and Strengths & Difficulties Questionnaire) were given to parents.

Parenting Stress Index: This questionnaire assesses the parent's sense of competence in relation to his/her role as a parent, parental motivation to fulfill the parental role, parent's isolation and availability of support to the parent. In addition, the scale taps into six characteristics of the child, which may induce stress in the parent-child system: distractibility/ hyperactivity, adaptability, reinforces parent, mood and acceptability. This standardised questionnaire is the most widely used index of parenting stress. There are two separate versions, one for parents of children under 12, and one for parents with teenagers (Abidin, 1995).

Strengths & Difficulties Questionnaire – Parent-Report: used to assess parent's perceptions of their child's behaviour and emotional adjustment. The questionnaire covers four areas of emotional and behavioural adjustment, including conduct problems, hyperactivity, emotional symptoms and peer relationship problems. A number of questions also address children's positive pro-social behaviour. It is appropriate for use with parents of 3 to 16 year olds (Goodman, 1997).

Due to time constraints however, these questionnaires were left with parents to return in a stamped-addressed envelope to the research team. In most families, both mothers and fathers were each given a questionnaire to complete. In total, 146 families returned their completed Parenting Stress Indices, representing a 81.1% positive response rate. The SDQ was given to 163 sets of parents – in 17 families, the measure was not appropriate given the age of their child (under 3 or over 16). The response rate for the return of this questionnaire was 86.5% (141 out of 163 questionnaire returned, 22 not returned). Return rates for mothers and fathers were similar.

Methodological Considerations in Interviewing Children

Researching children's experiences through interviews presents a number of methodological challenges, and several factors that underpin the interview situation need to be given special consideration when working with children.

The age of the child is generally understood as the key factor when interviewing children; however, it is more important for the researcher to be aware of the child's ability as opposed to their chronological age. Questions directed to the child need to be developmentally appropriate and specifically tailored to each child's level of understanding. Children's receptive language ability must be taken into consideration when interviewing, as young children may have difficulty understanding metaphors and abstract ideas (Greene & Hill, 2005). Expressive language ability is also a factor when children are answering questions; children may answer: "I don't know" if they do not have the ability to express what they are thinking or feeling. Children are also capable of deceit, and may make up stories during the interviews either to avoid the topic, to avoid telling the truth or to impress or amuse the researcher (Greene & Hill; 2005). Closed questions should be avoided where possible, as children are more likely to answer "no", if they do not understand the question. Open-ended questions tend to yield longer responses with more details. Researchers must also be careful to avoid leading questions such as "Were you happy?" as children may be more susceptible to suggestion from adults (Greene & Hill, 2005; Waterman, Blades & Spencer; 2001).

Another important factor that may influence the interview situation lies in the power differential that typically exists between adults and children in everyday life. In various roles, (e.g. parents, teachers) adults have authority over children. This unequal distribution of power in adult-child interaction may affect the interview situation. The child may find it difficult to disagree with the researcher or may be shy in saying things which they think may be deemed unacceptable. Because of some experiences in everyday life children may find it difficult to realise that researchers are there to take their views seriously (Cloke, 1995; Greene & Hill, 2005). Finally, the interview setting also represents an important factor in interviewing children, as children behave differently in different situations and settings. Interviewing a child in an environment in which s/he is comfortable is vital. In almost all cases in the present study, children were interviewed in their own home.

Ethical Issues

The research was conducted in accordance with the Ethical Guidelines for conducting research with children, as outlined by the Children's Research Centre, Trinity College Dublin (see www.tcd.ie/childrensresearchcentre). These guidelines were derived from a number of core values including commitment to the well-being of the participants involved in the research process, commitment to doing no harm to participants, commitment to the rights of those involved, and being child-centred in its approach to research, listening to children, and treating them in a fair manner. The principle of voluntary, informed consent was a central aspect of the recruitment process. As part of the recruitment process, and through the distribution of leaflets and letters to prospective participants, parents were informed of the nature of the research, what participation would entail and what would happen to the information collected during the interviews. Parents were encouraged to discuss the research with their children beforehand to ensure that children could also make a decision about whether they wanted to participate.

At the beginning of the home visit, parents signed consent forms indicating their willingness to be interviewed. They were assured that their details would be treated confidentially and not shared with any third party. Although the information they provided during the interview would be used in the study, the information would be disguised to maintain anonymity. Parents also signed consent forms indicating their willingness to allow the researcher to interview their children. Parents were informed that information received during the child's interview would not be discussed with them, except in the event that the child

disclosed information indicating that their safety was in question in some way. However, this discussion with the parent would not take place without prior discussion with the child and the researcher's supervisors.

A similar consent procedure operated with the children (over 5 years). They were informed that all information would be treated confidentially, and any identifying information would be changed in the dissemination of research findings. It was emphasised to the children that the information they supplied would not be discussed with their parents, except if they revealed information indicating that their safety was under threat (e.g. disclosure of child abuse). The researcher explained that if such a disclosure occurred, the issue would be addressed through discussion with relevant parties, but this would not happen without their prior knowledge.

Both before and at the end of the interview, families were informed that if the researchers noted anything of concern, which may not have been identified by parents, the researchers would bring it to their attention. At the end of the interview, families were also invited to contact the researchers if they had any questions arising from the interview process. In a small number of cases, families were contacted to discuss issues which had arisen. Also in a small number of instances, families contacted the researchers to discuss issues which had come up for them following the research interview.

Profile of Families

As stated, 170 families were interviewed for the main part of the study. This section provides details about the family context within which children were living: basic demographic information and composition of the families are provided. Details on the age, gender and country of birth of the children have been described previously in the chapter.

Family Structure

The majority of children were living in two-parent families (175). Five children were growing up in one-parent households. Three of these parents had adopted as a single person, in another case, one parent was deceased, while another parent was parenting alone following parental separation. In the majority of cases, both mothers and fathers were interviewed together (170). Five families were headed by a single parent (four mothers, one father). In five other families, fathers were not available at the time of the interview, and so mothers were interviewed alone.

Parent Age

Mothers ranged in age from 35 to 60 years, with a mean age of 44.34 years (standard deviation = 5.03). Fathers ranged in age from 36 to 69 years, with a mean age of 45.26 years (standard deviation = 5.76). Analysis of parent age according to the age category of the children indicates that parents of the younger children were younger, while parents of the older children were older.

Table 2.12: Age of parents according to Age of Children

| Age Category of Child | Mother Age in Years | | | Father Age in Years | | |
|-----------------------|---------------------|-----|-------------|---------------------|-----|-------------|
| | Min | Max | Mean (SD) | Min | Max | Mean (SD) |
| 2 – 4 years | 35 | 51 | 42.1 (3.71) | 36 | 52 | 42.6 (3.72) |
| 5 to 12 years | 45 | 56 | 45.2 (4.63) | 36 | 67 | 45.2 (5.41) |
| 13 - 17 years | 42 | 60 | 51 (6.27) | 44 | 69 | 53.5 (7.29) |
| Overall Group | 35 | 60 | 44.3 (5.03) | 36 | 69 | 45.3 (5.76) |

Religion

Over 90% of mothers were Roman Catholic, and 6% were Protestant. The remaining stated that they had no religion, or did not answer the question about religious affiliation. Eighty-six percent of fathers were Roman Catholic, and 8% were Protestant. The remainder stated that they had no religion, did not wish to identify their religion, or did not answer.

Parent Education

As indicated in the table below, as a group, both mothers and fathers had achieved high levels of education. Almost two-thirds of fathers had achieved a level of education beyond the Leaving Certificate, while just over one-third had received a primary degree or post-graduate degree. Levels of education were similar for mothers. Almost 70% of mothers had achieved a level of education beyond the Leaving Certificate, while almost one-third had received a primary degree or post-graduate qualification.

Table 2.13: Education Level of Parents

| Highest Education Level | Mothers Frequency (%) | Fathers Frequency (%) |
|---------------------------------|--------------------------|--------------------------|
| Primary | 7 (3.9) | 4 (2.3) |
| Intermediate/Group Certificate | 9 (5.1) | 21 (12.0) |
| Leaving Certificate | 39 (21.9) | 37 (21.2) |
| Vocational/Technical Training | 21 (11.8) | 11 (6.3) |
| Third Level Certificate/Diploma | 40 (22.5) | 36 (20.6) |
| Primary Degree | 28 (15.7) | 24 (13.7) |
| Post-graduate Diploma | 20 (11.2) | 17 (9.7) |
| Post-graduate Degree | 10 (5.6) | 18 (10.3) |
| Other | 4 (2.2) | 7 (4.0) |
| Total | 178 (100) | 175 (100) |

Parent Employment

In terms of employment, almost all fathers were working full time outside the home ($n = 165$; 91.7%). One father did not work outside the home, while nine fathers worked part-time. Fathers worked on average 44.5 hours per week (s.d. = 11.62).

In terms of mothers, 38% did not work outside the home ($n = 68$), 36% worked part-time ($n = 64$), and just over one-quarter ($n = 47$, 26.4%) worked full-time hours. For mothers working part time, their average number of hours per week was 20.14 (s.d. = 9.21), while mothers working full-time outside the home, their average number of hours per week was 36.68 (s.d. = 7.5). Analysis of mothers' employment status by the age categorisation of the children indicates there were no differences in the employment status of mothers according to the age of the children.

Table 2.14: Employment Status of Mothers by age of children

| Employment Status of Mother | Age Categories of Children | | | |
|------------------------------|----------------------------|------------------|-------------------|--------------------|
| | 2-4 years (%) | 5 to 7 years (%) | 8 to 12 years (%) | 13 to 17 years (%) |
| Not working outside the home | 27 (37.5) | 27 (49.1) | 8 (22.2) | 6 (37.5) |
| Part-time work | 25 (34.7) | 18 (32.7) | 18 (50) | 3 (18.8) |
| Full-time Work | 20 (27.8) | 10 (18.2) | 10 (27.8) | 7 (43.8) |
| Total | 72 (100) | 55 (100) | 36 (100) | 16 (100) |

Social Class

In accordance with the Central Statistics Office procedure for household classification of social class, the occupation of the main earner in the house (deduced by part-time/full-time and number of hours worked) was used to categorise social class of the families. The majority of families were categorised into the higher social classes, with over two-thirds of the sample representing professional workers and managerial/technical workers.

Table 2.15: Social Class Grouping of Families

| Social Class Group | Frequency | Percent |
|---|-----------|---------|
| Professional Workers | 31 | 17.2 |
| Managerial and Technical | 92 | 51.1 |
| Non-Manual | 30 | 16.7 |
| Skilled manual | 15 | 8.3 |
| Semi-skilled | 11 | 6.1 |
| Unskilled | 0 | 0.0 |
| All others gainfully occupied and unknown | 1 | 0.6 |

Number of Children

This section describes the composition of each of the households in terms of the number of siblings of children interviewed in the study. The majority of the study children had siblings in their family – 41 children had no siblings and were only children (22.8%). The mean age of these children was 5.3 years (s.d = 3.51). Over half of the parents of these children stated that they intended to adopt again. Sixty-seven of the children (37.6%) were the eldest child in their family, 49 were the youngest (27.5%), and 20 were middle children (11.2%). One set of twins was also interviewed.

In terms of the status of siblings, there was great diversity in the composition of families. Families were composed of other internationally adopted children, children adopted from within Ireland, birth siblings and foster siblings. One hundred families (55%) had adopted more than one child through intercountry adoption. In 83 of these cases parents had adopted from one country, while in 17 cases, parents had adopted children from two different countries (sometimes more than one child from each country). Overall, 85 of the children in the study were living with a sibling who had been adopted from the same country as themselves. Twenty-three of the children were living with their birth sibling or twin. The table below details the composition of families in the study.

Table 2.16: Composition of Families

| Family Composition | Frequency | Percent |
|---|-----------|---------|
| Only Child | 41 | 22.8 |
| Study Child + | | |
| Internationally adopted child(ren) | 83 | 46.1 |
| Domestically adopted child(ren) | 5 | 2.8 |
| Birth child(ren) | 27 | 15.0 |
| Foster child(ren) | 5 | 2.8 |
| Internationally adopted + Birth child(ren) | 11 | 6.1 |
| Internationally + Domestically adopted child(ren) | 7 | 3.8 |
| Birth + Foster child(ren) | 1 | 0.6 |

Further Perspectives

In addition to the main study of 180 families, further perspectives were sought from a number of different groups: young adults who had been adopted, teachers, committee members of support groups, and principal social workers (managers of the adoption services) and social work practitioners working in the area of intercountry adoption. Each of these parts of the research will now be described.

Young Adopted Adults

Access & Sample

Participants between 19 and 26 years were identified from the Foreign Adoption Register, and one young adult through a personal contact. Fifty-four letters of invitation were sent by Registered Post. Nineteen letters were returned to the Children's Research Centre, and these letters were forwarded on to new addresses by the Department of Social and Family Affairs. Seventeen of these families were followed up in this way, and two families could not be traced. Thus, 52 invitations were issued and reached the young people as intended. Twenty-two positive replies were received, which represents a positive response rate of 42%. Three people refused, and the remaining did not respond. The positive replies were followed up with phone calls to explain the purpose of the research and the nature and content of the interview, and interviews were arranged.

Of the 22 positive replies, 19 young adults were interviewed. However, due to commitments and schedules of the young people, it was not possible to arrange and conduct the remaining interviews. Therefore, interviews have been conducted with 35% of the invited sample.

Thirteen of the 19 participants were female, and six were male. Ages of the participants ranged from 19 to 28 years. In one case, the exact age of the young person could not be ascertained. Ten of the participants were adopted from Eastern Europe, while three had been adopted from South America, two from Asia and four from other countries. The age at adoption ranged from newborn to 14.75 years, with a mean age of 3.5 years (s.d. = 3.75). Two of the young adults had special needs, and one of these young people was living in a residential care setting.

At the time of the interview, eight of the young adults had completed or were attending third level education. Two young adults were undertaking apprenticeships, two young women were full-time mothers, and the remaining young people were in full or part-time employment.

Method

Semi-structured interviews were conducted, which addressed the following areas:

- Background information relating to current life circumstances
- Experience of growing up in their adoptive family
- Understanding of adoption, and how their understanding has changed over time
- Openness and communication around adoption, and how they were told about adoption
- Knowledge of personal background and circumstances, including pre-adoption experiences, birth family and country of birth
- Perceived impact of adoption on their life, including issues around trace/re-union
- Perceptions of attitudes to adoptive status, and experience of prejudice and racism relating to adoptive status/country of birth
- Supports and Services: use and experiences of supports and services, and perceived need for support in the future

Procedure

Interviews were carried out in the young person's home, the Children's Research Centre, or a neutral venue (such as a hotel). These interviews were conducted in accordance with the same ethical procedures that underpinned the fieldwork with the families, as previously outlined. Participants gave informed consent and were assured of the confidentiality of the information. In one case, the parent of the young person was also interviewed.

Teachers

Children's teachers represent an important source of information on children's development and well-being, and often have a different perspective to offer than parents. Given the importance of the school context in children's lives, and that school-going children spend a considerable portion of their days in the presence of their teacher, teachers are in a good position to evaluate children's behaviour and adjustment. Furthermore, given that teachers have a good understanding of what may be considered appropriate behaviour for children of a given age and observe children in group settings with their peers, they may be privy to information about children that parents may not have. For these reasons, the perspectives of teachers can offer valuable insight.

Children and parents were asked whether the research team could send a short questionnaire to the child's teacher. This questionnaire elicited teacher's perspectives on a range of issues including children's academic progress, behaviour at school, peer relations and emotional well-being. Teachers were also asked whether children experienced any difficulties in school related to adoption or racial differences. Teachers were assured of the confidentiality of the information, and the questionnaire was returned directly to the research team – information from the teachers was not shared with the parents or children. Teachers were also sent a teacher-version of the Strengths & Difficulties Questionnaire, which taps into the same behaviours/symptoms as the Parent-Report version of the questionnaire, previously described. The main difference between the teacher- and parent-versions is that teachers are asked about the impact of children's behaviour on classroom learning and peer relations, while parents are asked about the impact of behaviours in the home and school setting.

The table below indicates the number of children for whom teacher questionnaires were sent out, and the return rate of teacher questionnaires.

Table 2.17: Frequency of Teacher Questionnaires sent and returned

| Age Category | Number |
|--|--------|
| No teacher questionnaire sent | 98 |
| Under 5 age category | 72 |
| Over 5 not yet attending school | 7 |
| Refusals (by children, not parents) | 16 |
| Children with disabilities in non-academic schools | 3 |
| Teacher questionnaire sent | 82 |
| Teacher questionnaires returned | 70 |

Teacher questionnaires were not sent for the group of children who were under 5, as the majority of these children were not yet attending school (n = 72). Furthermore, 10 children who were over 5 years had either not started school, were in residential settings, or had only recently started school (within one week preceding the interview). Sixteen children refused permission to the researchers to contact their teachers. Therefore, questionnaires were sent to 82 teachers, and 70 of these were returned. This represents a positive response rate of 85%.

Stakeholder & Support Groups

Stakeholder groups and support groups have been important activists in the area of intercountry adoption in Ireland. The groups which were formed in the mid-90s played a significant role in lobbying the Government to introduce the 1991 Adoption Act which regularised intercountry adoption. Since 1991, as a result of a large increase in the numbers of intercountry adoptions, more groups have been formed. These groups exist to offer support to adoptive parents and children and to continue to lobby for improved services.

In order to further enhance the data collected in the main study, the research team issued an invitation to a number of these groups to meet with the team and submit their recommendations for improved services for intercountry adoption. Invitations were issued to eight different organisations and the research team met or corresponded with all of these groups, namely: Thai Adoption Group, International Adoption Association, Irish Chinese Contact Group, Vietnamese Irish Network of Adoptive Families, Irish Ethiopian Adoption Organisation, Belarussian Support Group, and the Parents of Adopted Romanian Children. As has been mentioned previously in the chapter, other groups (PNPIC and Ukrainian Kids) were also consulted during the design phase of the study.

Adoption Service Providers

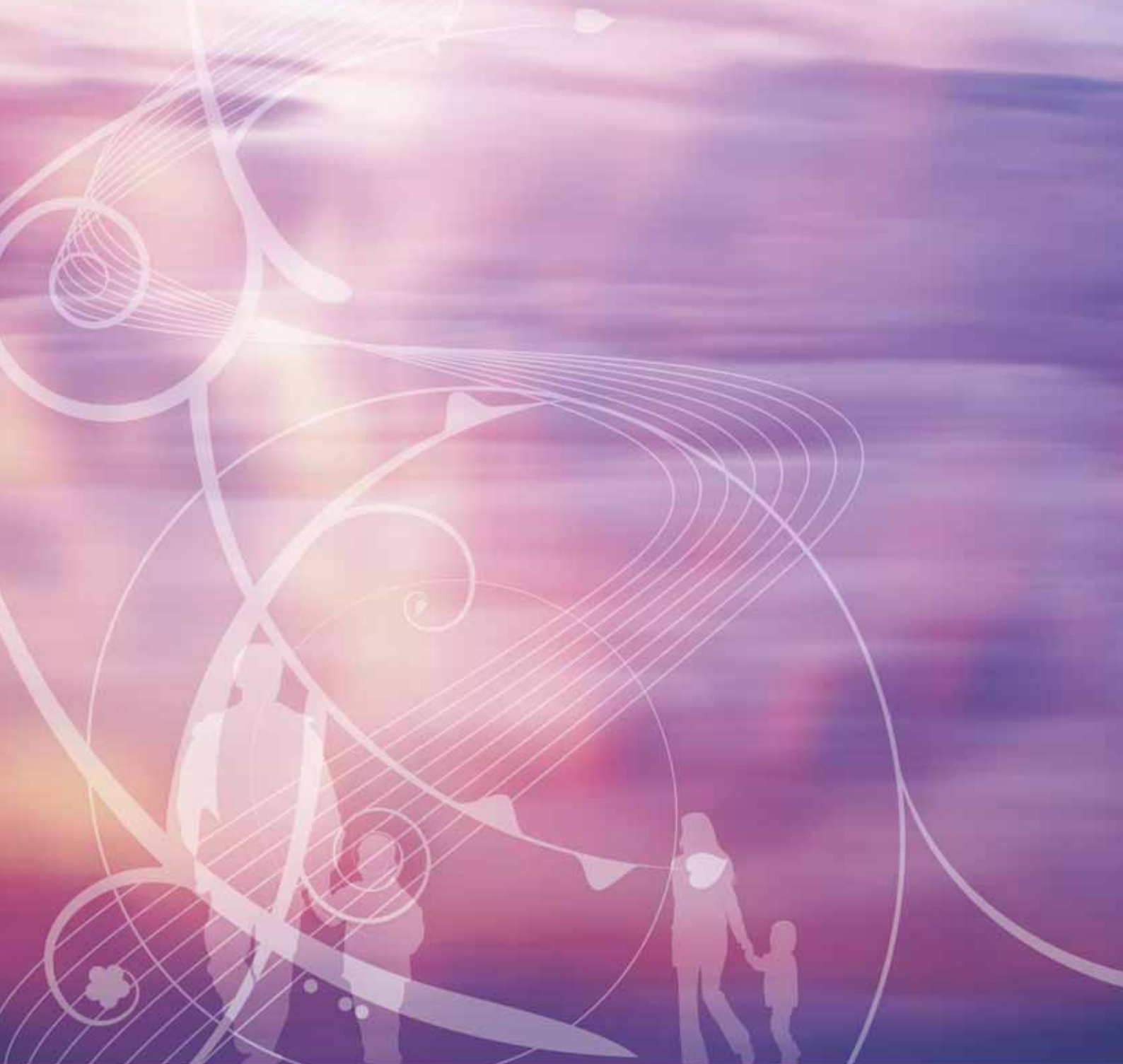
Intercountry adoption services in Ireland are provided through the Health Service Executive, Adoption Agencies from the Voluntary sector and the Adoption Board. Within the HSE and the Adoption Agencies from the voluntary sector, intercountry adoption services are provided through Social Work Departments. Therefore, in order to assist with the identification of pre-placement, placement and post placement procedures and practices which contribute to successful intercountry adoption outcomes, focus groups and meetings were conducted with representatives of these service providers. Specifically, one focus group was held with the Principal Social Workers who are the managers of the Adoption Services, one focus group was held with social work practitioners who run Preparation and Information Courses, carry out assessments and complete Post Placement Reports, and one meeting was held with representatives of the Adoption Agencies in the voluntary sector. A follow-up questionnaire was also sent out to Principal Social Workers in the HSE to clarify and elicit further information.

Analysis

Numerical data and the results from the standardised assessments were analysed using a combination of descriptive and inferential statistical techniques, using SPSS (Statistics Package for the Social Sciences). All interviews with children, teenagers and young adults were transcribed verbatim, generating a huge volume of qualitative data. Content analysis was used to analyse the transcripts, where excerpts of data were coded and classified according to common themes. Data analysis was guided by themes that had emerged from the literature review, as well as themes that emerged from the data (Mason, 1996).

Presentation of Findings

The remaining chapters of the report present the findings that have emerged from the various stages of the fieldwork process. Where quantitative findings are presented, numbers and percentages are indicated; however, in some cases where the number of families or children being discussed is small, percentages are not used. In terms of the presentation of the qualitative results, every effort has been taken to ensure the anonymity of the participants. For this reason, the country of birth of the children has not been specifically indicated, but the following codes are used following direct quotations to serve as a guide to the reader: EE (for Eastern European countries, including Romania, Belarus, Russia, Kazakhstan and Ukraine), A (for Asia, including Thailand, Vietnam and China), SA (for South America, including Guatemala, Columbia, Brazil and Paraguay) and O (for other, including India and Ethiopia) (see Appendix B). All direct quotations are italicized and indented.



CHAPTER 3
**PREPARING TO ADOPT: PARENTS' EXPERIENCES OF APPLICATION,
PREPARATION AND THE ASSESSMENT PROCESS**

Chapter 3: Preparing to Adopt: Parents' Experiences of Application, Preparation and the Assessment Process

For potential adoptive parents, the personal journey from considering adoption to actually becoming an adoptive parent is complex. It is also a process which involves many steps: from the submission of an application to the Irish authorities to actually effecting an adoption within another jurisdiction.

This chapter explores the views of adoptive parents on the part of the application and assessment process which was undertaken in Ireland. As discussed in Chapter 2, the period about which parents have offered their opinions was one during which there were a large number of changes in adoption legislation, policies issued by the Adoption Board and social work practice in adoption. Parents' views on the processes both before and after the many changes which occurred are detailed, including their views on the Preparation and Information Courses; the Home Study/Assessment and their suggestions for improvements in these services. Finally, parents' experiences and thoughts on working with the service providers within the assessment process are also explored⁶.

Application Process

In order to commence the application process, it was necessary for all prospective adopters to seek information from many different sources. Within the study, parents were asked to comment on how and where they had accessed such information and what sources had been most helpful. As stakeholders in the process, their suggestions were also sought for improvements in the service.

Table 3.1 gives details of the sources potential adopters used when seeking information. In most instances parents mentioned that they had received information from more than one source.

Table 3.1 Source of Information accessed prior to Intercountry Adoption Application

| Source | Frequency | Percent of Sample |
|--------------------------------|-----------|-------------------|
| Other Adoptive Parents | 134 | 74.4 |
| IAA/ Adoption Support Groups | 83 | 46.1 |
| Internet | 58 | 32.2 |
| Health Board / Social Worker | 56 | 31.1 |
| Books / Magazines / Newspapers | 54 | 30.0 |
| Friends | 50 | 27.8 |
| Adoption Board | 35 | 19.4 |
| Fertility Clinic | 14 | 17.8 |
| Radio / TV | 30 | 16.7 |
| Relatives | 19 | 10.6 |
| People in Country of Choice | 14 | 7.8 |
| General Practitioner | 13 | 7.2 |
| Other | 18 | 10.0 |

6 For the majority (70%) of parents who took part in the study, Preparation and Information courses and assessments were undertaken prior to the introduction of the Standardised Framework in 2000. Their comments, therefore, relate to that period and the structures and policies in place at the time. For the remainder (30%), the comments relate to the structures and policies in place after the introduction of the Standardised Framework for Assessment.

The greatest and most useful source of help at the initial stage was other adoptive parents who were mentioned by 74% of the sample. Forty six percent said their most useful support came from support groups, either the International Adoption Association (IAA) or other support groups⁷, all of which are run by parents who have already adopted from outside Ireland. Twenty eight percent said they received assistance from friends with many of these friends being people who had knowledge or experience of adoption (domestic or intercountry) themselves. Nearly 11% of parents identified family as having been helpful.

Statutory agencies (Health Boards 31% and the Adoption Board 19%) were identified as agencies which had been consulted, though nearly 40% of parents referred to the fact that both of these agencies were often of "no assistance". Forty six percent of parents said they had accessed useful information through the media, including literature and the internet.

Information gained from other adoptive parents and support groups was found to be of benefit because it was practical and real. Parents felt they were communicating with someone who had an understanding of what exactly they were asking:

Other adoptive parents, they understood the process, what was involved in applying and the practicalities (Parents who adopted from EE).

Other parents were most helpful; someone to give you light rather than theory (Parents who adopted from A).

Information meetings, which were run by the various support groups, were also seen to be particularly helpful; they were identified as a source from which a lot of information could be obtained simultaneously both about different countries and the availability of children for adoption. Some areas of the country seemed to be better served by regular meetings run for prospective parents and parents in these areas reported feeling less isolated in their quest for information. Some groups, who had members who were at different stages in the adoption process, were of particular assistance to those starting out:

IAA was helpful. We went to a lot of meetings. We met people who had very different experiences. It was helpful and it helped you decide. We met people in the same boat and swapped experiences (Parents who adopted from EE).

The Midland Adoption Group, people who are in that group are at all levels (Parents who adopted from EE).

The statutory agencies were given a mixed rating. A small number of people found the Health Boards and the Adoption Board helpful:

Health Board gave us starting information. They got us going. We felt the Health Board was very good, but we know others who were put off when told length of waiting lists (Parents who adopted from EE).

The Adoption Board website was useful (Parents who adopted from A).

7 Support Groups mentioned were: Midland Adoption Support Group, Thai Adoption Group, VietIrish, Vietnamese Irish Network of Adoptive Families, Ethiopian Support Group, Parents of Adopted Romanian Children, Irish Chinese Contact Group. Parents also had some informal support groups in their own local areas which they mentioned as being helpful.

On the other hand a large number of people (40%) reported that they found the statutory agencies unable or unwilling to help, and their experience was that there was often a negative bias against intercountry adoption:

There was no information from the Adoption Board. They did not see it as their job to provide information (Parents who adopted from EE).

The Principal Social Worker put us off by saying the children wouldn't be the same as children growing up in natural families (Parents who adopted from EE).

Overall, the ability to access comprehensive information in relation to intercountry adoption, especially specific information about different countries, was reported by parents as having been difficult and frustrating. Parents were asked therefore, for their own suggestions as to how best this kind of information might be disseminated. A number of proposals were put forward, with many parents suggesting that in order to make a service user friendly, there was a need for a mix of sources of information.

The majority of parents (78%) believed that it would be essential for information to come directly from other adoptive parents. They also called for the statutory agencies to have a fully informed, positive and up to date service. Specifically, they suggested:

- The creation of a website which has fully comprehensive and up to date information about all aspects of adopting from other countries into Ireland.
- Information meetings to be facilitated on a *regular* basis by adoptive parents' support groups in local areas (such as in each Health Service Executive area). The purpose of these meetings would be to meet other adoptive parents and to gain up to date information on the realities of adopting from specific countries.
- Information meetings to be organised by the Health Service Executive to convey information in relation to the legal and other processes and procedures which are required for intercountry adoption.
- A telephone help-line, to be staffed by adoption professionals and adoptive parents conjointly, offering comprehensive information on intercountry adoption.

Two further suggestions in relation to the dissemination of information were made by a small number of parents: 1) that information on intercountry adoption be available at Fertility Clinics and GPs offices and 2) that the Irish government provide a service in the countries to which parents are travelling. Parents in this second category stated that they had been particularly concerned about coping with difficult conditions in some countries, including instances when they had been asked for bribes or when other illegal payments had been requested of them.

The International Adoption Association, which is run by parents who have adopted from many different countries, was cited by many adoptive parents as providing an essential service within the preparation process. It was found to be particularly useful to potential adopters who had not yet chosen the country from which to adopt. When potential adopters had come to a decision about the country, they mentioned organisations which were country specific as having been the most helpful in relation to both the global and minute details necessary for travelling. Many of these groups were also more locally rather than Dublin

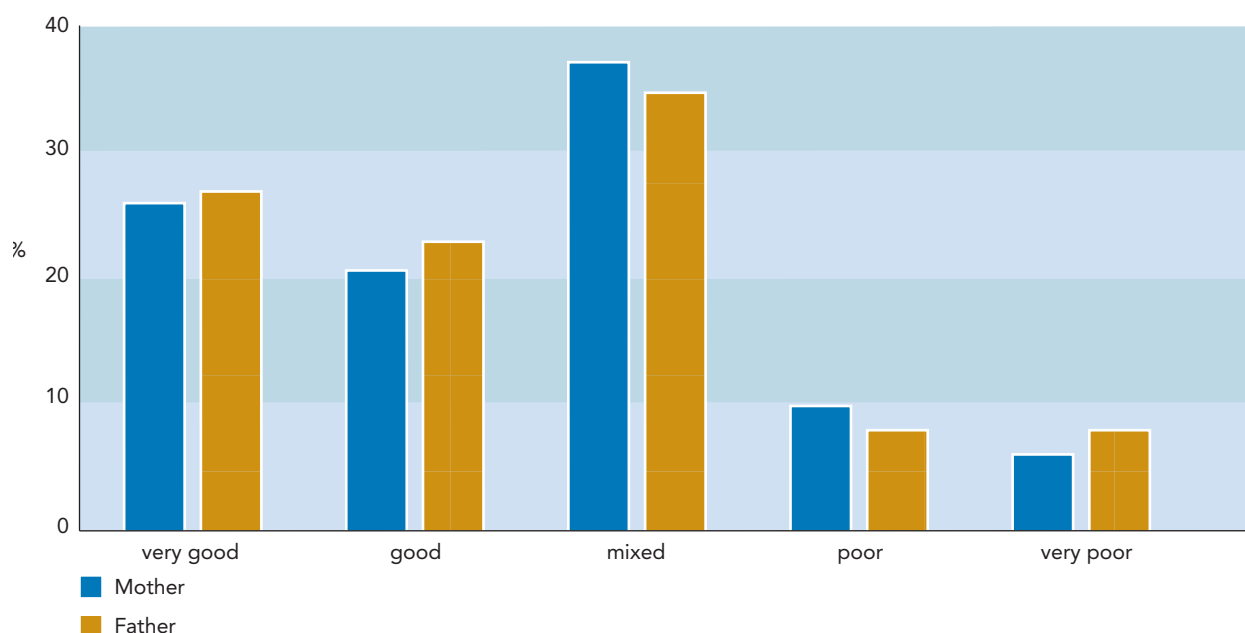
based, and parents remarked that this proved particularly helpful. It was suggested by parents that these various organisations should be state funded so that they could expand and offer a greater variety of services.

Preparation and Information Course

A majority of parents (67%) who participated in this study had attended an Information and Preparation Course. Sixty percent of these parents attended a course prior to the introduction of the Standardised Framework and 40% did so subsequent to its implementation during the year 2000⁸.

Parents were asked to comment on what they had found useful or not useful within the Preparation and Information Course. They were also asked to comment on how they thought the courses could be improved and to identify any learning which had proved to be useful in their adoptive parenting task. Initially, parents were asked to rate the course they attended across the range "very good to very poor". The majority of parents stated that they found the course to be either "very good" (26%-mothers, 27%-fathers) or "good" (21%-mothers, 23%-fathers). Just over one third (37%-mothers, 35%-fathers) found the course to be mixed with some aspects good and some aspects poor. Approximately one tenth (10%-mothers, 8%-fathers) found the course to be poor and 6% of mothers and 8% of fathers found it to be very poor.

Figure 3.1: Mother and Father rating of Preparation and Information Course



Positive and Negative Aspects

An analysis of the comments about the courses prior to the introduction of the Standardised Framework showed a greater degree of dissatisfaction about the content and usefulness of the courses. Parents' comments on the courses prior to the Standardised Framework were most often that: the content of the

8 Only families who had adopted prior to September 2004 took part in the study (see Chapter 2). For purposes of analysis, it was presumed that parents who applied to adopt in 1999 took part in courses and assessment within the post Standardised Framework Assessment processes.

courses was very negative about the process of intercountry adoption; social workers were uninformed about issues in intercountry adoption; the videos and information which were presented were outdated and irrelevant and finally, in some instances exercises which were undertaken at the course were inappropriate with a group of people who were unknown to each other. On the other hand, parents also had many positive things to say about the courses and these are detailed below.

Subsequent to the introduction of the Standardised Framework for Assessment parents' comments about the courses showed a significant change. Quite frequently they remarked that everything on the course was useful and they had nothing negative to say. They also reported that the emphasis within the course was child centered and that many topics, (e.g. attachment, loss, culture, racism) which they found to be relevant to the task ahead, were well covered. They also said that they felt challenged and informed as a result of having done the course. Parents did have some negative comments about the courses and again these are covered in the narrative below.

Overall, for all adoptive parents who had attended courses both pre and post 2000, one of the greatest benefits of the course had been the opportunity to network and to meet others who were in the same situation. One mother suggested that: *"it was the first rung of the ladder and other adoptive parents helped to focus your mind"*, and another said: *"we made friends with another couple and they helped us a lot"*. Fathers also appreciated meeting others who were in the same position as themselves, suggesting that meeting others and then keeping in contact was of great benefit. One father mentioned how being in a group with people who were in the same position as himself was a place *"where it felt safe to discuss issues like infertility"*. Other fathers reported on how they *"got support from other parents because you meet people in the same boat and it brings the whole thing out in the open"*.

In relation to the content of courses, the majority of parents identified the most useful session as having been when adoptive parents came to speak of their experience. They found these sessions to be informative in a practical way, and it made the whole idea of adoption real because these parents were speaking about how they had succeeded:

You meet people in the same boat and it brings the whole thing out in the open (Father who adopted from EE).

They brought a practical approach, advice on what to take with you, what to be prepared for in a country that wasn't advanced (Mother who adopted from EE).

A further session which was considered very useful, and which was also highly rated under its application to the adoptive parenting task, was the session which dealt with bonding and attachment. Mothers and fathers reported how these concepts were described through the sharing of information about institutionalisation, and how they began to appreciate the way in which long periods in institutions can have an effect on later attachment:

They highlighted what can go wrong, all about bonding or the lack of it. It was very interesting from the point of view of the psychology of the child, the implications of the child's experience (Father who adopted from EE).

One father noted that it was important to bring issues in relation to institutionalisation to the fore as it may be the case that prospective adopters find it hard to confront the issues when they are not yet real:

The idea of institutionalisation, it was good to cover certain areas which you put to the back of your mind (Father who adopted from EE).

For some parents the information they had absorbed about institutionalisation proved to be useful in their adoptive parenting task with one father noting:

It was useful, you find yourself thinking I noted that characteristic. I remember seeing that on the course. When you saw it in the children, e.g. falling down and not crying (Mother who adopted from EE).

The session which addressed issues in relation to telling a child about their adoption was also reported as having been beneficial. Parents spoke about how this session had incorporated issues about the birth family and how the losses which a child experiences will become part of the telling task. Mothers and fathers remarked how, through reflecting on the information they had received, they had come to appreciate the confidentiality of their child's information and the importance of keeping it private on behalf of their child. Mothers described how they learned to appreciate the way an adopted person might feel:

It gave us insight into how our daughter might feel and also how she may accept it or not, they told us things that made us see things from all perspectives, not all happy ever after stories, that was good and realistic (Mother who adopted from EE).

Both mothers and fathers found discussions about issues of loss in relation to the telling process as useful with one father saying:

Most people don't consider this and they also drew attention to hearing about the importance of a child's mourning for her other parents (Father who adopted from A).

Mothers particularly reported that discussions and information about birth mothers and relinquishment was something they had not considered in depth. They felt that the way it had been covered had been interesting and useful:

They covered things that were very deep, how you might think the natural mother would have felt (Mother who adopted from A).

Adoptive parents also found discussions on information that will be important in the telling task to be valuable. This was particularly so when they were effecting the adoption and trying to gather information from various sources in the country of birth of their child. They said it made them conscientious about getting as much information as possible so that they had this information for their child in future years:

We had thought birth family wasn't important to know about but when we covered loss and what it means to the child we changed our minds. We asked over 60 questions and tape

recorded it when we went to (EE) because we had learned to do that on the course (Mother who adopted from EE).

A small number of parents noted that detailed information on ways to tell was useful, one father remarked "we had not planned to tell it that way" and one mother noted that "it made you think issues through e.g. the questions the child will ask".

To have been given examples of how the language around adoption is important was also noted by one father who said:

I found one or two views were interesting to pick on, e.g. not making your child feel different by using the word special, we were told you shouldn't put them on a pedestal and make them out to be different, it was a good thing to learn (Father who adopted from EE).

A further session which many parents reported as being of particular interest was the one which covered cultural issues, though on the other hand, there were some parents who thought these issues were over-emphasised. One father remarked on how he had gathered it was important to learn about the country for the child's sake. Other parents believed they received good information on ways to keep a close connection with the country "without overdoing it".

A small number (less than 15%) of parents reported that the session on racism was beneficial, though this was tempered by many parents remarking that since Ireland is now a multi-racial society, there is no need to dwell on issues such as racism within the courses.

The remaining topics which parents believed were relevant and well covered were: medical issues, especially when these were covered by a Public Health Nurse or a doctor who had adopted himself or herself; family trees and outcomes in adoption.

Parents had a number of criticisms of the content and the structures of the courses. For many, the "huge/fierce" emphasis on potential problems which may occur in intercountry adoption was described as something which was "putting people off". One mother said that "some of what they covered frightened the life out of us; their emphasis on attachment worried us". Though comments in relation to the courses being over negative were less subsequent to the introduction of the Standardised Framework for Assessment, a number of parents continued to suggest that overall the course continued to be somewhat unbalanced, it was more negative than positive and there was a tendency to show the worst case scenarios:

They dealt with the worst case issues which are rare, it was too negative. (Mother who adopted from A).

For a small number of parents (less than 10%), having to attend a public group session was not just daunting in itself, but it was also suggested by them that the group situation does not achieve its purpose:

You are banging in people together (who are applying to) different countries and it is very different going to different countries (Father who adopted from A).

The group scenario was, for a small number of parents, difficult: *"I felt uncomfortable with that, there was pressure to perform"*, though again this was more often mentioned in relation to the kinds of exercises and some of the small group sessions which had been part of the courses prior to the Standardised Framework. Two parents drew attention to the amount of written work which has now become part of the courses and assessment saying that this was pressurised and unfair either for them or for people they knew who had literacy problems. A small number of parents (10%) noted that the times at which the courses were run made things difficult for them: *"a lot of people found it hard to take time off work because you don't tell people around you at that stage that you're trying to adopt"*.

For a small number of parents, (less than 10%) there was resentment at having had to do the course at all. They cited the fact that parents who have children by birth do not have to attend such a course. They suggested that *"insisting that people do a course is ridiculous because people wouldn't go down that route if they thought they were not into being a parent"*.

Finally, in relation to the courses both pre and post Standardised Framework for Assessment, the remaining criticisms which small numbers of parents had in relation to the content of the courses were:

- the medical information was outdated
- there was no information about the costs involved in the process
- too much emphasis on Romanian/ Institutionalisation issues
- the project requested on child's country of birth was hard and unnecessary
- homework was like being back at school
- infertility issues should not be dealt with in a group setting
- insufficient information on birth families

Suggestions for Improvement to Course

In general, especially in the post Standardised Framework responses, parents thought that the fact that the courses existed was a good idea, they had been afforded an opportunity to meet other couples and to become informed about adoption and adoptive parenting. They had however, a number of different suggestions for improvements. These ranged from wanting more detailed information about the practical issues involved in travelling to a different country to increased information about adoptive parenting tasks into the future:

The course was a lost opportunity to forewarn and prepare for the poverty, huge culture shock, the smells, the sights. We should have been told to bring food with us (Parents who adopted from EE).

Practical examples of children with differing outcomes, especially developmental difficulties (Parents who adopted from EE).

Further improvements which were called for in relation to the *content* of courses were:

- Greater participation of adoptive parents who have had different experiences.
 - Greater emphasis on the positive aspects of intercountry adoption.
 - Provision of up to date fact sheets about the different countries of birth of the children, the availability of children in each country and the health issues for children in different countries.
-

- Increased amounts of information on the *practical* aspects of travelling to countries of birth and the realities of dealing with the authorities in different countries.
- More information on adoption agencies or facilitators in other countries who will facilitate intercountry adoptions and particularly about the costs involved.
- More information on practical parenting issues post adoption (e.g. bathing/ nutrition). Parents noted that this information is available to parents who give birth through a well established system of ante natal classes provided in local areas.
- Increased amounts of information on the particular behaviour issues which may arise as a result of institutionalisation, particularly during the settling in stage for children and parents. Parents remarked that this kind of information would assist in normalising the behaviours which may occur. (It should be noted here however, that a number of parents stated that the courses would benefit from much *less* emphasis on issues of institutionalisation as not all the children adopted to Irish families come from institutions).
- Increased information on dealing with racism and practical ways of incorporating the child's background and culture into family life
- A module within the course on "what to expect during the assessment stage", the purpose of which would be to take the fear out of the home study/ assessment.

Parents also offered a number of suggestions in relation to improvements which might be made to the *structure* of courses:

- Courses to be more condensed, currently the system of six half days over three months is too long and drawn out.
- Courses which lasted a full day would afford better opportunity for couples to meet and interact.
- Separate courses for couples who already had children by birth.

One final point, which a large number of parents made at different points during the interviews, was that there is a great need for some kind of course and/or support to be available during the period after the receipt of a Declaration of Eligibility and Suitability. Parents recalled how during this time, they had received referrals in relation to children with information which they found difficult to comprehend and with which they needed assistance. They also said they would appreciate assistance in coming to a decision about a referral and that generally there was a need for a supportive, well informed service to which they could turn to during this phase of the process. They remarked that prior to the issuing of the Declaration, contact with the Health Service Executive and/or the Adoption Board had been intense, but that in the period during which they were making decisions, and even subsequent to the adoption, there was no service available from the child welfare authorities.

Information from Course useful in Parenting Task

Parents were asked to identify if there had been any information or learning which has been useful to them in their now ongoing adoptive parenting task. As well as those mentioned above, the following were beneficial:

- Information which had been given about the transition stage from country of birth to Ireland and becoming a new family.
 - Attachment, bonding and development as the child settled.
 - The realities of telling the adoption story and sharing information with their child.
-

- Keeping the culture of the country of birth alive for their child.
- Behaviours and issues in relation to the parenting of a post-institutionalised child.
- Loss and adaptive grieving which may become a reality for a child in relation to their adoption.

A small number of parents (less than 15%) said they did not really remember anything from the course and that it had given them no information which would be useful as adoptive parents.

Assessment Process

All parents in the study had been through an assessment/home study process. These assessments had been done in a variety of ways. Prior to 1991, in order to effect an adoption overseas an assessment/home study was essential, but at this stage there was no obligation to have this assessment undertaken by an adoption agency. Within this study, most families in this category (i.e. adoption undertaken prior to 1991) had their assessments done by a psychologist working in the private sector. Subsequent to the enactment of the 1991 Adoption Act, assessments were undertaken by social work practitioners in Health Boards and other registered adoption agencies. These assessments were done according to the standards, norms and policies of the different agencies at the time. From 2000 on, the standards for assessment were set by the new Standardised Framework for Assessment. All assessments from 2000 were made in relation to these new standards.

As well as many other recommendations for change, the Standardised Framework for Assessment introduced a set of five standards (see Appendix A) which were to become the basis on which a positive or negative recommendation would be made by the social worker carrying out the assessment. The purpose of the introduction of these Five Standards was to ensure that all those involved in both the process of assessment, and in the making of recommendations (i.e. potential applicants for adoption, social work practitioners, social work managers, local Adoption Committees and the Adoption Board) were aware of and working within an agreed and standardised framework.

The current assessment process (which was also in operation in most areas for a number of years prior to the introduction of the Standardised Framework for Assessment) consists of five or six meetings between a social worker and the applicant/s. These meetings take place either in the home of the applicant(s) or in the office of the Health Service Executive or Adoption Agency. The issues and topics covered in assessment include: Personal Biography; Childhood and Family Experiences of Potential Adopters; Marriage and Relationships; Child Protection; Financial and Health Issues of Applicants, Readiness for Intercountry Adoption; Health, Developmental and Behavioural Issues for Child; Cultural, Spiritual, Linguistic and Religious Needs of the Child; Birth Family Information, History of Adoption and Adoption Bereavement Issues for Child; Contact with Birth Family and Country of Birth; Risk Factors in Adoption; Institutionalisation; Racism Issues; Child Care Plan after Adoption and Relationships within Extended Family, Neighbourhood and Community. All of these issues are discussed and measured against the philosophy and conditions to be met within the Five Standards as outlined in the Standardised Framework for Assessment.

Experience of Assessment Process

When gathering information about the assessment process, it was important to discover how parents thought about having been involved in an assessment which was compulsory. In order to elicit this

information an open-ended question: " *how did you find the process of being assessed*" was asked of all participants. Parents were then asked ancillary questions as to what they thought was useful, appropriate or inappropriate within the assessment interviews. They were also asked to give their thoughts on how assessments might be improved. Finally, opinions were sought about what parents believed were the skills or qualities which the social worker undertaking the assessment brought to the process, and how these skills or qualities enhanced the assessment. Eighty nine percent of mothers and 81% of fathers offered comments about their experience of the assessment process.

As with the comments relating to the Preparation and Information Course, it was of interest to note if there were differences in parents' experiences of assessment prior to and subsequent to the introduction of the Standardised Framework for Assessment in 2000. Seventy percent of the participants in the study had been through an assessment with a Health Board , an Adoption Agency from the voluntary sector or a private assessment prior to the introduction of the Standardised Framework for Assessment (in 2000). The remaining thirty percent of the parents had been through the assessment subsequent to the introduction of the Framework.

For parents who were assessed prior to the introduction of the Standardised Framework for Assessment (n=126), 61% reported that they found the assessment process positive and 39% spoke about having had difficulties or that it was a negative experience. In the aftermath of the introduction of the Standardised Framework for Assessment, and the Five Standards against which adoption assessments had to be evaluated, 65% of parents found the experience to be positive and 35% found it to be a difficult or a negative experience (n=54).

For those parents who experienced the assessment as positive, their comments indicate that a number of factors contributed to making it so:

- The process was useful as a means of confirming individual commitment to the process.
- There was a belief that the process was a necessary one in order for the authorities to establish if potential adopters were in a position to provide a family life which was in the best interests of the child to be adopted.
- The relationship between the prospective adopters and the social worker was experienced as both positive and supportive.

Despite feeling their assessment was a positive experience, parents in this category also described how it was not necessarily an easy procedure, and even at times it was experienced as intrusive, very emotional and frustrating:

It was very intrusive, invasive, distressing, It was very upsetting. I will never forget it. The whole thing seemed devious to me. (Mother who adopted from EE)

It was intrusive but not to the extent that it was upsetting. It needed to be done, if you were looking for a babysitter or school you would vet them. It is difficult but I agree with it (Father who adopted from EE)

At the outset we viewed it as a process which was assessing you as a suitable couple and you cannot be too careful, imagine if you were a social worker and you got it wrong? (Father who adopted from EE)

A large number of both mothers and fathers referred to the fact that it was the approach of the social worker which had made the assessment a positive experience for them. Many however, referred to the fact that prior to meeting the social worker they had been extremely apprehensive. They had heard, either through the grapevine of adoptive parents or through the media, that social workers and the assessment were to be feared. As a result the relationship which social workers built with the applicant(s) was very important:

Depends on the person who is doing it, our social worker made it easy and helped us very, very well through the awkward and personal situations (Mother who adopted from EE).

When the experience of the assessment was unsatisfactory or negative a number of factors also emerged from the parental responses as to why it was experienced in this way. Specifically these were:

- A fear of being turned down permeated the whole assessment and prospective adopters never seemed to be able to relax within the process.
- The questions posed during the assessment were thought to be too personal, irrelevant and often repetitive.
- Social workers appeared not to be sufficiently well informed about intercountry adoption and about all of the issues which parents wanted to discuss. Also reference was made to social workers being young and inexperienced in their approach and professional capacity.
- The process was too long and drawn out.

Parents in this category often described how they were involved in a process about which they were very apprehensive. They spoke about not understanding the rationale behind many of the issues raised, for example: their own childhood experience and relationships with their families. A number of parents said that during the assessment they "just told the social worker what she wanted to hear", they thought this would get them through as quickly as possible and in some instances they spoke about having been advised by others to do so. One parent, who said he had done a lot of research prior to assessment, said that the assessment process, as it was constituted, was not going to discover anything parents did not want to share:

As professional people, we were a chapter ahead, so if we were complete sociopaths they wouldn't have spotted it. We read all the articles on the internet that they would have studied (Father who adopted from EE).

Parents were also asked to specify what they thought had been helpful or useful within the assessment and if there was anything which had gone on to be useful in their adoptive parenting task. Mothers and fathers were asked these questions separately but as their responses were similar they have been grouped together. In general, parents reported that many of the issues which had been covered well and usefully at the preparation courses were covered in more depth during assessment, and they said that the opportunity to do so within the confines of their relationship or as an individual applicant was appreciated.

Specifically the questions or topics covered during assessment which were found to be most useful were:

- Questions which were self-reflective about personal history and personal commitment to adoption.
 - The importance of a decision to adopt being one which was made jointly.
-

- Examination of the coping capacities and mechanisms of both parents and how these would impact on the decision to accept different types of referrals
- Encouragement to engage as a couple in conversations which were important to future parenting.
- Issues in relation to telling a child about their adoption, including the role of birth families and the changing nature of telling as a child develops. Particular reference was made to issues of loss for the child and parents.
- The manner in which childhood experiences and relationships with family will impact on parenting and on the adopted child.
- Enhanced knowledge of institutionalisation, racism, discipline and child protection.
- The impact of adoption for other children in the family.
- The importance of seeking help and assistance post adoption if required.

On the other hand, parents reported that there were a number of topics which were part of the assessment which they thought were intrusive, irrelevant or unnecessary:

- Discussions in relation to infertility were too large a part of the assessment.
- Too much information was required about personal finances, own birth family, personal history.
- Questions in relation to past intimate relationships were inappropriate, as were discussions on sexuality and sexual matters.
- Negative attitude of social workers to intercountry adoption. Not sufficient emphasis on positive outcomes.
- Complete lack of information on countries from which children are available.
- Second assessments were repetitive, information had been supplied previously.

Parents also noted that they often felt pressured to give the “*right answer*” to questions which were posed. They sometimes wondered if questions were asked with the specific purpose of “*catching them out*”, it seemed that the rationale behind the questions was not sufficiently well explained.

Suggestions for Improvements to Assessments

Ninety two percent of the parents offered comments of various kinds in relation to improvements which they believed could be made to the assessment process. Despite offering suggestions for improvement, a majority of parents believed that the assessment was currently both very thorough and extremely professional. Parents reflected that they believed in the purpose of the assessment as a means of ensuring that the best interests of the child were met.

Suggestions for improvements were made under a number of different headings:

- Speed up the process. Many parents had been on waiting lists for long periods and they had been frustrated by this. Meetings with social worker to be scheduled closer together, e.g. weekly or fortnightly instead of monthly.
 - A schedule of appointments to be available for the duration of the assessment in advance.
 - More flexibility in timing of assessment appointments (i.e. outside normal working hours).
 - Interviews to be carried out in family homes where applicants felt at ease.
-

- More explanation before the assessment begins as to why it is done, what it will entail, what will be asked and required, and why particular topics are being discussed.
- Fast track second assessments so that parents may have an opportunity to adopt a second time.
- Standardise assessment requirements, management processes and procedures across all Health Service Executive areas.
- The end of the assessment process should not be the end of the service from the social work department. Provision of a support and information service in the aftermath of the assessment and the issuing of the Declaration.

Social Work Service during Assessment

The assessing social worker is the key person in the assessment process for the adoptive parents. Recognising that the nature of the relationship between the social worker and the applicants for adoption is an important element of the process, parents were asked to describe if there were any qualities or skills in the social worker's approach which they had valued and found to be helpful. They were also asked to identify those that were least helpful. These observations give a picture of how the social workers and their assessment skills were experienced by the adoptive parents. The comments are by their nature subjective, and they are therefore not an objective measure of the skills and qualities of social workers undertaking adoption assessments.

Adoptive parents had significantly more positive than negative comments about the assessing social worker. Almost 90% made positive comments compared to 37% who commented on 'least helpful' qualities. Many who had positive comments expressed surprise that their experience had been so positive. From information they had received from other adoptive parents about the experience of assessment, they had not expected their own experience to be positive. A small number of parents who made positive comments also had criticisms and vice versa.

The positive comments are gathered under four headings, with quotations from the adoptive parents to illustrate the views expressed. Many comments contained more than one of these elements.

The social worker was professional and practical in their approach:

We were told that she would be awful and that she would fail us but she really got in and asked the hard questions and that was good because it actually helped us (Parents who adopted from EE).

She was a good communicator, personable, helpful and nice. She was thorough in a professional way (Parents who adopted from A).

The social worker was experienced and knowledgeable about children and intercountry adoption.

She was experienced and knew her stuff. You could relate very well to her. We were worried we would get someone we could not relate to. She could handle the sensitive subjects very well (Parents who adopted from A).

She had children, and that was the most important, she knew what she was talking about more than someone who did not. She was down to earth and had a lot of experience of fostering and adoption. She was mature (Parents who adopted from SA).

The social worker was a good listener was sympathetic to the adoptive parents' situation:

She had time for us. She was attentive to us and what we wanted. She had a good 1:1 relationship with us and so when you get to the hard questions it's easier (Parents who adopted from EE).

She was an excellent listener, great empathy, soft and kind, genuine. She was willing to give you help. A huge amount of the experience depends on the quality of the social worker (Parents who adopted from A).

The social worker was friendly, a 'nice' person, down to earth and easy to get on with:

She was nice. She was very down to earth. We got on great. She was frank and straightforward with an open mind. We had a very good relationship with her (Parents who adopted from A).

She was great, very professional, we had a very nice and understanding and accommodating social worker, she really made us feel at ease (Parents who adopted from EE).

As indicated above there were substantially less negative than positive comments and where comments were negative they were often more pointed and directed at the particular situation. In cases where some parents had negative comments to make, these parents still expressed considerable anger about the social worker and the process even though the experience had been some years ago. One topic which crossed both positive and negative responses, and was mentioned by 10 couples, was in relation to the social workers' poor punctuality and inflexibility:

She did not manage time well- she came late and stayed longer. She was inflexible around meetings/dates (Parents who adopted from A).

The other negative comments are summarised below:

The social worker's organisation skills were poor:

She was dithery and forgetful; she lost notes and rang us to check things she'd already asked us. She was stubborn and set in her ideas and she thought she was always right (Parents who adopted from EE).

The social worker displayed unpleasant personal qualities:

I didn't find her soft or gentle or sympathetic, she was extremely abrupt and a bit tactless (Parents who adopted from SA).

The social workers lacked experience:

She was young and had no children or life experience and didn't seem to have much knowledge (Parents who adopted from EE).

And in some instances there was a lack of understanding / poor relationship between adoptive parents and the social worker:

There was a lot of negativity towards foreign adoption; we never got one good story from our social worker about adoption. It was all negativity and problems down the road, problems, problems, problems down the road. They tried to put you off (Parents who adopted from EE).

Overall, the adoptive parents' experience of their assessing social worker was enormously varied but predominantly positive. Most parents seemed to engage with the process and with the worker charged with carrying out the assessment but there was, at times, some alienation:

She was younger than us and she had no kids herself and sometimes we felt the questions were out of nosiness, and we gave her the answers she wanted to hear. You answer the questions knowing that you were giving the answers they wanted (Parents who adopted from EE).

Most typical of the comments from many participants, however, was the relief of the adoptive parents in developing a relationship that enabled them to be open with their feelings to the social worker:

We said thank you to her afterwards, she had made the adoption process a lot easier for us, because of her warmth. You felt you could say to her, this is how I do actually feel, without a fear that she would hold up the process because it was wrong. (Parents who adopted from SA)

Key Findings

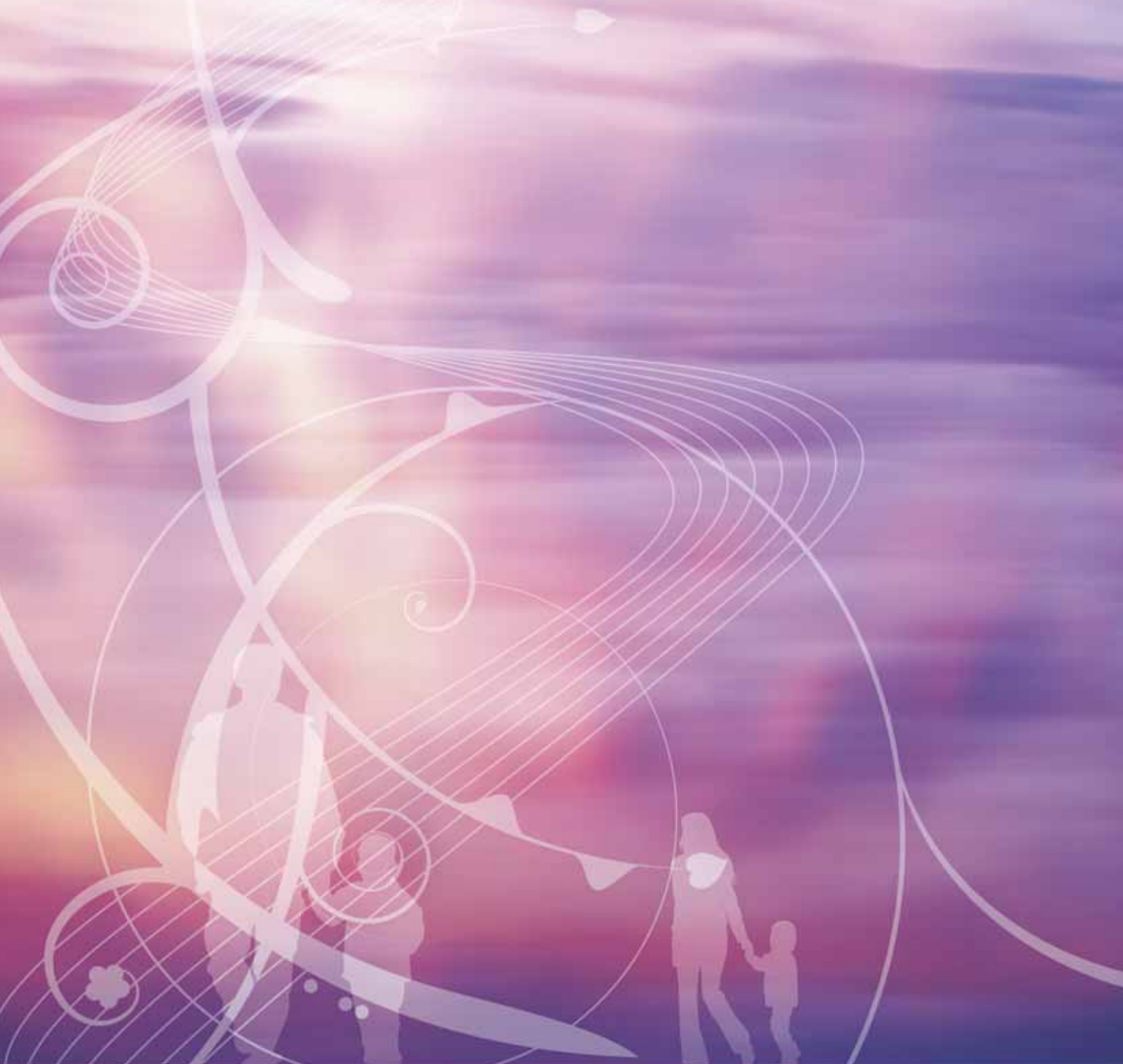
The sudden rate of increase in applications for intercountry adoption in the period 1980 -2003 led to significant strains on the state funded adoption services. The provision of an intercountry adoption service was a totally new development, for which there was no established infra-structure and little research based professional expertise. A combination of these and other factors led to frustration and anger among potential adopters.

The information gathered from adoptive parents spans this period from 1980 to 2003. During this period, significant changes were made in the provision of intercountry adoption services including: the introduction of the 1991 Adoption Act and the introduction of the Standardised Framework for Assessment Procedures.

In the context of this historical perspective, the key findings from adoptive parents were:

- Adoptive parents recognise that the increase in services to intercountry adoption and the growth in the amount of knowledge and expertise has led to an improvement in services. This has led to a somewhat greater degree of satisfaction with the services that are available.
- However, adoptive parents' responses call for a more user-friendly adoption service which is in a position to give comprehensive, factual, and up to date information on all aspects of intercountry adoption. The state agencies currently involved in intercountry adoption were not seen as fulfilling this role at present.
- From the perspective of parents, the most helpful and practical information on intercountry adoption came from other adoptive parents.
- There was widespread agreement that the Preparation and Information Courses have improved significantly since the introduction of the Standardised Framework for Assessment and the emphasis on a child centred approach was welcomed. A number of the topics covered at the courses were proving to be beneficial in the adoptive parenting task.
- The negative attitude towards intercountry adoption which parents experienced from state agencies in the past has improved, but these agencies need to be diligent to ensure that a balanced picture, which includes positive outcomes in intercountry adoption, is presented.
- The majority of parents in the study found the assessment/home study process to be a positive experience. The most positive aspects were: 1) the opportunity it offered for self-reflection in relation to the responsibilities involved in becoming a parent; 2) the education it provided in relation to issues which are important for the adopted child and 3) a recognition of the need to be receptive to assistance if required.
- The most negative tendencies occurred when: 1) a fear of failure dominated the process; 2) the assessment was experienced as too intrusive on the personal lives of applicants, and 3) the rationale for the questions posed was not explained.
- A large majority of parents (90%) made positive comments in relation to the services offered by social workers. The positive comments related to the professional skills of the social worker such as: 1) their overall professional approach, 2) their communication skills and an ability to be empathetic, and 3) their comprehensive knowledge of intercountry adoption. On the other hand, a sizable minority (37%) also had negative comments about the service they received. These negative comments referred to: 1) individual social worker's lack of punctuality and general disorganisation which led to considerable alienation of the potential adopters; 2) a negative attitude towards intercountry adoption, and 3) some social workers being inexperienced and displaying a lack of expertise in assessment skills and knowledge of intercountry adoption.
- The main suggestions for improvements in the delivery of services were: 1) a number of structural changes which would reduce waiting times; 2) all processes in relation to application and assessment should be standardised across Health Service Executive areas; 3) an advice/information service to be available in the period subsequent to the issuing of the Declaration and prior to travelling to the child's country of birth.

These findings in relation to parents' experiences of the application, preparation and assessment processes demonstrate that although many aspects of the service have improved there is a need for ongoing improvement and development.



CHAPTER 4
BECOMING AN ADOPTIVE FAMILY: REFLECTIONS ON THE FIRST YEAR

Chapter 4: Becoming an Adoptive Family: Reflections on the First Year

This chapter explores the parents' reasons for wanting to become adoptive parents. It looks at why they decided to adopt, when they made the decision to adopt and why they chose to adopt rather than foster. It also considers why they decided to adopt from outside Ireland and what factors influenced their choice of country. The experience of meeting their child and the transition to adoptive parenthood during the first year are also detailed. Finally 25 parents adopted two children simultaneously and their views on their experience are reported.

Motivation to Adopt

Most of the couples in the study chose to adopt because they could not have children of their own. Eighty-six percent (86%) of the adoptive mothers and 81% of the fathers gave 'Involuntary childlessness / infertility' as a motivation and over 90% of these mothers and fathers gave it as the primary reason. A related reason, 'choosing to increase family but not by birth', was mentioned by 15% of mothers and fathers. 'Wanting to offer a child the opportunity of family life' was the second most significant motivation, 63% of parents mentioned it; 25% of these as their leading motivation but most (over 60%) as secondary. The parents who commented further on their motivation stressed their lifelong desire to be parents and have children.

We wanted a family and we couldn't have one of our own and this was the only other option. (Father of boy, adopted at 5mths from EE)

As their motivation to adopt was their childlessness most parents decided to adopt when this was confirmed for them or when they accepted it was so. We invited an open response and couples shared their situation in different degrees of detail but several clearly defined decision points emerge from their responses:

The most common was when IVF was not successful, often after two or three attempts.

After IVF, we always thought we would adopt if it didn't work. It's hard to build yourself up to that – you have to close that door first. (Mother of boy, adopted at 11mths from SA)

We tried IVF twice and it didn't work and we decided not to go for it again, and then we decided to adopt. (Mother of boy, adopted at 5mths from EE)

The medical confirmation of infertility was also frequently mentioned:

After infertility became a reality, friends went to Romania and motivated us to go. (Mother of girl, adopted at 3mths from EE)

When couples came to believe that they could not have children or could not have another child:

When we went further down the road of infertility treatment and the penny began to drop eventually that this wasn't going to happen and then I thought maybe, we are destined to look after someone else's child. (Mother of girl adopted at 4mths from SA)

After my son was born I had a hysterectomy. (Mother of girl, adopted at 9mths from EE)

And a number of couples said they considered adoption after seeing the media coverage from Romania or China:

We had seen 'The dying rooms' (a TV documentary) and it kind of pulled at our heartstrings a bit. That kick started it. It had a huge impact on us and still does to this day. (Mother of girl, adopted at 12mths from A)

Finally, a small number of parents commented that the decision evolved over a long time and was influenced by people around them who had adopted, and for others it was done on the advice from doctors.

Choosing to Adopt a Second Child

Just over half of those who had adopted one child intended to adopt a second child, predominantly because they wanted a sibling for their first child:

We always planned to adopt 2 children and we'd like a sister for (child). (Parent of girl, adopted at 3mths from EE)

Several commented on how successful their first adoption had been, what a wonderful experience it had been and the joy it has brought their family. One couple said they wanted to give another child the opportunity of 'love and stability'.

Of those who did not intend to adopt again two reasons predominated: 1) They were too old; and 2) The process is too long and too difficult with no 'fast track' for second time applicants. Other reasons were: contentment with current family size and structure, financial cost of another adoption and their existing child's needs. One parent expressed the frustration felt by many:

I would say no unless a sibling of the boys came up for adoption, then I would say yes, but the paper and the hassle of it would stop me from doing it again. You shouldn't have to do it all again. (Parent of boy, adopted at 25mths from EE)

Just over 50% of the parents had adopted more than once. Over 80% of the parents who adopted a second time gave wanting a brother or sister for their first adopted child as their main reason for adopting again. A further 25% 'always wanted more than one child' and these 2 reasons were often tied together. Many parents elaborated on these key reasons in the following ways:

We did not want her to be an only child, children need company. (Parent of girl, adopted at 18mths from EE)

They would have each other, especially in years to come when we would not be around. (Parent of girl, adopted at 8y from EE)

It wouldn't have been fair to her. We both come from large families. (Parent of girl, adopted at 8mths from EE)

We did not want him to be coping with adoption on his own. (Parent of boy, adopted at 21mths from EE)

Two other reasons occurred in approximately 50% of the responses: the first experience had worked out so well that they were keen to adopt again and they wanted to give another orphanage child a home:

The first one worked out so well and we could offer another child a home. We had the means of doing it. (Parent of boy, adopted at 11mths from A)

Having seen all these ones stuck with no futures when we were in Russia we felt we could give a place to another little fella. (Parent of boy, adopted at 25mths from EE)

A small number had the additional incentive of adopting their child's birth sibling.

Choosing to Adopt from Outside Ireland

Two reasons dominated the adoptive parents' decision to adopt abroad: the lack of Irish children to adopt and the age limits in Irish adoption. Over 70% gave the former as one of their reasons (2/3 of these gave it as the most important consideration) and 38% the latter (3/4 of these as the most important reason).

Several parents commented on the unavailability of Irish children for adoption. One commented: *You're told straight away that there aren't any children in Ireland* and others commented that the lists were *closed* or that they *would not qualify in Ireland*. A small number of others had other reasons for adopting from abroad:

We wanted to give a life specifically to a girl from China. (Parent of girl, adopted at 10mths from A)

We were inspired by the Romanian situation. (Parent of girl, adopted at 8mths from EE)

A small number, less than 10% chose adoption abroad because they thought it would give them more security. Other reasons were: ease of process and less likely to have contact with birth family but these were mentioned by less than 5%.

Choosing Adoption as opposed to Fostering

More mothers (46%) than fathers (35%) considered long term foster care as an alternative to intercountry adoption. This, added to the serious thought many adopters gave to adopting an Irish child, is further evidence that a substantial proportion did consider meeting their need for a child from within Ireland before choosing to adopt from abroad.

Four respondents have fostered in the past or are currently fostering.

When (child) came and things had settled down after a year we decided we'd foster. We rang a social worker and we have fostered twice now, both pre-adoptive and long term fostering. (Parent of boy, adopted at 25mths from EE)

Of those who considered foster care but did not go ahead, the most common reason, mentioned by close to 50% of the adoptive parents, was the insecurity of foster care: the fear that they would become attached to a child and then have to 'give the child back'.

I think I would get attached to them. I know people who foster and they seem to be able to send them back but I couldn't and I think my other child would get attached too. I'd find it heart breaking; I don't think I would be suitable. (Parent of girl, adopted at 29mths from EE)

This was sometimes combined with other issues:

The social worker raised it with us but we feel it is way too precarious; to have to hand the child back after it had become secure would be awful, heartbreaking. A child in foster care has major issues and you wouldn't be able to work. (Parent of girl, adopted at 14mths from EE)

You were told the child has a social worker, the birth mother has a social worker and it felt like you would have no control over the child, also it is not permanent. (Parent of girl, adopted at 14mths from A)

All the other reasons were given by less than 10% of the couples. Some felt that, having had no children of their own they did not have the necessary parenting experience.

We felt that we did not have the skills to foster a child. Somebody that already had kids is more skilled and appropriate. We wanted to have a family of our own. (Parent of girl, adopted at 2mths from A)

Some believed having your own children was a pre-requisite to becoming foster parents. Now that they have adopted some are open to considering fostering:

We have thought about it and still think about fostering, we haven't closed the door on it yet. (Parent of boy, adopted at 24mths from A)

Worries about the complexities and length of the assessment process put some off:

We were quite interested but the process was long and slow and there was too much red tape. (Parent of boy, adopted at 11mths from A)

Choice of Country from which to Adopt

Mothers and fathers were asked for the three most important reasons for choosing the country from which they adopted. The reasons given by mothers and the fathers as couples were substantially similar and this is reflected in largely similar 'mother' and 'father' choice of reasons as reflected in the table below. Table 4.1 indicates the percentage of mothers and fathers who gave the stated reason as a first, a second or a third motivation for adopting from that country.

Table 4.1: Reasons Adoptive Parents chose a particular Country from which to adopt their Child

| Reason | Mothers (%) | Fathers (%) |
|---|-------------|-------------|
| Availability of children in that country | 37 | 35 |
| Contact with other adoptive parents who had adopted from that country | 35 | 35 |
| Child of same race as parents | 27 | 26 |
| Drawn to the country and culture | 29 | 16 |
| Ease of process | 17 | 16 |
| Length of waiting time in that country | 12 | 11 |
| Bi-Lateral Agreement in place | 11 | 11 |
| Another child adopted from that country | 11 | 11 |
| Previous connection with that country | 9 | 6 |

Overall the figures reflect the drive of the adopters to succeed in adopting a child. Many in the ‘contact with other adoptive parents’ group were influenced by reports of the availability of children in particular countries:

All of the other couples in our preparation course were going to Russia so we decided we would go together and help each other. (Parent of girl, adopted at 29mths from EE)

The race of the child was a significant factor for just over a quarter of the parents and the leading reason for 18%. Couples explained this in terms of their views on the difficulty of a child from a different race fitting into their community.

Parents added a range of other reasons for their choice; the most important of these were the news media and other publicity highlighting the plight of children from different countries.

Knowing the situation in China and the one child policy, the little girls there are being given up through no fault of their own. (Parent of girl, adopted at 7mths from A)

Costs involved in Adoption Process

Information is missing from four families relating to the costs incurred, either because they could not recall the cost involved, or did not want to reveal this information. Parents were first presented with a chart with a range of potential costs, in intervals of €5,000. They were asked to select the interval, which most accurately reflected the cost that they had incurred in the entire adoption process. Following this, parents were asked to indicate the breakdown of the costs, in terms of travel and hotel costs, agency fees, legal fees, etc. Table 4.2 presents the range of costs incurred for a selection of countries at the time of adoption.

Table 4.2: Total Costs in Adoption Process (by Country)(Time Period : 1980-2004)

| Country (no of respondents) | Range of Costs |
|-----------------------------|-------------------|
| Russia (n = 61) | €5,000 – €35,000 |
| Romania (n = 34) | €1,000 – €35,000 |
| China (n = 21) | €1,000 – €19,000 |
| Vietnam (n = 13) | €5,000 – €25,000 |
| Kazakhstan (n = 12) | €10,000 – €45,000 |
| Belarus (n = 10) | €1,000 – €15,000 |
| Guatemala (n = 10) | €5,000 – €30,000 |
| Ukraine (n = 5) | €10,000 – €30,000 |
| Thailand (n = 3) | €1,000 – €10,000 |

In terms of the breakdown of costs, parents generally found it difficult to recall the proportion of the total cost that was attributed to flights and travel, legal costs, agency fees, etc⁹. However, some tentative descriptions can be made. Hotel and travel costs accounted for only one quarter of the total costs, in almost 60% of cases. In the remaining families, hotel and travel costs accounted for a larger proportion, but in only 10% of cases, did hotel and travel costs account for more than half of the total costs. Legal costs and translations accounted for one-third of the costs or less in 40% of cases, and over one-half or more of the total costs in another 40% of cases.

In terms of donations to the children's home (if there was one), the overall impression is that this accounted for a lower proportion of the costs. For example, in almost 80% of cases, the donation to the children's home accounted for one-quarter or less of the total costs. However, a number of caveats are in order here: many parents emphasised that a particular proportion of their agency fee automatically went to the children's home – the exact proportion was unknown in many cases. Furthermore, many parents brought gifts to the children's home, such as medical supplies, nappies etc. Thus, while there may have been no monetary contribution, donations were made in other forms. Finally, fees to mediation and government agencies accounted for a larger proportion of the overall cost – in over half of all cases, such fees accounted for over 55% of the total cost. In about one-quarter of cases, such fees accounted for at least three-quarters of the total cost.

Parents Travelling to meet Child in Country of Birth

Ninety four percent (94%) of the adoptive parents travelled together to the child's country of birth for the adoption process. Over the whole sample the average length of time spent in the child's country of birth was 2½ weeks but there was variation; 26% were there for a week or less and 6% (10 couples or single adopters) were there for longer than a month in total. However there was considerable consistency among the principal countries. The average time for all countries except Guatemala was between two and three weeks. In Guatemala it was six days.

9 In all of countries from which parents in the study adopted, there are different procedures in relation to how children are identified for adoption and matched with parents. In some countries (Russia, Romania, Guatemala, Kazakhstan,) private adoption agencies, either in the sending country or in the USA, facilitate the adoption, and fees are paid directly by parents to these Agencies. This was also the situation in Vietnam until the bi-lateral agreement was signed with the Irish Government in 2004, which changed the arrangements in relation to costs. (Note : the majority of participants in the study had adopted children in Vietnam prior to this date.) For some other countries, such as Thailand, China, the Philippines and Belarus there are (or were) bi-lateral agreements or working arrangements between the Irish Government and the Governments of these countries. Where these agreements exist, costs have been negotiated between the two Governments.

Child's Age at Adoption

Children ranged in age from younger than one month to 10 years and 9 months at adoption. The mean age at adoption was 17 months (s.d. = 18.029). Half of the children were adopted before their first birthday, and three quarters of the children were adopted younger than 19 months of age. Tables 4.3 and 4.4 below summarise the key findings relating to the age of the children at adoption.

Table 4.3: Summary Descriptions of the Age of Children at Adoption

| Summary Descriptions of Age at Adoption | Months | Years |
|---|--------|-------|
| Mean age | 16.93 | 1.40 |
| Standard Deviation | 18.03 | 1.50 |
| Minimum Age | < 1 | <0.08 |
| Maximum Age | 129 | 10.75 |
| Age at or below which one quarter were adopted (25th percentile) | 8 | .67 |
| Age at or below which one half were adopted (50th percentile) | 12.5 | 1 |
| Age at or below which three quarters were adopted (75th percentile) | 19 | 1.58 |

Table 4.4: Classification of Age of Children at Adoption (n = 180)

| Age at Adoption | Frequency | Percent |
|-----------------------------------|-----------|---------|
| Six months or younger | 30 | 18.2 |
| Over six months to one year | 61 | 37.0 |
| Over one year to eighteen months | 42 | 23.3 |
| Over eighteen months to two years | 17 | 9.4 |
| Over two years | 30 | 16.7 |

Comparisons of the ages of adoption for children from Romania, Russia, Vietnam and China indicated a number of significant differences. Significantly fewer of the children from Russia were younger than one year of age when they were adopted, while significantly more of the children from Vietnam were younger than one year of age (Chi-Square = 75.192, df = 3, $p < 0.001$). The percentages of children adopted from these four countries before and after 12 months of age are illustrated in Table 4.5.

Table 4.5: Percentage of Children adopted before and after 12 months, by country of birth

| Country of Birth | Percentage of Children | |
|-------------------|---------------------------------|------------------------------|
| | Adopted at 12 months or younger | Adopted older than 12 months |
| Romania (n = 34) | 18 | 82 |
| Vietnam (n = 13) | 100 | 0 |
| Russia (n = 63) | 5 | 95 |
| China (n =21) | 0 | 100 |

Parent's Age at Adoption

Mothers ranged in age from 26 to 51.5 years at the time of adoption. The mean age of mothers at the time of adoption was 39.16 years (s.d. = 4.49). Half of the mothers were 39.5 years or younger, when they adopted, and three quarters of the mothers were 42.3 years or younger, at the time of the adoption.

Fathers ranged in age from 29.4 to 58.7 years at the time of the adoption. The mean age of fathers at the time of the adoption was 40 years (s.d. = 5.02). Half of the fathers were 39.8 years or younger when they adopted, and three quarters of the fathers were 43.5 years or younger, at the time of the adoption. Table 4.6 below summarises the key findings relating to parents' age at the time of the adoption.

Table 4.6: Summary Descriptions of the Age of Parents at the time of the adoption

| Summary Descriptions of Parents' Age at time of adoption | Mother Age (Yrs) | Father Age (Yrs) |
|---|------------------|------------------|
| Mean age | 39.16 | 40 |
| Standard Deviation | 4.49 | 5.02 |
| Minimum Age | 26 | 29.4 |
| Maximum Age | 51.5 | 58.7 |
| Age at or below which one quarter were, at time of adoption (25th percentile) | 36.1 | 36.3 |
| Age at or below which one half were, at time of adoption(50th percentile) | 39.5 | 39.8 |
| Age at or below which three quarters were, at time adoption (75th percentile) | 42.3 | 43.5 |

Child's Exposure to Risk Factors prior to Adoption

Parents were asked if they knew whether their child had been exposed to a number of risk factors such as prenatal exposure to drugs or alcohol, malnourishment, premature birth, institutionalisation, neglect or abuse.

Table 4.7: Parental Perceptions of Child's Exposure to Risk Factors prior to Adoption

| Risk factor | Yes (%) | No (%) | Suspect (%) | Don't Know (%) |
|---|---------|--------|-------------|----------------|
| Prenatal exposure to drugs or alcohol | 11 | 33 | 7 | 48 |
| Birthmother malnourished during pregnancy | 10 | 30 | 7 | 53 |
| Premature birth | 21 | 47 | 3 | 30 |
| More than 6mths in institution | 70 | 29 | - | 1 |
| Neglect of affectional needs | 42 | 44 | 3 | 11 |
| Neglect of physical needs | 31 | 57 | 3 | 9 |
| Physically abused | 4 | 76 | 1 | 19 |

These figures are as interesting for what parents did not know as for what they did know. They point to real deficits in the knowledge parents have about their child's history. Only half of the parents knew whether their child had been exposed to malnourishment, drugs or alcohol before birth and a third did not know whether or not their child had been born prematurely. Seventy percent (70%) reported that their children had spent longer than 6 months in an institution. It could be argued that this indicates their need for a family and that this is not being provided in their country of birth. The extent to which these children have emerged with problems and have needs as a result of their experiences of institutionalisation will be explored elsewhere in the report.

We must be cautious in the interpretation of these findings. With respect to information regarding their children's pre-natal history, clear reliable information was lacking, and in many cases, parents were dependent upon information from sources which were often not verified. In terms of parental reports on neglect of physical and affectional needs, there was wide variation in the extent to which parents had been exposed to their children's pre-adoption environment. Also parental expectations regarding children's development at the time of adoption were different. It is most likely that all of these factors play an important role in the formation of parents' impressions of their child's exposure to risk prior to adoption.

Child's History from Birth to Adoption

In order to establish the type and amount of information parents will have for their children in the future, parents were asked what they knew about their child's history from birth to adoption.

This information was incomplete (158 responses), some parents did not know the detail, some were unwilling to discuss it and some responses were vague. Some parents who told us what they knew were doubtful as to the accuracy of the information.

Table 4.8: Children's Care Situation prior to Adoption Placement

| Care Situation | Frequency (n=158) | Percent of valid sample |
|-----------------------------------|-------------------|-------------------------|
| Children's Homes | 69 | 44 |
| Foster Care | 22 | 14 |
| Birth Family | 8 | 5 |
| Hospital | 11 | 7 |
| Hospital and Children's Homes | 23 | 15 |
| Foster Care and Children's Homes | 13 | 8 |
| Birth Family and Children's Homes | 12 | 8 |

The overall trend is clear: the majority of children experienced institutional care prior to their adoption. Sixty six percent (66%) experienced only institutional care (children's home or hospital) and 82% experienced some institutional care (all respondents minus those cared for only by birth family or foster care). Only 5% were cared for solely by their birth parents and a further 8% were cared for by their birth parents for a period of time before placement in a children's home. Fourteen percent (14%) were fostered as the main form of care and a further 8% experienced foster care, usually after a period in a children's home and often arranged for and paid for by their adoptive parents.

Table 4.9 indicates the dominance of foster care in some countries and its complete absence in others. Twenty two percent (22%) experienced a period of a month or longer in hospital usually immediately following birth. Many of these children were abandoned in hospital by their mother or parents and appeared to wait there until transfer to a children's home. The pre-adoptive care for the children varied widely from one country of birth to another as illustrated by a selection of the countries of birth in Table 4.9.

Table 4.9: Number of Children in each Care Situation prior to Adoption Placement by Country of Birth (%)

| Care Situation | Russia | Romania | China | Kazakhstan | Vietnam | Guatemala | Belarus |
|-----------------------------------|--------|---------|-------|------------|---------|-----------|---------|
| Children's Homes | 57 | 26 | 75 | 92 | - | - | 50 |
| Foster Care | - | 4 | 15 | - | 70 | 90 | 10 |
| Birth Family | - | 15 | - | - | 30 | 10 | - |
| Hospital | 8 | 11 | - | - | - | - | 10 |
| Hospital and Children's Homes | 24 | 7 | - | 8 | - | - | 30 |
| Foster Care and Children's Homes | - | 33 | 10 | - | - | - | - |
| Birth Family and Children's Homes | 12 | 7 | - | - | - | - | 10 |

Apart from Russia, Romania, and China, the numbers of children from each of the countries in the sample were low, (all less than 20). The Table does however give a clear indication of the contrasting pre adoption care available in the different countries, varying from Russia with a total reliance on institutional care to Vietnam¹⁰ and Guatemala with no institutional care and total reliance on foster care.

Parental Impression of Child's Home prior to Adoption

Seventy eight percent (78%) of the adoptive parents saw where their child was living prior to placement for adoption. Those who did not were predominantly in situations where the introductions were arranged away from the children's home or the foster home, which was the case in China and Guatemala.

The adopters were asked through an open question to give their impressions of the home their child was living in prior to placement with them. A small number commented on foster homes, these were mostly positive about the care the children received but often they commented on the poor living conditions of the foster families. In relation to children's homes there was a wide variation on what they chose to comment on. The analysis paid particular attention to the parents' comments about the emotional care the children received. The comments fell into 5 broad groupings:

1. favourable comments about meeting the child's general emotional needs;
2. unfavourable comments about meeting the child's general emotional needs;
3. neutral about emotional care but complimentary about physical surroundings;
4. overall neutral comments;
5. adoptive parents were not allowed to see beyond an office or one playroom.

Approximately one third of the comments were favourable (group 1), one fifth were unfavourable (group 2), a quarter commented favourably on the physical surroundings (group 3), one quarter were neutral or saw little of the institution (groups 4 & 5).

Many of the parents' comments were based on their poor expectations not being fulfilled.

The baby home was in good condition, it's not like what you see on the television, they were well looked after. (Parent of boy, adopted at 4y, from EE)

But for some their worst fears were realised.

Don't mention it, it was so awful, terrible. I can still get the smell of it. There was a huge room full of toys but the kids never got them. There were 279 children in the orphanage and they were all in cots, tied and rocking. Only 9 care workers for all of these. (Parent of boy, adopted at 34mths from EE)

There were a wide variety of comments about different homes in the same countries. The following all relate to Russian children's homes:

10 Since the signing of the bi-lateral agreement between the Governments of Vietnam and Ireland in 2004, children adopted from Vietnam are adopted from institutional care.

Outside was derelict but inside – music, heat, children laughing; beautiful atmosphere, his eyes lit up when he was with the carers. (Parent of boy, adopted at 9mths from EE)

It was bleak, 70 children but no noise, no laughing. (Parent of girl, adopted at 7mths from EE)

Orphanage, 18 cots to a room, children not stimulated, big ward with a playpen, children allowed 1 hour a day in the playpen ... a very raw experience. (Parent of girl, adopted at 9mths from EE)

In one city adoptive parents compared their experience to other adopters:

It was clean and warm but there was a stench of the food they were cooking, we were put in this lovely room with all these toys that were not played with. I felt they were trying to impress. We met an American couple the day we went to court.... And there were only 30 babies in their baby home and there were about 150 in ours. Our baby house was not great there were better ones in (city) than ours. (Parent of girl, adopted at 11mths from EE)

The comments on Romanian 'orphanages' were predominantly negative. The Romanian children in the sample were older and so the comments relate to practice in that country of at least six years ago. A couple who had adopted in the early 1990s commented:

We never saw where they were kept, just a room with two chairs. We did see another orphanage which smelled of urine. There were 4 or 5 children in a cot. They were naked, some had tea towels wrapped around them. You couldn't hear one noise from a child. (Parent of boy, adopted at 44mths from EE)

The comments about Kazakhstan and the Ukraine were predominantly positive, particularly about the care of the children.

It was good, clean, lovely. There were children of up to 16 there; the older children went to school. The children were well stimulated. The smaller children went to Art classes. The school director was named 'Citizen of the year'. (Parent of girl, adopted at 18mths from EE)

Contact with People who cared for Child prior to Adoption

The parents of 55 children (31%) did not meet anybody who cared for their child before adoption. 16% of the adoptive parents said they had met the birth parents around the time they took responsibility for the child who was being placed for adoption. Adoptive parents most frequently mentioned the Director of the Children's home as a person they had met in the country of birth. This was the case for 70% of the children and this was often in conjunction with meeting the child care workers. Parents also met foster parents and small numbers also met doctors, social workers and adoption workers (or facilitators) who knew their children.

Since returning to Ireland, approximately a third of adoptive parents appeared to be maintaining some contact¹¹ with various people in the country of birth of their child¹². This contact mostly consisted of contact with the Director of the Children's Home or the person who, on behalf of a Mediation Agency, facilitated the adoption. The contact took a variety of forms and was driven by a range of motivations.

I ring the facilitator and the interpreter once or twice a year and the facilitator comes over here once a year. (Parent of boy, adopted at 28mths from EE)

We write to the facilitator twice a year in case birth mother should come looking for information. (Parent of boy adopted at 9mths from SA)

We write. Staff were very upset when she was leaving. They were very attached to her. (Parent of girl, adopted at 8mths from EE)

Frequently the pattern was for the adoptive parents to make an initial effort to maintain contact but to give up when there was no response or in the face of other pressures:

They have siblings in Russia and we did write to them but the letter was returned, it wasn't delivered. (Parent of girl, adopted at 46mths from EE)

For the first 18 months we sent photos to the Director of the orphanage for the parent but then we just got busy caring. (Parent of girl, adopted at 8mths from EE)

A small number (less than 10%) described continuing contact with some members of the birth family, usually the birth mother¹³. This contact was in the form of letters and photos sent by the adoptive parents through a person who had contact with the birth family, though in a small number of instances the contact was direct. There were descriptions of information coming back from the birth family. The most enthusiastic said:

We are in contact with birth mother twice a year by letter. She writes back, it's fantastic considering we are at different sides of the world and she has agreed to meet when we go to adopt a second time. She is a lovely woman and she always refers to the fact that she is not able to come for her. (Parent of girl, adopted 4mths from EE)

And for others who tried to keep contact there was the anxiety about whether or not the correspondence and photographs arrived:

Send letters, but it is one way and we don't know if they get there. (Parent of girl, adopted at 3mths from, EE)

There were also a small number of families who kept in contact with foster families and with whom there continues to be an exchange of information:

His foster family send him a birthday card and Christmas card every year and we write to them and send photographs. (Parent of boy, adopted at 25mths from EE)

11 Not including any contact maintained through the completion of Post Placement Reports which are submitted through and between the statutory authorities in Ireland and the various countries of birth of the children.

12 This figure does not include those who have contact with birth family which is reported below.

13 In just one instance the birth mother had died.

There was little sense in these discussions that the adoptive parents had any consistent guidance on how they should approach the various possibilities of post-placement contact. Several had been warned off:

It wasn't encouraged. The facilitator gave you the impression; this is business and leave your emotions outside the door. (Parent of boy, adopted at 12mths from EE)

This lack of official encouragement in some countries of birth is perhaps reflected in the 'no response' to adoptive parents initial efforts described above and was evident in the uncertainty of some in relation to the distribution of the post placement reports. There were isolated worries expressed about what the loss of contact might mean in the future:

In hindsight we probably should have maintained that direct contact but we were not to know at the time. We will try and search for her (birth mother) in a few years time though we don't know how we will go about that. (Parent of girl, adopted at 29mths from EE)

Information in relation to Circumstances of the Child's Relinquishment

In order for parents to be able to give their child a complete history of their adoption, information in relation to the reasons why they were placed for adoption will be important. Eighty percent (80%) of the parents said that they had received information about how their child became available for adoption.

There was a large degree of overlap in the reasons why children could not be cared for by their birth parents, the main ones reported by parents being: abandonment / parent not able to care due to poverty / single parent. The different emphases in the parents' responses do give added insight into the situation of the children's mothers and the 'story' the adopted children will grow up with. Because of the overlapping reasons the responses are divided into broad categories. The dominant reasons were 'abandonment' and 'poverty', added together they occurred in 70% of the responses, when mother 'not able to cope' (for unspecified reasons) and mother a 'single parent' are added over this rises to over 90%. A small number (5%) were removed from their parents by state intervention.

Abandonment:

Abandoned at eight days old she was left at a busy train station we know what she was wearing. (Parent of girl, adopted at 8mths from A)

The children were found in the street and brought to an orphanage by the police. (Parent of girl, adopted at 37mths from EE)

Poverty:

If you saw where they lived you would not believe it. (Parent of girl, adopted at 19mths from EE)

Unable to care:

Her mother was a widow with two older children. She couldn't have cared for more children. (Parent of girl, adopted at 7mths SA)

Removed by the state:

He was taken off his parents by the state because of physical neglect. (Parent of boy, adopted at older than 5y from EE)

Single parent:

She was disowned by her birth mother and her grandparents because she was born out of wedlock. (Parent of girl, adopted at 29mths from EE)

The extent to which poverty and lack of support for mothers occur in the reasons the children were relinquished for adoption does raise the broader issue of the support for parents in their countries of birth. The scant information many parents had about the child's relinquishment will make it difficult to meet the child's need for information as they get older. There were occasional exceptions:

We met the mother who said she would not be able to work and care for her. She had not seen her since birth (she was now 2). The biggest problem was that her parents did not know. (Parent of girl, adopted at 29mths from EE)

Mother couldn't afford to keep her, she was a student from the country, she came to live with her grandmother in the city to study. Her father was also a student, when he found out she was pregnant he abandoned her. (Parent of girl, adopted at 4mths from SA)

The adoptive parents' knowledge of other key facts about the child's birth family are set out in the Table 4.10 below:

Table 4.10: Adoptive Parents with Key Information about their Child's Birth Family (%)

| Key information | Percent of Adoptive Parents |
|----------------------------|-----------------------------|
| Exact birth place | 80 |
| Birth mother name | 80 |
| Birth mother circumstances | 60 |
| Birth father name | 38 |
| Birth father circumstances | 24 |
| Existence of siblings | 60 |
| Circumstances of siblings | 40 |

The deficits in this information are significant and this dearth of information means that for a significant number of the adopted children it will be very difficult or impossible for them to find out more or to trace their birth family in the future.

Approximately one third of the parents were able to obtain additional information. This was often medical history. Some parents were very persistent and the comments below refer to the different situations in various countries:

We got all of their medical information, the names of the birth mother's sisters, the name of the area they're from. (Parent of boy, adopted at 28mths from EE)

We had to really push to go to the town where she was born. We told them that it was really important for Irish people to know where they were from. (Parent of girl, adopted at 4y from EE)

We had a certificate of abandonment, and information on who found her. (Parent of girl, adopted at 15mths from A)

We were given the full medical file and we asked them to photocopy anything they had in Russia. (Parent of girl, adopted at 9mths from EE)

We got a record of his life in the orphanage & foster home with photos of his friends, foot & thumbprint, photos of him every month. (Parent of boy, adopted at 11mths from A)

But some remained confused and not convinced by what they were given:

We got most of what they had but we had given them a camera to take photos of them in the foster home and we never got it back. (Parent of boy, adopted at 17mths from EE)

It was very vague, her routine, eating, playing but we don't believe it. (Parent of girl, adopted at 9mths from A)

We don't know if siblings exist - were given differing stories around siblings. (Parent of boy, adopted at 12mths from EE)

Many other parents tried to get further information but were largely unsuccessful. In the main they thought this was because there was no other information available to the agency or the authorities but many also felt the authorities were being obstructive and there was no tradition of sharing information. Others were overwhelmed and intimidated by the situation and the language barrier.

These descriptions are given by parents of how they tried to get information:

We got what they had; we did our best when we were over there because we knew that was our one chance. (Parent of boy, adopted at 14mths from EE)

They gave us what they had but we were very persistent and asked 61 questions and taped the answers. We hope it's true. (Parent of boy, adopted at 14mths from EE)

They definitely had more info but they told us that in Russia adoption is secret and they don't give out information. (Parent of boy, adopted at 7mths from EE)

We were overwhelmed by the language barrier, we didn't even ask about her siblings. (Parent of girl, adopted at 15mths from A)

It was frowned upon to ask questions- we did not want to rock the boat. (Parent of boy, adopted at 10mths from EE)

We got this information through our own research, not at time of adoption. We want to maintain contact for the future. (Parent of boy, adopted at 6mths from EE)

We didn't really try. We were afraid to in a way. (Parent of boy, adopted at 7mths from EE)

We asked for more including his medical history but we didn't realise the importance of getting it. (Parent of boy, adopted at 6mths from EE)

Parents commented on what would have been an illegal adoption practice in Ireland:

In Russia they ask you if you want to change the date of birth and the town of birth. If you do you have to fill out a form. (Parent of boy, adopted at 11mths from EE)

In court we were asked by the judge if we wanted to change the date and place of birth ... I thought that extraordinary, we chose not to change it. How could you do that? (Parent of girl, adopted at 8mths from EE)

We were advised to slightly change her place of birth ... for passport purposes. We allowed this change. (Parent of girl, adopted at 8mths from EE)

One parent summed up the dilemma for many adoptive parents:

I think a lot of people want a clean slate, to forget about the past. That is wrong. It is a complete chapter in their life. You have to be able to overcome the authorities in the country who don't want you to have information on background. (Parent of boy, adopted at 27mths from EE)

The wide variety of experiences and many adoptive parents' difficulties indicate their need for training and support in this area.

Preparation of Child for move to Adoptive Parents

It is conventional practice in domestic adoption of older children to prepare the children for their move to new parents. This starts with helping the child come to terms with the idea of moving to a new family, which then proceeds to an exchange of photos or albums between the child and the prospective adoptive parents (through the social worker and the foster parents), to first meetings. The final stages are a number of overnight stays and then final placement. Parents in the study were asked if any of this kind of preparation had been done with their children prior to adoption.

Just under 40% of the parents said that their children had had some preparation for their new placement. Forty seven percent (47%) thought there had been none and 14% did not know whether there had been any or not. Many of the parents commented that their child was too young to have had any preparation done with them. There was very little variance within these percentages between the main sending countries.

The preparation which had been done was in general fairly minimal, the most common being the children being told about their adoption and their new 'mum' and 'dad'. Where children were in children's homes and the parents are in the country for the adoption process, many were given the opportunity of spending time each day with their child. A small number mentioned an exchange of photos and others the services they paid for to help the children adjust, especially those in foster care. These included giving money to buy clothes and toys.

An example of the best and worst practice will illustrate the contrasting practice in countries of birth.

The social worker that was employed by our agency visited them quite a lot and explained everything to them and the social worker for the region who was attached to the orphanage did a lot of work with them as well. The director of the orphanage seemed eager to have them placed and did a lot of work for them. They were given photos of us and all our kids and all the rooms in our house. They were encouraged, ready and well prepared for leaving. (Parent of girl, adopted at older than 5y from EE)

Prepared? On the contrary, I'll never forget, she was handed to us, after us bringing in loads of clothes and nappies, and the child was still handed to us completely naked and her bum was all raw and there was a rash and everything. She was never in nappies. (Parent of girl, adopted at 11mths from EE)

First Meeting with the Adopted Child

Parents' Feelings

Parents were asked to describe their own feelings upon meeting their child. During the first meeting with the child they were to adopt, the great majority of both the adoptive fathers and mothers reported that they were overjoyed, although this was often tinged with feelings of terror, shock and a surreal sense of disbelief. Approximately a quarter of the mothers and the fathers expressed worries or misgivings. For the mothers these were mostly some alarm at how the child looked or concern about their own feelings for the child, or the child's feelings for them. For the fathers (and fewer of the mothers) the joy and excitement of the

situation was often diminished by the difficult circumstances of the meeting. These variations are illustrated in the comments that follow.

Some parents saw the meeting as the end of a long and painful journey through infertility and often it was literally the end of an exhausting physical journey. For some the whole experience had a surreal quality:

Overwhelmed, magic, it's surreal because of the whole lead up from infertility; it all feels like it won't happen. You are so apprehensive about whether it will work. She'll be gone; they will give her to someone else. And then the birth mother came with her under her arm. The way mum was you didn't need language. You could see in her eyes she was so compassionate and sad. (Mother of girl, adopted at 39mths from A)

We spent a long time getting there We were exhausted but it was total elation when we saw him. (Father of boy, adopted at 5mths from EE)

Surreal, you forget what you are going for, it's like you are outside it all. (Father of girl, adopted at 19mths from EE)

It was surreal, you had been thinking about it for so long and suddenly there he is. I was delighted. (Mother of boy, adopted at 7mths from EE)

You can't believe you are there, you're thrilled, the excitement, all your dreams have come true, and yet you are pinching yourself to make sure you are there. (Mother of girl, adopted at 9mths from EE)

It was great but we were exhausted. We had just got off a long flight. (Father of girl, adopted at 6mths from SA)

Many commented on the emotional high:

Scary, overwhelmed, very, very emotional I cried and cried, it's a day I will never forget (Father of boy, adopted at 18mths from EE)

Absolutely brilliant, no words could describe it, I just wanted to get him home. (Mother of boy, adopted at 16mths from EE)

A feeling of love, this is going to be my baby. The giving and receiving ceremony was lovely. (Mother of girl, adopted at 1mth from A)

I felt a bond and wanted to have her and give her what she would never have in Romania. (Mother of girl, adopted at 3mths from EE)

Approximately 10% of the adoptive parents (mostly mothers) commented that their feelings at this first meeting were dampened by concerns for their new baby:

It was worrying because he did not look great. (Mother of boy, adopted at 44mths from EE)

He was very unresponsive and we were very worried. (Father of boy, adopted at 18mths from EE)

I couldn't believe how desperately ill she was. (Mother of girl, adopted at 12mths from A)

One mother was glad she had had some warning of what might be to come:

I was gutted. I thought looking at him that there were problems. Only one other adopted parent told us (about the first meeting) and the scrawny and neglected child who was handed to her. I'm so glad we were told about that. You are travelling and your emotions are everywhere you really do need to have talked to someone who can tell you what it will be like. (Mother of boy, adopted at 14mths from EE)

A further ten per cent (10%), again mostly the mothers, were worried about their feelings for the child:

Amazing, very emotional, you do fear will you bond with the child. You fear will you get the child you were promised? (Mother of girl, adopted at 4mths from A)

I didn't feel she was mine because her birth mother was still caring for her. (Mother of girl, adopted at 11mths from EE)

A further small group of parents, more fathers than mothers, commented on the unfavourable situation and circumstances that these first meetings took place in.

I was happy when I saw him. It's a very surreal experience. You are in the Director's office, it's an artificial situation, an intimidating experience. You see him for one hour a day for seven days and you are watched to see if you are bonding. This takes place in a big, huge non friendly room. (Mother of boy, adopted at 11mths from EE)

I was apprehensive because he was so gorgeous and things could still go wrong at this stage, papers not yet signed. (Father of boy, adopted at 12mths from EE)

I felt great but the children weren't isolated so we had about 20 children coming running to us so we were a bit overwhelmed. (Father of boy, adopted at 26mths from EE)

There were isolated comments expressing worry about the whole situation they were in:

I was scared witless, terrified. You felt guilty taking her from her culture and place and sad she couldn't stay in her own place. I wondered how I would feel if I saw a foreign couple leaving Ireland with a white Irish child. (Mother of girl, adopted at 18mths from O)

And also anxiety when, upon meeting the child, parents had doubts as to whether it was the child with whom they had been matched originally:

Got a fright as I didn't recognise her from the photo, wondered if they were giving us a different child because she was so tiny. Confusion. Is this really our child and you are overly suspicious because of the past. (Mother of girl, adopted at 14mths from EE)

And finally, in a small number of instances there was great confusion when couples were meeting their child and in one instance parents got a different child than had been matched with them. There was significant trauma experienced by these parents:

There was a dampener and confusion because we were with another couple. They took the child initially meant for us (Mother of boy, adopted at 8mths from EE)

No, because when we got there, the mother had changed her mind and we got another child. I had bonded with the photo we had got of the first child and I was very upset to hear this. (Mother of girl, adopted at 1mth from A)

Despite the fears and confusion expressed around parental feelings at the first meeting with their child, for the majority of parents the overwhelming feelings expressed were feelings of joy and excitement:

I felt great. I cried. I just kept looking at him. (Father of boy, adopted at 24mths from EE)

First Impressions of Child

Parents' first impressions of the child they were to adopt were predominantly positive. Approximately one third of the parents, however, expressed concerns. Inevitably first impressions were mainly of the physical health of the child. Many parents were delighted:

Gorgeous baby, beautiful, felt I bonded with him straight away. Developmentally he was fine. (Mother of boy, adopted at 7mths from SA)

It was nice to see them, two little lads. (They looked) healthy lying side by side in a cot. (Father of boy, adopted at 7mths from EE)

She was a lovely baby, but she seemed so different from the photo we had been sent. (Father of girl, adopted at 14mths from EE)

This last comment was one of a number that refer to the photo or video that the parents had at the referral stage. Some were reassured that the child they were introduced to was recognisable as the one with whom they had been matched, others were worried that he / she was not. A few fathers seemed to almost miss the impact of this first meeting, they were so busy videoing it.

Most of the 'worried' first impressions were also in relation to the child's physical appearance and usually that the child was small, thin and sometimes sickly:

She had no light in her eyes, she was very, very small, no spark. I knew something had happened to her. (Father of girl, adopted at 4y from EE)

She was malnourished. She couldn't sit up. She had spent 12 months lying down. (Father of girl, adopted at 12mths from A)

She was in a very poor state physically. She was dirty and had spots. (Mother of girl, adopted at 8mths from EE)

Some parents were immediately aware of and worried or reassured by the emotional context of the meeting:

He was a strong-minded individual and he reacted negatively to us which was good. It meant he was attached to those around him. (Mother of boy, adopted 14mths from EE)

They came to us straight away, you could see they needed love. (Father of boy, adopted at 34mths from EE)

I wondered will she take to us at all. In the orphanage she wouldn't come to us, she didn't go near me. (Father of girl, adopted at 24mths from EE)

The parents' responses in these areas of their first impressions and feelings on meeting their child were very high in emotional content. As would be expected, even many years later, parents recall these moments vividly, with great feeling and even some tears.

One of the most emotionally draining days I ever had. It's the first time in the whole process that you are 100% sure this is what you want to do but you are very anxious that it will come together and it will really happen now that you have met her. I can still get the sense of smell going into the place we went to meet her. (Father of girl, adopted at 29mths from EE)

I thought he was beautiful: he was totally different in real life compared to his video. When I saw him first I could not believe how small he was, he was tiny for a 2 year old. All he wanted to do was play with the toys we had brought him. He had a big smile on his face. (Mother of boy, adopted at 24mths from EE)

Child's Health Status at Initial Meeting

Almost all parents were able to give descriptions, in some detail, of their child's health status at the first meeting. When commenting on their child's physical well being, many parents also included comments on how they had noted different aspects of developmental delay. They most often attributed these developmental delays to poor physical care in the institution or in the foster home. The question asked of parents referred specifically to the physical health of their child, and so it is almost certain that developmental delay is understated in the responses below. It is important to note also, that the comments recorded are parental reports and impressions of child's health status, and not medical or health professionals' opinions.

Table 4.11: Parental Reports of Child's Health Status at First Meeting

| Health Status | Percent of Valid Sample (n=174) |
|---|---------------------------------|
| Healthy | 44 |
| Healthy but with one or more specified physical illness | 17 |
| Developmental Delay | 15 |
| Malnourished | 14 |
| Unhealthy (physical) | 10 |

Parents who described their children as healthy stated that when they met their child they had been physically well, well cared for and had reached developmental milestones appropriate for their age:

He seemed to be healthy. He was 11kgs at 18 months, he made eye contact and allowed us to lift him (Parent of boy, adopted at 18mths from EE)

Parents who said their children were healthy but had one or more specified illnesses (which were treatable upon return to Ireland) gave examples such as:

Generally we felt she was healthy, we found out later that she had ear infections (Parent of girl, adopted at 2mths from A)

Bad rash and deep marks on her temple from cot banging (Parent of girl, adopted at 18mths from A)

Parents who reported their own observations of developmental delay reported issues such as: children being “floppy” or unable to sit up; children who had no language; children who were unresponsive and lacked skills of social interaction such as smiling or holding eye contact; children whose gross and fine motor skills were delayed:

Very small, undernourished, underweight, very bad hair, well below developmental milestones. (Parent of girl, adopted at 4y from EE)

She was very thin, she had no teeth and could not sit up (Parent of girl, at 10mths from A)

It was the impression of parents when they noted evidence of poor physical care that it was generally as a result of nutritional deficiency or malnourishment. This they said resulted in children being underweight for their age:

Very thin, very light in weight, very skinny and light, but not physically sick (Parent of boy, adopted at 25mths from EE)

She was very small for her age. She was wearing 6 month old dresses at 16 months. She didn't get proper food and she is a picky eater now (Parent of girl, adopted at 11mths from EE)

When children were reported as having been “unhealthy” at the time of adoption parents commented upon an overall physical state of wellness and also on the developmental level. For example:

She was unwell and limp (Parent of girl, adopted at 4mths from A)

Undernourished and had eczema, risk of something inherited from mother, they were worried, and she had spent a lot of time in the Orphanage and so there were issues about that. (Parent of girl, adopted at 9mths from EE)

Whereas most parents had sought medical advice from General Practitioners or Pediatricians on returning to Ireland, it should be noted that there is in fact no requirement for parents to have their child assessed, nor is there a service available which offers specialised assessment of children who have been adopted from abroad.

Child's Reaction to Adoptive Parents during first 48 hours

The first meeting between child and adoptive parents was followed, sometimes almost immediately, though more often some time later when legal processes were complete, by their taking responsibility for their child for the first time. This frequently occurred in less than ideal circumstances such as hotel rooms. Parents then went on long journeys back to Ireland with the children. Many of these children had never previously been outside a children's home or in a car, let alone an aircraft.

The adoptive parents described a very wide range of experiences and reactions of their child. For approximately half of the children the parents reported no marked distress in the first days of their care; for a third they reported distress for some hours or a night of distress that was followed by the child settling to their care. The child's age and their previous experience of carers feature in the parents' descriptions of their child's reactions. Those who took care of small babies often experienced little reaction from the child. Those whose children were older and being moved from existing attachments with individuals or from familiar circumstances often experienced more difficulties in their initial care of the child. Almost all the parents described themselves as coping well but occasionally situations developed with which the new adoptive parents had difficulties. Examples of the early days of caring going well were:

We had her for 2 weeks there on our own and it was fine. She settled very well with us. She was only 3 months so not upset at all. (Parent of girl, adopted at 3mths from A)

He was terrified when he went outside the orphanage for the first time. He never saw outside before. He was fine, though, he ate and slept, they had made him up some food in the orphanage. (Parent of boy, adopted at 21mths from EE)

But for some feeding issues were a problem:

She was great but we had spent 6 weeks with her beforehand in the baby home and in the city, she had never been out before. She was very inquisitive of the hustle and bustle in (city). She was very placid but feeding was different, she did not like the food (we gave her), also didn't like the bath. (Parent of girl, adopted at 17mths from EE)

She was just like a baby, she was fine. She took her bottle straight away. She would not eat anything but she took the bottle. (Parent of girl, adopted at 6mths from EE)

Examples of descriptions of problems in the early days are:

We got no information on the food she was on so she was distressed with change and she got an infection and had to go to hospital. She was hysterical, screamed, took her 2 days to calm down. It was horrific for her, the smells and the sounds were different. We were in a 5 star hotel and she had come from a hut with nothing. She hated being inside. To calm her we brought her outside, she had been used to that. (Parent of girl, adopted at 4mths from A)

She was ok at first because we had a drive and she slept but later that day she got very upset in the hotel and kept staring at us. She missed her foster mother. We put on the TV so she could hear (county of birth) voices. (Parent of girl, adopted at 1mth from A)

A number of parents commented on their children crying a lot in these early days.

It was a bit of an ordeal for him to be taken out of the baby home. There was no cot for him. He had to be shell-shocked. He was crying and screaming in the night. (Parent of boy, adopted at 17mths from EE)

A lack of reaction and the children being sick with infections were also features of difficult early days:

He was very, very quiet didn't even move his head just looked with his eyes but seemed terrified. He didn't show emotion, just stared. At 14 months he was not crawling. It was a different language and sounds for him. Imagine how he felt, put in a strange place, straight onto a plane, he must have been terrified. (Parent of boy, adopted at 14mths from EE)

Finally, one problematic experience, and one much more typically smooth experience of assuming care of an adopted child.

We had a bus ride of two hours and then a 14 hour train ride and he was smiling and in good form. Then he fell asleep and when he woke and he just looked at me. He was terrified and shaking and screamed for hours. We felt we had made the biggest mistake of our lives, we tried calpol.We eventually sent for our interpreter who was so angry with us as he was in such a state he was nearly having convulsions, that we hadn't gone for help earlier. What we didn't realise was that he was starved with the hunger, we had only been given 2 bottles by the orphanage and we were trying to save them for the plane, he went to sleep again after the interpreter fed him and he was ok. He got up the next morning and started smiling from then on, He is only contrary when he is hungry. (Parent of boy, adopted at 14mths from EE)

No problems, he slept and ate. He was a very hungry child, he got excited when he saw food being prepared. There were no major issues, he travelled really well. His foster parents came to where we were staying and brought some of the other children as they didn't get a chance to say good bye to him, and we all went out for a meal which was very nice. We all got to say good bye, and he got to say good bye too, as the adoption was very fast. When you picked him up he wanted to be minded. (Parent of boy, adopted 11mths from A)

Naming of Adopted Child

An early decision adoptive parents have to make is what name to call their child. Their approaches varied all the way from " *he is our child and we always wanted a boy called...*" to " *her name is an important part of her heritage, it is all she brings from her country of birth, we should not change it*"; from parents who wanted to protect their child from too much difference with an Irish name to those who wanted to celebrate their child's difference by keeping their birth name. Many opted for a middle of the road position of keeping the child's birth name as second name.

There were three main approaches:

1. keeping the child's birth name as a middle name preceded by a name of the adoptive parents choosing (Irish name)
2. keeping the child's birth name
3. changing the child's name completely

Two other much less frequent approaches were identified: 'anglicizing' the country of birth name (9 children) and choosing a name for a child who had not been given a name (3 children). The percentages of parents adopting the various approaches are set out in the table below.

Table 4.12: Adoptive Parent's Approaches to Naming their Child

| | Percent of Sample (%) |
|-------------------------------|-----------------------|
| Birth name as a 'middle' name | 44 |
| Retained birth name | 34 |
| Changed birth name entirely | 15 |
| Other approaches | 7 |

Examples of reasons the parents gave for the main approaches to naming their child:

Birth name as a middle name:

Children are quite cruel so we wanted to give her an ordinary name and kept her Chinese name as a second name. (Parent of girl, adopted at 12mths from A)

To have more privacy for him because his birth name would make him so identifiable. He should be able to choose to tell people he is adopted. (Parent of boy, adopted at 8mths from EE)

We kept her name as her middle name Because it is her middle name she can easily change it if she wants. (Parent of girl, adopted at 2mths from A)

Retained the birth name:

We felt that an Irish name did not sit right on a Chinese child.. We couldn't agree on another. We had decided if it was 'pronounceable' we would keep it. (Parent of girl, adopted at 18mths from A)

During the preparation course there was an adopted child who said 'let me keep my name it's the only thing my mother gave me.' (Parent of girl, adopted at 21mths from A)

Because that is who he is, it would be unfair to change it, it's his connection to his birth mother and his country. (Parent of boy, adopted at 18mths from EE)

We felt that he'd had enough change and we felt strongly about that. We loved his name. It will be a difficulty for him but we will work hard to make it comfortable for him. (Parent of boy, adopted at 24mths from A)

Changed birth name:

I did not like her Vietnamese name and I wanted her to blend in so I gave her an Irish name. (Parent of girl, adopted at 1mth from A)

We didn't want him to stand out and I wanted my child to have my name. (Parent of boy, adopted at 13mths from EE)

He was our child and we always said if we had a little boy we would call him M. (Parent of boy, adopted at 28mths from EE)

One couple reached a compromise:

I personally liked the idea of keeping birth names. My husband felt 'the more Irish the better'; so we changed one child's name and not the other. (Parent of girl, adopted 11mths from EE)

A few expressed regret at their decision:

We changed it because he would be picked on with a strange name. We gave him his birth father's name as a second name but if we were doing it again we would leave it (his original name). (Parent of boy, adopted at 23mths from EE)

First Year of Adoptive Parenting

In order to hear in detail about the experiences of adoptive parents during the first year of adoption, mothers and fathers were asked for information on: decisions about returning to work, the most positive and/or stressful things about adoptive parenting during the first year; who had been most helpful during this period, and were there any services which they thought should be put in place to ease and enhance the transition to adoptive parenthood.

Return to Work

Both mothers and fathers were asked about the factors which had influenced their decision to return to work following the adoption. A large majority (nearly 70%) of fathers said that they returned to work within either a couple of days or within a week after the adoption, as they were the main breadwinners and financial considerations required them to work. The remainder of the fathers took a few weeks longer before returning to work.

As outlined in Chapter 2 (Table 2.14), the situation for mothers returning to work was different. For the first year after adoption 53% of mothers stayed at home full time. In addition, for a small number of cases (3%), parents reported that there was one or other parent at home full time and this was achieved through parents adjusting their work schedules so that one parent was always at home. For mothers who did return to work, the average length of time they had remained at home after the adoption was 15 weeks.

At the time of being interviewed for the study 38% of mothers (of children of all ages) were not working outside the home, 36% of mothers were working part time and 26% of mothers were working full time.

Mothers who had returned to the work place, on an either full or part time basis often gave more than one reason for doing so. The most frequently identified reason for returning to work was "financial", mentioned by 40% of the mothers who worked full time and 31% of the mothers who worked part time. These financial considerations also included the potential costs involved in a further adoption which parents were planning:

Money, we wanted to adopt again, and we had to finance it (Mother of boy, adopted at 23mths from EE, working full time)

Financial reasons, I took unpaid leave at first, but could not afford not to work (Mother of boy, adopted at 29mths from EE, working part time)

For 28% of the mothers who worked full time and 10% of the mothers who worked part time, a further reason for doing so was their own personal wish or need to have other work outside the home:

Fulfilment for me, I am career oriented (Mother of boy, adopted at 14mths from EE, working full time)

Sanity for me and adult company (Mother of boy, adopted at 6mths from EE, working part time)

For 11% of the mothers who worked full time and 8% of the mothers who worked part time, one of the main reasons given was that the adopted child needed more company or socialisation than could be provided at home:

Since he was an only child he needed other kids around (Mother of boy, adopted at 11mths from EE, working full time)

It is good for the child not to be with just us all the time (Mother of girl, adopted at 9mths from EE, working part time)

Some mothers (11% of part time, 8% full time) referred to the fact that they worked from home which gave them flexibility, or that they could organise their work around the child's playschool hours. Finally, a small number of mothers said they had to go back to work because their adoptive leave had been completed.

Choice of Childcare Arrangements

The child care arrangements identified and used by parents during the first year were: crèche (11%), montessori/playschool (4%), childminder in child's home (14%), family member in child's home (1%), childminder in own home (14%) and family member in own home (8%). As a general rule, parents appeared to have put much thought into why they made a decision to opt for particular childcare arrangements, and in just a few cases parents chose one form of care because that was all that was available.

Parents who choose a crèche spoke of doing so for the following reasons: it was the best care available; it was professional and they knew their child was safe; the structure of a crèche provided opportunities for socialisation for the child and gave them a routine; mixing with other children in a crèche helped the child with language development. Parents also mentioned that in some cases when a crèche was provided by employers they availed of it and for others they used the crèche which they had used for other children.

Parents who choose family members as carers also gave a number of different reasons for doing so, and these included: feeling they could trust a family member above anyone else; not wanting to leave their child with a stranger and family members wanting to be involved in the care of the child.

Parents who choose a child minder in their own home or in the home of the minder said they had chosen this option because: they had used that childminder before and had been pleased with the service offered; the childminder had also cared for other children and so there was company for the adopted child; the childminder's family provided a family environment for the child and a childminder was in a position to provide one to one care for the child.

Positive Aspects of Adoptive Parenting

Overall, when reflecting on the positive aspects of the first year of being an adoptive parent, all (100%) parents had positive comments to make. For both mothers and fathers, the first year was invariably

described as a time when *dreams had come true and were fulfilled* and it was also a time when the enjoyment of parenting was reported to be high.

Reflecting on this first year, parents made comments in three broad categories:

1. Descriptions of their own feelings about becoming parents
2. Their thoughts and observations on how their child settled during the first year
3. Descriptions of how the newly adopted child or children began to form relationships with their new siblings.

Mothers and fathers spoke about themselves and their own positive feelings and rewards which they experienced during the first year of adoption. Mothers reflected on how they enjoyed the role of motherhood and what it brought to them personally:

I loved being a Mummy. (Mother of boy, adopted at 13mths from EE)

I got the love of a child. You give and receive love. A child makes a home. You have a husband first, but when you have a child you have a home. (Mother of girl, adopted at 7mths from EE)

Mothers also described how in the aftermath of adoption their marital relationships, which had already been good, were further enhanced:

I felt our family was complete and, as close as we were without a child, we didn't feel our family was complete. (Mother of boy, adopted at 19mths from EE)

Fathers were equally contented with their change in status and circumstances. They spoke about their own personal happiness and satisfaction as a result of becoming a father:

Being a dad and all the unconditional love you feel, the sharing, the wonder, the magic, I took to fatherhood like a duck to water. (Father of girl, adopted at 39mths from A)

Discovering the different kind of love you have for a child. You grow up more as you take on the responsibility of a child, a lot more laughter in the house. (Father of boy, adopted at 16mths from EE)

Fathers also remarked that their marital relationships were enhanced through their new role as father as well as that of being a husband:

It brought us together more, we were a family rather than a couple and now we dote on them, they are the apples of our eye. (Father of girl, adopted at 10mths from A)

Both mothers and fathers noted how becoming a family through adoption gave them a different and improved status in the community:

Enormous pride, like he was always here and you have so much more in common with the outside world, you're not marginalised. (Father of boy, adopted at 14mths from EE)

Overall the reality of having a child through adoption and the role of adoptive parenting during the first year brought for both parents a new sense of contentment, hope for the future and great happiness for all of the parents:

There was a huge joy in it really, all of a sudden, it was like the icing on the cake, you are a couple but then you have this bundle of joy, it is a feeling of elation, gratification, responsibility, we felt huge responsibility because we were older parents. And then you just watch her develop, and that's fascinating, truly fascinating. (Mother of girl, adopted at 4mths from SA)

She gave purpose to our lives. I learned to play with children. If you don't have children there are certain aspects of your life that are totally undeveloped. I'm so much richer from knowing my daughter. (Father of girl, adopted at 9mths from A)

For both mothers and fathers, simply watching their child settle and develop was a happy and rewarding experience:

Seeing her coming on and developing and improving in every way, progressing, not regressing. (Mother of girl, adopted at older than 5y from EE)

I enjoyed it, seeing her develop. Taking her first steps. I admire her immensely and am very proud of her. (Father of girl, adopted at 11mths from EE)

Both mothers and fathers remarked on how it was a pleasure to watch their child begin to attach to them and to others in their family:

He fitted in well and he began to attach quickly. (Mother of boy, adopted at 27mths from EE)

Seeing him achieving his developmental milestones and seeing him grow to love us and accept us as his parents, it took about 3 or 4 months for that to happen. (Father of boy, adopted at 22mths from EE)

A small number of parents remarked on how their children's health improved noticeably and how they began to reach their developmental milestones:

Fabulous child, to see her thriving, total catch up, took two years, although she will always be a smaller child. (Mother of girl, adopted at 9mths from EE)

To see the rapid development, her walking so fast and her personality got strong. (Father of girl, adopted at 12mths from A)

And a number of parents drew attention to how quickly their child's grasp of the English language progressed:

Starting to pick up the language, especially after going to playschool, learned more in a week there... (Father of girl, adopted at 24mths from EE)

Watching him settle in and be happy and learning the language and playing hurling, all those things. (Father of boy, adopted at older than 5y from EE)

For couples who already had children by adoption or by birth, one of the most positive things in the first year post adoption was to see the bond grow between the child who had just arrived and the child or children whom they had been parenting for some time. One mother described how the sense of family grew:

Having a little girl was so lovely, lovely to see our birth child with her, they were so close, a real family unit. (Mother of girl, adopted at 29mths from EE)

The addition of an adopted child to a family where there were already birth children seemed to further enrich family life:

She brought our whole family together, the older kids adore her, they came home more often. (Father of girl, adopted at 18mths from A)

The joy of seeing this baby blossom under your care, as part of a family with other siblings, it wasn't necessarily that she was adopted, it was the joy of seeing a baby with our older kids. (Father of girl, adopted at 15mths from A)

For fathers there was also satisfaction in watching how their other children accepted and enjoyed a new sibling. One father remarked:

Her brother was delighted with her, he loves babies, he taught her to walk, we gave him little jobs to look after her. (Father of girl, adopted at 11mths from EE)

And for a couple of fathers looking into the future and thinking about the relationship his children would have was important and emotional:

Seeing him react and knowing he had an adopted partner in life. (Father of girl, adopted at 15mths from EE)

Having a brother for our older child, knowing they would have each other for the future through good and bad. (Father of boy, adopted at 8mths from EE)

Stressful Aspects of Adoptive Parenting

Information was also sought from parents about what they found stressful during the first year. Mothers and fathers were asked to share this information as a means of informing others about ways in which they can perhaps prepare in advance for some of the stresses and to assist in identifying services that would be of benefit in the early stages of adoptive parenthood.

Sixteen percent (16%) of mothers and (31%) of fathers said that they had experienced no stresses in relation to their adjustment to parenthood. Some parents answered quite simply that there were *none* whereas some parents outlined the reasons why they found the transition to parenthood to be devoid of stress. For mothers it was because they had waited so long for motherhood and it had now come and brought huge rewards. Fathers described how they took it in their stride and again how they were ready for children so they were prepared for the transition:

None, because we were really prepared we were so ready for parenthood that it was a pleasure (Mother of girl, adopted at 8mths from EE)

Nothing really because I had seven months off and we were older so it was easier to give up the other social things (Mother of boy, adopted at 12mths from EE)

No it was great, we were ready for children, more stressful when she turned two, she was very impatient (Father of girl, adopted at 9mths from A)

Eighty four percent (84%) of mothers and 69% of fathers identified particular situations which were stressful. These fell into three main categories:

- Coping with issues or behaviours displayed by the child which were worrying or stressful for the child and the parents
- Parents' own adjustment to parenting
- Issues in relation to siblings adjusting to each other

The most common kinds of behaviours displayed by children which parents identified and found to be stressful were: children resisting sleep, night terrors, feeding patterns, temper tantrums, screaming and crying, fear of crowds, bathing and hyperactivity. Thirty percent (30%) of parents mentioned having to cope with one or more of these behaviours. In relation to difficulties with sleep and settling at night time parents described the *kinds* of issues they found to be difficult for their child and themselves:

His sleep patterns and the night sweats. (Mother of boy, adopted at 12mths from EE)

Very difficult to get her settled, she hated a cot, screamed when we put her in there, would cry for 25 minutes, that was tough. She had been in a cot so much in the orphanage, she hated being left in a room on her own. (Father of girl, adopted at 11mths from EE)

And for some parents their child's resistance to sleeping or nightmares they experienced actually became distressing for them and for the children:

When he would wake up screaming, we didn't know what was going on or how to help him. We had to stand back, he would kick and bite and not let you cuddle him. (Mother of boy, adopted at 17mths from EE)

I had to sleep with him for 6 months because he rocked so hard. It was awful, we were afraid he would fall out of the bed (Father of boy, adopted at 34mths from EE)

Children adjusting to a different feeding schedule or pattern was also mentioned by parents as something which they, and their children, found difficult. Some children who had come from institutions did not seem to know when they had enough to eat and others found it hard to establish an eating pattern which is normal in families. Fathers described how feeding times were stressful either because children were not used to having enough food or because they wanted all the food that was available:

You couldn't eat meals with them as they wouldn't stop eating. (Father of girl, adopted at 20mths from EE)

And one mother noted that the responsibility of ensuring that her child got enough food, when he did not seem to have the ability to communicate his wishes, was hard:

The responsibility for him, and he's the kind of child that if you didn't feed him he'd never ask you for food. (Mother of boy, adopted at 25mths from EE)

Many parents mentioned how they had to deal with children's institutionalised behaviours, temper tantrums, or children displaying inappropriate fearful behaviours when confronted with new or different situations:

He had a high pitched screech that I think came from being in the institution to get attention. (Father of boy, adopted at 23mths from EE)

He had a terror of water. (Mother of boy, adopted at 30mths from EE)

He would have had tantrums which continued for three months. (Mother of boy, adopted at 19mths from EE)

A further difficulty for parents was when children seemed to be excessively busy or active, or unable to concentrate:

His concentration span is still very short. He came into the house running and he's never stopped since. (Mother of boy, adopted at 29mths from EE)

He can be hyperactive at times. He had no fear, he climbed up a ladder onto the roof when we were getting the extension done. (Father of boy, adopted at 29mths from EE)

He has no fear, he would jump off things and you would worry a lot about him. (Father of boy, adopted at 7mths from EE)

Parents who had very little or no background information or history about their child often felt increased anxiety levels:

Institutionalised behaviours, tantrums, strong willed, e.g. did not want to go to speech and drama classes, screamed being brought to mass, and we don't know if it was the church or the darkness. (Mother of girl, adopted at older than 5y from EE)

She was very clingy and it was very hard work, the adjustment to total dependency, the exhaustion, all she wanted was me and the unknown of her past history (Mother of girl, adopted at 39mths from A)

Some parents felt that these issues were often further compounded by the fact that the children were not babies when they were adopted:

Getting a child as a toddler was tough, he didn't like the buggy or bath, the lack of language was very hard, watching the rocking was very hard. Our four year old found it hard getting a two year old brother and not a baby (Mother of boy, adopted at 27mths from EE)

Exhaustion, if you are adopting a baby you grow with them and you get a toddler, and even the lifting, the weight was so heavy, you go from lifting nothing to this. (Mother of boy, adopted at 11mths from EE)

For two parents coping with medical issues which needed intervention such as failure to thrive, asthma, the taking of bloods, checking vaccinations, infections, constipation and skin conditions was stressful.

For three fathers and four mothers, who had adopted children who were already conversant in the language of their country of birth, there was a language barrier which they found to be difficult to overcome, and which made things *tough*. These parents spoke about the child's lack of comprehension of English leading to frustrations for the children who were unable to communicate their needs:

They would be blank and you couldn't get their attention. (Mother of girl, adopted at 20mths from EE)

Parents also identified specific issues which, in the adjustment to parenthood were personally experienced as stressful. Overall, discovering that their lives were no longer their own, adjusting to the constant lack of sleep, having to entertain callers to the home and dealing with people's inquisitiveness were all frequently mentioned as stressful to both mothers and fathers.

The most frequently mentioned adjustment which parents found to be stressful was getting used to *your life not being your own*. Although most parents were feeling extremely positive about becoming a parent, they recognised the impact on themselves, especially their diminished independence. Mothers who had been used to being independent and out at work spoke about the fact that although they enjoyed motherhood, the adjustment to being at home full time was strange:

It was hard to be at home full time, we used to be very independent of each other, and if (my husband) said he would be home at a certain time and was late it was ok , now this upset me which it never did before. (Mother of girl, adopted at 30mths from SA)

Its definitely not all rosy in the garden, you suddenly were not able to just come and go, she had to have priority (Mother of girl, adopted at 8mths from EE)

Another mother spoke about the adjustment to her independence of thought and action, as adoptive motherhood brought unasked for advice and the questioning of her abilities:

The most stressful thing for me as a mother was that everyone kept telling you that you were doing everything the wrong way, and people who had never passed comment on anything that you did prior to this in your life, they all seemed to feel it was necessary to tell you you'll ruin her if you do this, you'll spoil her, don't do this, don't do that. The entire spectrum of people, friends, family and strangers, everybody. I couldn't believe it because I had never been put in this position in my life, coming from a job where no one would ever question your professional ability, suddenly it was open season on everything. (Mother of girl, adopted at 15mths from EE)

Fathers, who were generally back at work within a week or two of returning from the adoption but who were now coming home to a very different family situation, gave their descriptions of how the responsibilities of fatherhood impacted on them personally:

The shock to the system, the constant concern and awareness about the baby. Going anywhere took forever. The lack of sleep..... (Father of boy, adopted at 8mths from EE)

Your own personal time is gone, at 8pm you were so tired you wouldn't even want a bath on your own. (Father of girl, adopted at 18mths from O)

A further stress which a number of parents mentioned was the number of people they either had calling to the house, or to whom they had to repeat their story of the adoption.

Everyone ringing us and having to repeat the story over and over, it felt very stressful to be giving people answers. (Mother of girl, adopted at 19mths from EE)

People at the airport who wondered, came to see if the children had two heads and four legs. (Father of girl, adopted at 3mths from EE)

Many parents identified generally how the *lack of sleep, tiredness and feeling overwhelmed* was stressful. Most suggested that although this was what they might have expected, as *getting up in the middle of the night, and being tired is part of the usual stress in having a baby*, it was difficult.

Some parents spoke about there being an additional tiredness arising from the fact that they had also had the trip to the country from which they adopted. For some the whole journey had been extremely emotional

and draining and the effects of this only began to hit them when they got home. Others noted that because they had adopted a toddler, there was immediately more activity than one would have had with a newborn, and this included the child's expectations of attention and activity early in the morning:

Tiredness, especially after the week in Russia, as well as him teething. (Father of boy, adopted at 9mths from EE)

Exhausting as he was a toddler and very busy, always getting up very early, as he would come in and tug at the quilt. (Mother of boy, adopted at 23mths from EE)

One father noted how for a period in the beginning he felt completely overwhelmed by the magnitude of his parenting task:

It was difficult, there was no preparation. Coming from having no children to having a two and a half year old was too much, at the start. Initially it was too much. You are constantly playing catch up. (Father of boy, adopted at 32mths from EE)

And one couple, recognising the overwhelming tiredness and exhaustion they were experiencing, found a solution which worked for them:

Tiredness, nothing can prepare you for that. We went to bed at 8pm ourselves, we plugged out the phone and pulled down the blinds and got as much sleep as we could. (Mother of boy, adopted at 9mths from EE)

A further stress to which parents drew attention was how siblings adjusted to a new member of the family. Again, many parents spoke about siblings being overjoyed at having a new brother or sister, but some parents mentioned issues which might arise, particularly when children had been adopted at an older age or because a particular fuss was made by others as this new addition to the family was by adoption rather than by birth:

He got savage attention from others in the family, and his sister got somewhat marginalised. (Father of boy, adopted at 18mths from EE)

The sharing, he couldn't share and that was hard for us,...and it was very hard for his brother. (Father of boy, adopted at 5y from EE)

Finally, although mentioned only by very few people, two further areas which parents referred to as being stressful were:

- Parents noting that the adopted child bonded significantly more with one parent than the other which left the other parent feeling somewhat marginalised: and
- In a small number of situations where mothers became ill after the adoption and were unable to care for the children, the plans which couples had put in place fell apart. This led to upset for everyone and in one instance a fear that the children might be taken into care.

Both the mothers and fathers who were in situations where their child was slow to bond with them remembered feeling stressed watching the child bond with the other parent and personally becoming upset over this initial rejection:

One mother said:

(Child) bonded with (Husband) quicker than with me and I found that stressful. It took a long time for him to bond with me. (Mother of boy, adopted at 13mths from EE)

And one father said:

She bonded very quickly with mother and I wondered about me, and I had to think that one through for myself. (Father of girl, adopted at 30mths from SA)

In the situations where mothers became ill and were not in a position to care for the newly adopted child, fathers found themselves in a position which was unexpected and described feeling somewhat overwhelmed:

My wife went into hospital and I had to care for (child) on his own, and I felt I had no experience (Father of boy, adopted at 7mths from EE)

And in another instance a mother described her own illness and her husband described his fear as to what he thought might happen:

It was hard at first, my health went down and I got depressed...I discovered I was going through the menopause and that was really difficult for me. (Mother)

We were afraid that if (wife) did not get better that the children would be taken from us, the first doctor suggested this should happen. (Father of girl, adopted from EE)

Support in First Year

Adjustment to adoptive parenthood will always be a testing transition and all parents will benefit from some support. It was of interest therefore to discover what kind of supports adoptive parents found helpful during their first year after adoption. Parents were asked who or what was helpful, and they were also asked to elaborate on what exactly these people had done or offered which proved to be of assistance.

Who was most helpful?

Fifty four percent (54%) of parents specifically acknowledged that different members of their families had been helpful and that these family members were *there for them*, particularly during the first year. Thirty per cent (30%) of parents remembered that they had been given great help by friends and other adoptive couples. Seven families, who already had children by birth or through adoption, said that their older children offered great help at this time. The other people or services who offered support and assistance were: General Practitioner (9), Other friends who had children (7); Pediatrician (6), Public Health Nurses (4),

Babysitters (4), Country of Birth Support Group (3); Social Workers (3) and one family found the Mother and Toddler Group to be of great support.

Two families said that they managed alone, they did not look for outside support and just relied on each other. For one couple this was because they did not have family nearby, and the other couple reported that they felt that there was *no need* to look for support or help.

What did they do that was helpful?

The support and assistance which parents received from family members was experienced as helpful on a number of different fronts. Particular mention was made of all of the different kinds of *practical* assistance which had been offered including: advice, support, someone to talk to, babysitting, help with housework and meals, doing the shopping, taking child for a walk in the buggy and gifts of every kind which were useful and practical. Parents outlined how and why all of this was very much appreciated:

They gave advice that reassured us, came up, gave us a hand, helped out, minded him on occasions. (Parent of girl, adopted at 9mths from EE)

Basic, practical stuff, what to feed if child was crying, how to take temperature, etc. (Parent of boy, adopted at 18mths from EE)

Stayed with us to help us, cleaned the house from top to bottom and that was fantastic, food in the fridge and gave us a chance to sleep because the adjustment was stressful. (Parent of girl, adopted at 14mths from EE)

Having someone to phone or to visit, so that feelings, worries and everyday matters about the child and parenting could be shared was also hugely appreciated:

Telephone conversations with sisters that had kids, giving practical information. (Parent of boy, adopted at 11mths from EE)

Telling you that a tantrum is short. (Parent of girl, adopted at 21mths from A)

The short baby sitting breaks offered by family were seen as invaluable, giving new parents time to do ordinary chores, or to have some adult time together as a couple:

They gave us short breaks, a couple of hours to get ourselves back. (Parent of boy, adopted at 11mths from EE)

Parents noted a huge amount of goodwill from friends who also wanted to offer practical assistance when it came to caring for their child. Most often these friends, like family members, already had families, and were sensitive to the kinds of aid which would be beneficial to the parents:

Friends, two couples, they would take the children for the weekend. (Parent of girl, adopted at 11mths from EE)

We could leave them with friends when we needed to, for a mental break, or going to friends houses who have children of similar age and letting them all play. (Parent of girl, adopted at 9mths from EE)

Parents who had other children prior to the adoption believed that their newly adopted child's settling in period was very much enhanced by the way their siblings interacted with and cared for them:

Our other daughter was great, she so wanted to be a big sister and took the job very, very seriously and grew up a lot in that first year. She tried to keep her busy and awake, she was invaluable. (Parent of girl, adopted at 2mths from A)

Just being normal children, the normality of family life helped them settle in, it wasn't us as parents that made our adoption successful, it was our other kids, they copied the other kids. (Parent of girl, adopted at older than 5y from EE)

Some parents had fairly regular contact with other experienced adoptive parents, the assistance and support which they received from them was thought to be invaluable. Having been through the same experience, and having had to deal with issues, which were specific to adopting a child from an institution, meant that their advice was particularly appreciated

Gave me encouragement when some of her institutionalised behaviours were persisting and were hard to deal with, they helped to normalise it. (Parent girl, adopted at 35mths from EE)

We would bounce ideas off each other and ask 'well what would you do in this situation?' (Parent of girl, adopted at 24mths from EE)

The parents who sought and received support directly from support groups particular to the country of birth of their child were generous in their praise about how speaking with someone who had more or less exactly the same experience as their own was of tremendous help. The support of these organisations reduced feelings of isolation and aloneness:

The mothers ring each other, talking about what the children are doing, you weren't on your own. (Parent of girl, adopted at 18mths from EE)

It was a 24 hour parenting helpline. (Parent of boy, adopted at 8mths from EE)

You would realise you were not the only one. (Parent of boy, adopted at 19mths from SA)

For the parents who identified different professionals as being particularly helpful during the first year, the kind of assistance offered was generally that of being available to offer reassurance, advice, practical help or a diagnosis in relation to a particular medical issue:

PHN arranged help to come in one morning to let me have some time to myself. (Parent of boy, adopted at 6mths from SA)

We have a good relationship with our social worker, she is always there. (Parent of girl, adopted at 3mths from A)

The GP was telling us not to worry. (Parent of boy, adopted at 15mths from EE)

Other Supports that would have been helpful

Parents were also asked to identify what other specific kinds of supports might have been helpful during this period.

Fifty four percent (54%) of the parents suggested services which they thought would be useful. The responses to this question were most often a reflection on what services had *not* been available to them at the time of their adoption, but which they thought could have been useful.

Twenty three percent (23%) of parents were satisfied with the services they had received and which were in place and 13% said that they did not need any other services other than what came naturally through their own families.

Where improvements in services were called for, the kinds of services which parents thought would be beneficial were divided into two main categories:

- a post adoption service which would be able to offer advice and information on a wide range of post adoption issues specific to intercountry adoption, and
- a well organised network of adoptive parents who had already adopted and who were in a position to provide advice and support around parenting issues and children's behaviours immediately post adoption.

Twenty eight percent (28%) of couples called for a wide ranging service which would offer expertise in matters relating to intercountry adoption. Specifically they called for such a service to provide:

- a public health nursing service which was familiar with post adoption issues, especially issues in relation to post institutionalisation (feeding, growth, sleeping behaviours, sensory problems);
- developmental clinics which had expertise with children from the various countries from which intercountry adoption was happening, and which also had expertise in post-institutionalisation issues;
- GP and paediatric services with expertise in the developmental, medical, disease and general issues specific to the countries of birth of the adopted children.

They also called for follow up social work, psychology, physiotherapy and occupational therapy services which would again have expertise in adoption and post adoption issues as identified above.

When calling for a public health nursing service that might be more comprehensive and beneficial, parents' comments were made in the light of what had been their own experience. In the experience of a number of

parents, the PHN service did not seem to have any in-depth knowledge of developmental issues specific to children adopted from abroad, neither did they seem to have information on the effects of institutionalisation. In a number of areas of the country, parents said the PHN service did not offer any service at all to families:

There is a need for the local clinic/PHN to know about adoption, you have to chase the PHN yourself, you need a good developmental (assessment) to let you know if the time in the institution has affected him, reassurance that you are doing the right thing. (Parent of boy, adopted at 9mths from EE)

The PHN weighed him and he was so small for his age that he didn't even come on the chart and she should have had more information and understanding of adopted children. (Parent of boy, adopted at 23mths from EE)

PHN should definitely call like with newborns, they didn't come near us. (Parent of girl, adopted at 4mths from O)

Like the PHN service, parents found that some professionals had very little knowledge or expertise in the area of institutionalisation. Parents suggested that a standard medical check when they arrived home by a professional who had a thorough knowledge of the area would have been helpful. They were often not impressed with the services they received:

A GP with knowledge of tropical diseases and having access to that information. Standard medical check when you come back aimed specifically at looking at that type of thing/diseases particular to the country of origin. (Parent of girl, adopted at 3mths from A)

Health Board and Developmental Clinics were not terribly helpful, the paediatrician was useless, he could have been talking about a bullock. (Parent of girl, adopted at 10mths from A)

A number of parents noted that, whereas the social work service prior to adoption had been quite intense, when they had adopted and returned to Ireland and were caring for their child, it seemed to be non-existent. As with their call for improved Public Health Nursing services, parents sometimes felt isolated and said they often needed the reassurance that they were doing the right things for their child:

More backup needed from social workers especially in relation to problems in the settling in process. (Parent of girl, adopted at 11mths from EE)

There is very little follow up, although we were put through a lot by them before we went out. We have only had one visit since we came home. (Parent boy, adopted at 16mths from EE)

Parents also called for psychology services to give them assistance with specific behaviours such as *child defiance and institutionalisation issues*. They also requested that physiotherapy and occupational services in

relation to sensory issues and gross and fine motor problems be available. The need for assessment by speech and language therapy professionals was also identified as a basic and necessary service.

Nineteen percent (19%) of parents called for a well organised support group of adoptive parents who had been parenting for some time to be available to offer advice and information to those who were just starting out in their adoptive parenting role. They believed that by talking to other parents who had been through what they had experienced, that the advice and information offered would be both real and relevant. It was thought that such a group could also assist with feelings of isolation and even with post adoption depression:

A support group would have been very good. It would have been very nice for me to come home and know that there was a support group to go to meetings and get-togethers and gatherings. (Parent of girl, adopted at 4mths from SA)

We felt isolated; other families who have adopted would have been helpful, the social network would have been helpful. (Parent of boy, adopted at 13mths from EE)

One parent suggested that part of the support which could be done by other adoptive parents could be provided through Mother and Toddler Groups which might be specifically formed for adoptive families.

Parental Perceptions of how Children Settled

The first year after adoption is the period during which children who were adopted will be required to make major adjustments as they are brought from the home in which they had been living in their country of birth to their new family life in Ireland.

The children in this study all had different pre-placement experiences (including institutional care and foster care) prior to their joining their new families. Most had been living in children's homes, others had been living with foster carers and small numbers had been with their birth families or living in a hospital. In addition, children were adopted at different ages and were from different countries. Because of these many histories and circumstances, the transition for each child was distinctive, including the fact that each of them joined a unique family through adoption.

The reflections and comments of parents in relation to their child's first year with them are therefore wide and varied. Parents were asked to recall their memories of this first year. It was of interest to have parental perceptions of how the children settled and to identify whether any issues or problems arose for them in the settling in process. Of particular interest were the parents' reports on how children had adjusted in terms of their health, development, attachment, language and social behaviours. The children's adjustment patterns and how they settled were categorised by parents under two main headings:

- Children who settled quickly and well and who displayed no problems or issues which proved to be difficult for the children or parents.
- Children who settled well, but displayed behaviours, issues or problems which were sometimes difficult and which posed challenges for the parents especially during this first year.

Children who settled well with no problems

Ninety seven percent (97%) of the parents responded to this question on how children settled. Sixty three percent (63%) of the parents recounted that their children settled very well with no problems during their first year in their new adoptive family. Parental descriptions were that the children totally settled, settled very easily or settled extremely well and that the children's confidence grew within the space of twelve months. A number of parents reported that for them it felt like the children had always been there. For others the experience was that it was exactly the same as any birth child. All of the parents in this category reported that their children were easy going, and that they generally appeared to be happy more or less immediately after arriving in their new family and home.

Some of the children were in the age range 0-12 months when adopted and their parents remarked:

Everyway, she began walking, talking, emotionally she bonded, she became relaxed and looked for attention to be loved. (Parent of girl, adopted at 4mths from A)

He settled well, we never lost an hours sleep, he seemed to be a very relaxed and placid child. (Parent of boy, adopted at 11mths from EE)

It was all very natural and easy, she was only 6 weeks when she came to us and that helped her settle. (Parent of girl, adopted at 1mth from A)

Other children who settled well were in the age range 12- 24 months:

Within two weeks of coming home she was completely happy in family life. She settled in very quick. She was the centre of attention with aunts, uncles, everyone. (Parent of girl, adopted at 12mths from A)

Very well, very contented, settled right away, it seemed like he had always been with us (Parent of boy, adopted at 13mths from EE)

Excellent, there were not developmental or social problems. She was too young to notice the change (Parent of girl, adopted at 15mths from EE)

Other children who settled well were in the age range 36-60 months:

She settled well, as long as her mother was in sight, she spoke quickly, she was ahead of her age group, she was very socially skilled (Parent of girl, adopted at 40mths from A)

Settled from first day, and the she got more comfortable with her surroundings, having her own room, and her own things. Rocking stopped, stopped hiding things (Parent of girl, adopted at 4y from EE)

One mother spoke about how she felt honoured to have the opportunity to parent a child who seemed to be settling well:

Fantastic, it was an absolutely lovely time, I wish I had more recordings of it, it was lovely, it was a real honeymoon period. He was 2, but the advice is that if a child wants to regress a bit and be more of a baby, let them and I think he did in a way and that was lovely because we got a chance to experience looking after a much younger child than we ever thought we could or would. And that was lovely, he was so affectionate and tactile from the beginning. I know some of that can come from just wanting to be loved and all the rest but we gladly received it and gave it back in return (Parent of boy, adopted at 24mths from A)

Parents who spoke about children having a smooth transition without any problems recalled that their children did not seem to have any issues or problems in key areas. They reported that during this first year their children's health status invariably improved, the children were reaching their developmental milestones, attachment behaviours with parents were secure and there were no issues or problems with language.

In relation to improved health and developmental milestones for example, parents reported how it was a pleasure to watch their child catch up:

He seemed to settle really well and easily, he gained weight, he came on well at a rapid rate, slept 14 hours a day (Parent of boy, adopted at 16mths from EE)

Parents also reported how children's attachment behaviours and patterns became secure quite quickly, the children appeared to understand that they were now home, that they belonged. Their parents believed they felt sufficiently attached such that they related securely to their new mother and father as their primary carers:

All the small things, he would walk away from us and know where he was going, to get stuff from the press, etc. calling us Mam and Dad, know us and being able to single us out when we were with others (Parent of boy, adopted at 11mths from EE)

He really settled the minute he arrived, he never looked around and thought this place was different, he's never mentioned (his country of birth) (Parent of boy, adopted at 30mths from EE)

Some parents noted that their children fitted in to their families from the very start, they appeared to display an inner contentment and adapted well socially in their interactions with others in the family and those around them.

She slept really well. She was always up for playing games. She woke up full of the joys of spring. She started to feed herself and become independent (Parent of girl, adopted at 21mths from A)

He got to know the fact that he had a sister and understand a bond, became more affectionate, got practical skills, e.g. could pick out a DVD, learned to look at you (Parent of boy, adopted at 7mths from EE)

A further developmental task which children adopted from non-English speaking countries have to accomplish is to become fluent in the English language. Depending on the age and the circumstances of the child's care prior to adoption, their language skills and comprehension will vary, but for all children there will have been a transition from the sounds and language of their country of birth. Parents who were reporting that their children's transition was smooth and easy also reported that their children learned English quickly and with ease, the children appeared to be able to absorb the new language and forget the old.

Adjusted quite readily. Quick to pick up the language. (Parent of girl, adopted at 14mths from A)

Fabulous, unbelievable. He was practically fluent in English after a month, but that was the effort we put into it as well. (Parent of boy, adopted at 16mths from EE)

One parent outlined how, though her child did not have any English, communication and social interaction was still possible for her as she seemed to be able to understand what people were saying to her:

Settled very well, after a week she had the run of the whole house. She mustn't have understood a word but seemed to know what people were saying. (Parent of girl, adopted at 24mths from EE)

Parents spoke about how, as their child began to lose the language of their country of birth, their increased ability to communicate in English was liberating for them and also seemed to aid the attachment process of the child to parents and siblings:

All his Russian words disappeared and his ability to communicate increased. He told me he loved me after a few months. (Parent of boy, adopted at 30mths from EE)

Learned English very quickly and fell in with and bonded with her siblings, was happy very quickly. (Parent of girl, adopted at over 5y from EE)

Children who settled well but who displayed some challenges

Thirty seven percent (37%) of parents described how, although their children began to settle well and parents were happy with their progress, the children also displayed various types of behaviours which at times proved challenging.

Parents drew particular attention to problems which emerged for children in relation to attachment, sleeping, language and the effects of institutionalisation. A small number of parents also drew attention to health problems which children displayed and these had the effect of impeding the settling process.

Some parents recalled that they felt their child had been slow to bond, slower perhaps than they had expected:

She was slow to bond, but after about six months she loosened up like awakening from a sleep. She took to us slowly. (Parent of girl, adopted at 15mths from EE)

The bonding took a little longer, about two months, he wouldn't look for me when he fell. (Parent of boy, adopted at 7mths from EE)

A number of parents who believed that their children had been slow to attach said that the children displayed behaviours, which indicated to them that the attachment cycle had not been fully completed. They described for example, how, in some instances, children wandered or showed little or no stranger anxiety. One parent also noted how her child seemed to be shut down and as a result appeared to be unable to have any feelings about who was caring for her:

It took a long time for her to bond, it was a good year, up to then she didn't seem to care about us...she would hold on to you but no hug, we can remember the first day she hugged. She was so quiet there would hardly be a sound from her (Parent of girl, adopted at 8mths from EE)

He would come to you, and as time went on when visitors came he wouldn't run to them as much or want to go home with them (Parent of boy, adopted at 38mths from EE)

Parents also noted clingy behaviour on behalf of children as being an indication of insecure attachment:

When his clinginess stopped he was willing to meet more people and his horizons were broadened. (Parent of boy, adopted at 18mths from EE)

The problems which emerged for children in relation to sleeping were noted by parents to be distressing for the children but also for parents who wanted to offer comfort. Children resisted sleep, cried for unknown reasons before going to sleep, and sometimes cried in their sleep:

About an hour after she settled she would start crying and could cry for 20 minutes, she would be completely inconsolable then suddenly it stopped. She wasn't actually awake during this, she always slept through it. (Parent of girl, adopted at 8mths from EE)

Sometimes she had difficulty sleeping, it was difficult for her to sleep (Parent of girl, adopted at 11mths from EE)

It seemed to parents that the children were looking for reassurance that their parents were truly available to them:

There was sleeplessness for 3-6 months. She started waking up at night. She wanted reassurance that we were there. (Parent of girl, adopted at 9mths from EE)

She wasn't a good sleeper and crawled out of her cot and slept in our bed. (Parent of girl, adopted at 13mths from EE)

On the other hand, some parents described how, because their children were used to so much sleep from their time in the children's home, it took some time to establish a normal and age appropriate sleep pattern:

It took us three months to wean him down to an hour and a half nap because he'd been used to a three hour nap during the day in the baby home. (Parent of boy, adopted at 23mths from EE)

Children who were adopted at an older age, and who on most fronts seemed to be settling well were reported by parents as feeling challenged by the task of having to comprehend and speak English within a very short time of their arrival in their new family. In some instances they may already have been conversant in their native tongue:

Language improved, he used to get frustrated because he was slow to speak, he was used to the sounds in EE and he was just about able to talk and had to get used to new sounds before he could talk in English. (Parent of boy, adopted at 23mths from EE)

Parents had information and knowledge about post institutionalised behaviours which they noted were displayed by the children who had spent periods of time in a children's home or another institution. They recalled how a number of these behaviours posed various challenges both for themselves and for the children during the first year. Specifically the kinds of behaviours which were found to be challenging were when the children displayed a diminished sense of danger, wandering without any reference to the primary carer, fear of water and bathing, stuffing or hoarding food and a pronounced lack of stranger anxiety.

A number of parents described how, because their toddler was over active and seemed to have a diminished sense of danger, the task of parenting such a toddler was challenging. Other children were timid and afraid to reach out for fear of strange sensory experiences:

For the first 3 months he had to be watched constantly as he had no sense of danger, he was very active and quite demanding. (Parent of boy, adopted at 32mths from EE)

She was wild at first, wandering everywhere (Parent of girl, adopted at 37mths from EE)

She was quite timid when she came, often startled by strange noises and then she got used to these things, became less institutionalised, she got used to home life (Parent of girl, adopted at 11mths from EE)

Fear of water which parents described as having led to battles about bathing were difficult, especially since bathing is normally experienced as an enjoyable time for children and a bonding time between parents and children:

She became comfortable with water, she had been terrified. (Parent of girl, adopted at 17mths from A)

Eating habits, which children had acquired in order to survive in the children's home but which were inappropriate for family life, sometimes posed difficulties for parents in trying to assist their child in changing their feeding habits:

When she came first she stuffed food, and scooped it under her chin. (Parent of girl, adopted at 17mths from A)

There was difficulty with hoarding. (Parent of boy, adopted at 16mths from EE)

And finally for the group of children whose parents considered that they were settling well but who had some challenges, medical or health concerns which interfered with a smooth transition were mentioned:

It was a hard year health wise, her chest was bad, a lot of money spent on medical things, (Parent of girl, adopted at 15mths from EE)

Family Response to Adoption

Extended Family Response to Decision to Adopt

Mothers and Fathers described an overwhelmingly positive response when they told their families they were planning to adopt from abroad. Eighty six percent (86%) of parents said family members and friends were very positive and supportive, and though sometimes registering surprise or shock, they still communicated encouragement and happiness for the potential adopters:

They were so behind us, lots of love, joy and celebration. (Parent of boy, adopted at 13mths from EE)

Really well it was like a new lease of life for the grandparents, they were a great support. (Parent of boy, adopted at 14mths from EE)

Shocked (but not badly) they took to it well and were all very helpful. (Parent of girl, adopted at 1mth from A)

A small number of parents (1%) described how the reaction they received initially was mixed, referring to the fact that some people in the family were positive and others not, at least initially, so sure:

Maternal mother and father were positive, paternal mother was anxious because sister had adopted before, she was of the generation that thought don't do anything if you are not sure, she was upset for a while. (Parent of girl, adopted at 2mths from A)

Mixed – some were pleased, others took a while to adjust. (Parent of boy, adopted at 7mths from EE)

Another small group of parents (1%) said they waited until they got their declaration or were about to travel, before they told their families. Generally they took this decision because they were anxious about whether

they would be successful and wanted to be private about their plans until the adoption became a reality:

We didn't tell anybody until we got back, in case we did not succeed. (Parent of boy, adopted at 26mths from EE)

We told no one until just before we went, because if we were not going to succeed there wasn't going to be anyone who knew we failed. They probably thought we were mad but they were too polite to say. (Parent of girl, adopted at 1mth from EE)

Four families described a negative response to their announcement of their decision to adopt which seemed to be based on relatives' beliefs that adoption was not something with which they were comfortable:

Why are you going to do that. Aren't you ok without children? One adopted relative told us not to do it. Very difficult while we were waiting, tense time, everyone on eggshells. (Parent of girl, adopted at 19mths from EE)

One family believed that the reason their family were apprehensive was because of concern for them and also a lack of knowledge about intercountry adoption. They suggested that it would be a good idea to have workshops, which would offer information on the topic, for members of the wider family.

What if it doesn't work out? (They were) nervous and apprehensive for us but they were of a different generation and didn't know about ICA stuff. Need workshops for grandparents. (Parent of girl, adopted at 29mths from EE)

Extended Family Response to Child joining Family

Ninety seven percent (97%) of the parents said their families had been totally positive when their child arrived in Ireland and joined the family. Their descriptions were of the children being idolised, the favourite, adored, treated as if own flesh and blood, loved, and totally accepted. It is interesting to capture a flavour of what parents said about their relatives' responses:

(They responded) very naturally, he is their grandson, nephew, they don't discriminate, he is just one of the family. The favourite. (Parent of boy, adopted at 19mths from SA)

Very supportive, love her, she is the favourite. (Parent of girl, adopted at 1mth from A)

One family noted that whereas their relatives had expressed some apprehension prior to the adoption the arrival and the reality of the child seemed to calm these fears:

The minute they saw them, all their doubts disappeared and the children were accepted. (Parent of girl, adopted at 18mths from EE)

Just 3% of parents reported that, although families registered a very positive response to their child, there were issues which were difficult for the child and themselves. For one child and parent the institutionalised behaviours which the child displayed caused difficulty in bonding with the greater family:

Fine, but he didn't engender great affection as he had a lot of post institutionalised behaviours, he could be very destructive and say awful things, He didn't endear himself to them. (Parent of boy, adopted at 27mths from EE)

Two families reported that the child being of a different race there was a difficulty for some family members:

Maternal grandfather didn't bond at first because she was Asian. (Parent of girl, adopted at 9mths from A)

One family spoke about a different kind of difficulty which emerged. They said their families were very welcoming but they actually found it difficult when the family were telling everyone about their child and sharing information which they thought was private to family:

Positive, no difficulties. However, they were telling everyone. I found it difficult, they had to be aware that they were telling people their history. (Parent of girl, adopted at 4y from EE)

Involvement of Other Children in Adoption Process

Comments in relation to the involvement of other children in the adoption process were provided by 33% of the couples. Eighty eight percent of the couples said that they prepared their children in many different ways before they travelled to adopt and parents reported that most often this worked well for the family.

Sixteen percent (16%) of the couples said that their children had been involved in the assessment and gave examples of how this had been beneficial in preparing them for the arrival of the adopted child. Twenty seven percent (27%) of the couples brought their other child or children with them when they traveled to the home country of the child they planned to adopt. They chose to do this because they wanted them to feel totally involved in the process. All of these parents found this to be an extremely good experience for the newly adopted child and for the children who they were already parenting. They reflected on the fact that the children would have both different and extra memories to share with the adopted child into the future and that these shared memories will be of benefit to the adopted child. They also believed that the time they had to bond with their sibling before having to meet other friends and family in Ireland was both special and important:

We told the boys what was going on right from the beginning, and they decided that they wanted to travel with us. (Parent of girl, adopted at 11mths from A)

He went to EE with us which was very important rather than landing a child with him. He had time to get to know her there before she came home and was the one made a fuss of. Her saw her orphanage and where she comes from and talks about it now. (Parent of girl, adopted at 29mths from EE)

One couple said that they had considered bringing their children but felt that the journey would be too hard on them. When they reflected on this during the interview, they said that this had been a bad decision; the

children having been so involved in the process beforehand, their thoughts now were that it would have been more positive to have had them as part of the whole process.

Just 2% of couples spoke about not involving their children at all in the preparation stage. One couple's reason for not doing so was that that they did not have the travel visa confirmed until the night before they travelled and presumably they did not want to disappoint their child. The other couple did not share their reasons for not informing their child, but reflected during the interview about how they believe not having done so impacted negatively on their child and so shared their regrets for not having done so.

Parents found many ways of preparing their children for the adoption, including discussions about the prospect of a new sibling, preparation of books and albums, sharing photographs of the child who was to be adopted, providing explanations about the process of intercountry adoption and including the children in the decision as to whether to adopt or not:

Talked to him about getting a new sibling and he was excited at age 4. (Parent of girl, adopted at 15mths from EE)

When the children had been involved as part of the assessment, parents thought that this had been a very positive experience. Telling their other children became one of the tasks of the assessment and the inclusivity of the process gave their children a stake in the fact that the family were going to adopt:

She was completely involved. When we were having our assessment it was a good way of explaining the adoption process to her, and it was an opportunity to talk about further aspects of intercountry adoption to her. She came with me everywhere that things were done. (Parent of boy, adopted at 14mths from EE)

She was interviewed as well. She was asking for a sister which was part of the reason we got a girl. (Parent of girl, adopted at 34mths from EE)

One couple, who had spent a lot of time preparing their children, and whose children had been part of the assessment, noted that despite the preparation the effect of introducing a toddler to the family was different than might have been expected:

Told them at age 4 years and 2 years, they would be getting a new brother. The social worker constantly said how it would affect birth kids and we didn't really realise how much it would affect them to get a full personality of a child at 2. It is different to children born to you. (Parent of boy, adopted at 27mths from EE)

Whereas preparing other children was believed to be essential, three parents noted that doing so brought its own problems. For example, when the information that they were to have a new sibling through adoption was shared with younger children, the children were often not able to discriminate as to whom they should share this information with. One parent described how their child wanted to share the news with many different people, but this was not the wish of the parents.

Another couple referred to the length of the whole process and how difficult it can be for a four year old child to understand the wait. Although they appreciated the advice which they received from the social worker in relation to sharing information with their child and travelling with them, they believed that in their situation this advice had not been well founded:

We discussed it with him, he couldn't wait to see her but we showed him the video too soon because it took 7 months for her to come. The social worker told us to show the video but what if it didn't work out and it took 7 months for her to come which was too long for a 4 year old to understand. The social workers also advise you to bring your child with you but they have no idea what it's like out there, it's too hard for a child to adjust. I know it's a long time to be gone from them but it's the best option. (Parent of girl, adopted at 11mths from EE)

Another parent spoke about how they had prepared their child for the adoption of a girl, which did not work out. When the couple were informed that the child with whom they were matched was a boy, this created confusion for the child they were already parenting. They wondered if they had perhaps shared information too early.

We confused him by telling him he was getting a sister, and he was excited by this, so when he got a brother he was confused. (Parent of boy, adopted at 14mths from EE)

Finally, one couple, for reasons they did not share, had decided not to share with their child the details around adopting another child. They found that this approach did not work as their child was upset and distressed when the new sibling arrived:

We have regrets that we kept it from her. She was scared and upset. She was 7. We should have told her more. We found her crying under the stairs saying I don't like him. (Parent of boy, adopted at 28mths from EE)

Response of Other Children to New Sibling

Ninety percent (90%) of the couples said that their children responded well to their new sibling when they joined the family. Both prior to the adoption and when it happened, the children already in the family were excited and welcoming about the arrival of a new sibling. Some parents drew attention to initial problems of sibling rivalry or a child feeling somewhat displaced, but they believed this to be a normal reaction. To have included children in the decision making process prior to adoption was found by parents to be very beneficial in the early stages, as it gave the children a sense of ownership about the changes that took place:

Very well. They treated her like a celebrity. It helped tremendously to have been part of the decision, they were not just told it was happening, they participated in the decision. (Parent of girl, adopted at 1mth from A)

When parents described how a child's nose was out of joint for a period when the new sibling joined the family, they said that this was transitory and believed it to be normal behaviour for a toddler to be somewhat upset at times upon discovering that they had to share their parent:

He was delighted. We were afraid he would be disappointed. But he was all over her, helping. He was very proud of her. But later on his nose got a bit out of joint because of her being here. (Parent of girl, adopted at 18mths from EE)

Just 10% of parents recalled that the transition to having a new member of the family was somewhat difficult for other children. This appeared to happen for a variety of reasons such as the newly adopted child being unwell, if the child displayed difficult behaviours, and in one instance the emotional reaction of the adoptive mother to her first adopted child caused upset for the child.

His behaviour, biting and scratching, was very hard on her...but she was supportive. (Parent of boy, adopted at 30mths from EE)

A bit jealous. I burst out crying when I saw him after a month away and he got upset at that. He thought we were upset. He remembers that to this day. We keep saying it was tears of joy at seeing him... (Parent of girl, adopted at 11mths from EE)

Things Other Children did that were Helpful

As stated, most parents recalled that their other children were extremely positive about the new adoption and they gave examples of many ways in which children already in the family were helpful when the newly adopted sibling arrived.

The most frequently mentioned way in which other children helped was through play, and through play the newly adopted children began to learn to speak English, became more tactile and comfortable with physical touch such as cuddling and hugging, learned to share and to engage in rough and tumble games:

She brought him on, educated him, helped his speech and play development. (Parent of boy, adopted at 7mths from EE)

They helped her adjustment because kids always related to their own peers better than they do to adults. They'd have been down on the floor playing games, and hide and seek. They used imaginative play with her, whereas we would have used ordinary toys. (Parent of girl, adopted at 15mths from A)

Parents also remembered how older children embraced their new sibling, being proud to show them off and to look out for them because they seemed to be more vulnerable:

He embraced her: she's my sister because she has no mum or dad. For a while if he saw a child crying he would say have they no mummy or daddy. (Parent of girl, adopted at 12mths from A)

She really helped him settle in, she was great with him. He was her brother and nobody else was going to...and she was so proud of him, showing him off. (Parent of boy, adopted at 24mths from EE)

A further benefit of the interaction of the newly adopted child (noted by just two parents in transracial placements) was that the child who was already part of the family now had a sibling of the same race which brought benefits to both children:

She would rub her hands and loved seeing the same colour skin (on her sister). (Parent of girl, adopted at 6mths from SA)

Adopting Two Children at the Same Time

Prior to 2000 there were no policies issued by the Adoption Board in relation to requirements which potential adopters had to meet in order to adopt two children at the same time. Since 2000 the policy of the Adoption Board has been that prospective adopters must, within the assessment process, demonstrate that they have the competencies to adopt two children at the same time. In addition it is now the policy of the Board not to recommend the placement of unrelated children at the same time.

Fifteen percent (n=25) of parents who participated in the study (n=170) had adopted two children at the same time. Eighty four percent of these parents had adopted prior to the Standardised Framework for Assessment and the remainder did so subsequent to its implementation.

Some parents gave fully positive comments about adopting two children at the same time and others gave mixed comments about their experience. A small number of other couples, who did not adopt two children, said they would have liked to adopt more than one child simultaneously but mentioned during other parts of the interview that they had been told quite categorically by the principal social worker or the social worker that this was "not allowed" or "encouraged" by the Agency.

For those couples who went on to adopt two children, the majority (n=16) of mothers and just over half (n=13) of the fathers were under 40 years of age at time of adoption. The remainder of the parents were in their early 40s at time of adoption with just one mother and one father being in their early 50s. Fifty six percent of the adoptions were effected in Romania. In a majority of families, full time care for the adopted children was provided by the adoptive mother both in the first and subsequent years, except in two instances where the mother went back to work after the adoptive leave was complete.

Table 4.13: Country of Birth of two Children adopted at same time (n = 25 families)

| Country of birth | Frequency |
|------------------|-----------|
| Romania | 14 |
| Russia | 7 |
| Ethiopia | 1 |
| Kazakhstan | 1 |
| Vietnam | 1 |
| Guatemala | 1 |

Reasons Given by Parents

Parents gave various reasons for adopting two children at the same time. Four couples (8%) said they had not planned to adopt two children, but that this option was offered to them when they went to the country of birth:

It was just something that happened. We didn't plan it. (Parent of boy, adopted at 1mth from EE)

Other parents (16%) who also mentioned they had not intended to adopt two, said the child they were matched with had a birth sibling and they did not want to separate them. As a result they went on to adopt two children:

They have each other, they're brother and sister, not to be split up especially because they were older. (Parent of girl, adopted at 24mths from EE)

A number of parents (40%) referred to issues which arose in the adoption process and said that it was these issues which influenced their decision to adopt two at the same time. Parents did not want to have to go through the assessment process a second time; this was due to having had bad experiences with the assessment and also the waiting time involved to be assessed. Some parents also said that because of the waiting lists they would be too old if they applied to adopt a second time, therefore, it was better to adopt two at the same time. A number of parents also referred to the costs involved and said they could not afford to go a second time:

And the age that we were, we didn't think we would get a chance to get back again, and we certainly wouldn't if it was going to take another five years. And as it worked out the two boys were brothers and we couldn't take one and leave one behind. Our social worker didn't want to give us two and we had a big fight on that as well because as you know they don't want to give you two. She was adamant you go for one because if all of a sudden, if you've no children it's a big change to have two. (Parent of boy, adopted at 26mths from EE)

Nearly half of the parents (44%) said their reason for adopting two at the same time was that they did not want to have an only child, they felt only children missed out on the interaction that was important for social development. Parents felt it would be easier on the child if, from the beginning, they had someone to play with, talk with and grow up with. They thought children would feel personally, socially and culturally isolated if they were the only adopted child and the only child from a different country in the family, possibly the only one in the school and community. A fear that the country might close to international adoption was also cited as a reason for adopting two children together:

We thought it was right as we had the capacity and it would be good for them, as they would have each other as adopted and different race. We wanted to be sure we got two from the same country and it could have closed. (Parent of girl, adopted at 4mths from O)

It is important for children to have each other; we felt it was easier for two children to settle together, they always have the comfort, support and language of each other. (Parent of girl, adopted at older than 5y from EE)

Circumstances of Children when adopted

Parents were asked for their perception of any positive or negative factors in relation to the circumstances or history of the children when adopting two children at the same time. Four couples had adopted twins, in the age ranges 2 months to 12 years. The remaining couples (n=21) had adopted children with an average age difference of 11 months, this ranged from a difference of one month to four years. Fifty percent of the children adopted together were birth siblings and 50% were not related. From the parental comments there did appear to be advantages and disadvantages to having an age gap between adopted siblings.

Parents were also asked whether both children had the same pre-placement experience and whether this was evident post-adoption. Most adopted siblings (78%) had the same experience prior to adoption:

Yes, both fostered by same family (Parent of girl, adopted at 12mths from EE)

Yes both lived with birth mothers and breast fed but from different families. (Parent of girl, adopted at 3mths from EE)

Seven couples (28%) reported that the two children had different pre-placement experience, this generally occurred when one child was a few years older than the other child. In these situations one child had spent longer in an institution than the other. These parents commented that there were different issues such as memories or institutional behaviours for the older child and that the younger was easier to manage:

No, both did not have the same experiences pre-adoption. (Child) is older and remembers more of what went on, and this had affected post adoption, she was more institutionalised. (Parent of girl, adopted at 4y from EE)

Because child's sister was older she brought more issues with her for example food hoarding and lying but she is a great kid. (Parent of boy, adopted at 17mths from EE)

How Adoption Experience was affected

Parents were asked how their experience of adoption was shaped by adopting two children at the same time. Two couples (8%) responded that it was just the way they had done it, they had no other experience to compare it to:

We were thinking double. There was no difference as far as we were concerned because we had never done it any other way. (Parent of girl, adopted at 15mths from EE)

Most parents (80%) described the experience as entirely positive. They said the company and support the children gave each other possibly made their job that little bit easier:

It was probably easier having two, they were company for each other, one kept the other entertained, even if it was only to fight! (Parents of boy, adopted at 26mths from EE)

Another advantage mentioned by a parent was that adopting two children together allowed the parent to make some useful comparisons. One couple described how they could observe their children's development and intervene if they thought it were appropriate, whereas if the child was adopted alone they would not have been able to make useful age based comparisons:

We coped better. We could see how far behind (child's sister) was because we were able to compare and we had to force things on her. (Parent of boy, adopted at 1mth from EE)

Although most parents had positive things to say, some also found it an enormous adjustment to adopt two children together. This period was remembered as stressful, busy and pressured:

It was busy, it was very, very busy, we had our hands full for the first few years. (Parent of girl, adopted at 1mth from EE)

It worked for us, it was more onerous, there were pros and cons. They had each other but you had to deal with twice the problems, there were other issues as well, just the practical issues were difficult, dividing your time between the two. (Parent of girl, adopted at 4y from EE)

Some parents (10%) worried what effect adopting two children together had on the children themselves:

Very busy time, more intense, never had a chance to give one child individual attention. (Parents of girl, adopted at 12mths from EE)

The fact that you have two means that you can't just spoil one and centre your whole life around one, they probably missed out on the individual attention in that respect, and the fact that he was a toddler and his brother was a baby meant that he probably missed out a bit initially maybe, because his brother would have got so much more attention. But you were very conscious of him as well and the times when his brother was asleep you would have taken him on his own and spent your time with him to try and make up for the time. (Parent of boy, adopted at 28mths from EE)

When asked about the effect of two children being adopted together on the children themselves, parents generally outlined the positive effects for them when growing up. All parents commented that the most positive thing for the children was that they had each other and they will always have the companionship and support that siblings offer each other:

They had company and someone to fight with, they played with each other (Parent of girl, adopted at 1mth from EE)

You go through the different phases together, they have each other. (Parent of girl, adopted at 3mths from EE)

Parents who adopted siblings who were related by birth stated that the biggest advantage of adopting two children together was that the children were not separated from one another:

Because they were siblings they needed to be adopted together and for them it was great that they had each other in a foreign country, they were so close and bonded so it would have been difficult and very stressful for them if separated. (Parent of girl, adopted at 4y from EE)

Another positive aspect mentioned by parents was the satisfaction and enjoyment they received out of raising two children:

The pleasure of two and knowing they have each other. (Parent of girl, adopted at 8mths from EE)

Double the joy I suppose, as well as double the work! It is a big change after having no children. (Parent of boy, adopted at 26mths from EE)

Parents also described the feelings of fulfillment and completeness at having a complete family; the fact that they adopted two children at the same time had resulted in an instant family:

You get a ready-made family, especially a brother and sister. (Parent of boy, adopted at 28mths from EE)

Adopting two children at the same time also ensured couples did not have to go through the process of preparation, assessment, waiting and travelling a second time:

With two kids we didn't have to face the thoughts of going through it all again, we always wanted to have more than one child and for the child's sake, and the fact that we had two and we didn't have to go through it again was great. (Parent of girl, adopted at 1mth from EE)

Parents were also asked if there had been any disadvantages involved in adopting two children together. Most parents (72%) said there had been no drawbacks, though some of these did qualify this by saying that if personal circumstances were different and if the children they adopted had more issues there might have been some disadvantages:

No, there were no disadvantages with them being adopted together. I (mother) wasn't working outside the home but if both parents were working full time it would be more difficult. (Parent of girl, adopted at 1mth from EE)

It depends on individual circumstances or capacity, it has worked for us. (Parent of boy, adopted at 4mths from O)

When discussing disadvantages parents generally referred to the practical issues involved when raising two children at the same time. They said the work, time and effort involved was immense. A further disadvantage was the fact that there was not as much individual time with each of the children. Some parents believed the children may have "missed out" because of this:

Sometimes I felt they weren't getting enough attention because I had the two and in that way I would have felt guilty, but I took the year off so I suppose... (Parent of boy, adopted at 28mths from EE)

One couple mentioned a separate practical problem, that is, the expense involved in raising two young children, particularly two who were close in age. This expense was a further stress on the family at an already demanding time:

Cost, two of everything, you have no hand-me-downs, would be better if one was older than the other to have the experience of one before the other, rivalry of them very close in age. (Parent of girl, adopted at 3mths from EE)

Prepared for adopting two Children together?

Finally, parents in this category were asked to reflect on the adoption and the period immediately post adoption and to comment on whether they felt they were adequately prepared for adopting two children together. The majority of parents (72%) did consider themselves to be satisfactorily prepared for this task. This was generally because they themselves had put a lot of effort into the preparation, both practically and emotionally:

Yes we had prepared ourselves and we were not afraid. (Parent of girl, adopted at 37mths from EE)

Yes but we had done a huge amount of preparation. (Parent of girl, adopted at 4y from EE)

On the other hand, eight couples (32%) said they had not felt fully prepared and that there were things they found difficult:

No but we got on with it. (Parent of girl, adopted at 7mths from EE)

No I'd never even practiced putting a nappy on. (Parent of girl, adopted at 16mths from EE)

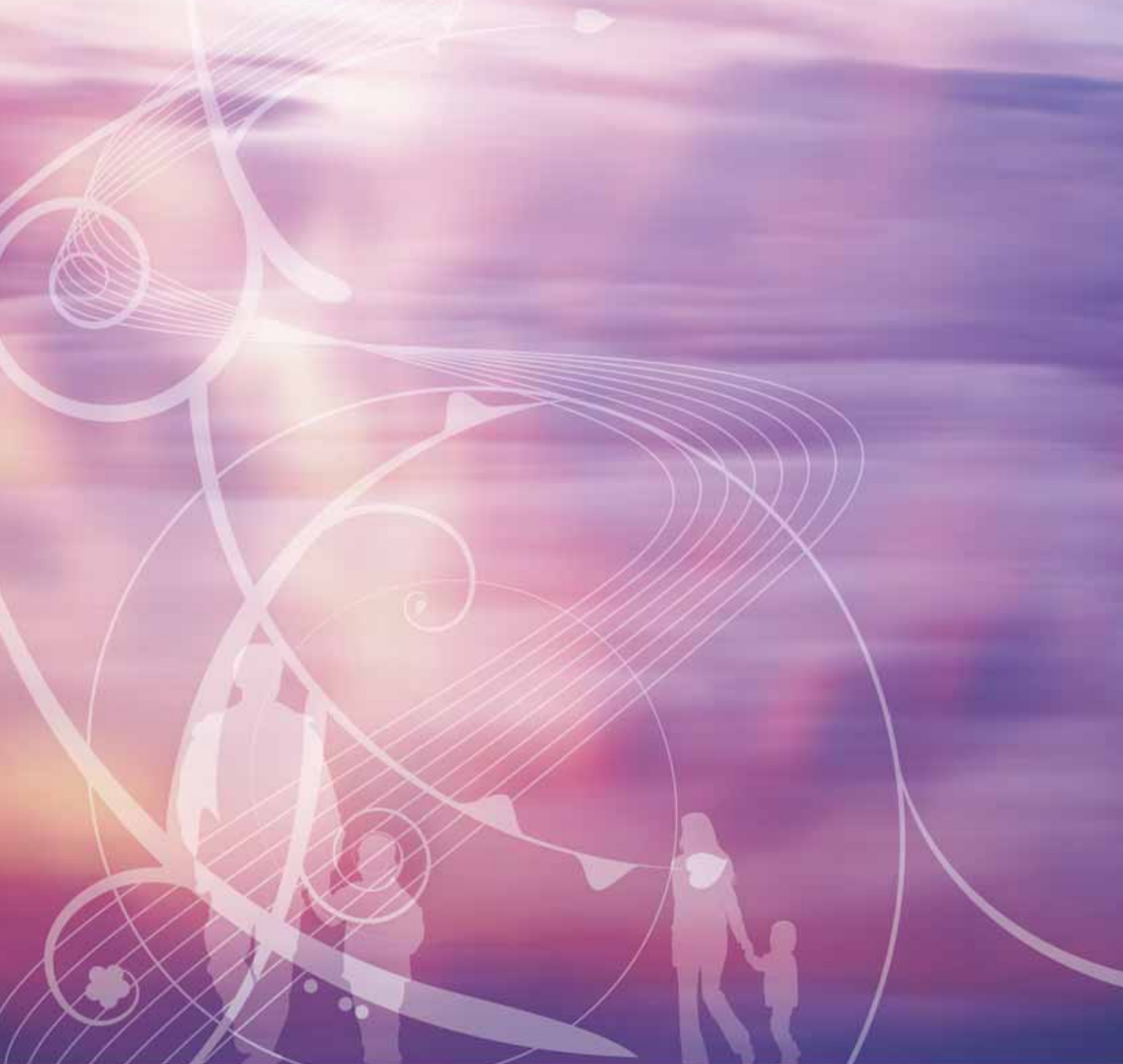
A number of parents made the point that a prospective parent can plan, organise and prepare as much as possible but when it comes down to it, "nothing can prepare you" for the reality of the situation, especially being responsible for and caring for two children at once:

Who's ever prepared for parenting, there's nothing to prepare you, you've all these ideas in your head but its a different kettle of fish when you're in the middle of it. You don't know what you're going to face, you're told you'll have all these problems; I waited for this child that would sit in the corner and that wasn't going to look at me and I probably did psychoanalyse different things as well; thinking 'oh, is that normal' etc. (Parent of boy, adopted at 28mths from EE)

Key Findings

- Over 80% of parents gave their childlessness as a reason for adopting and 75% gave it as the primary reason.
- Most parents decided to adopt when their inability to have a child was confirmed.
- Just over half had adopted more than once. Not wanting an only child was the key reason for adopting again.
- The lack of Irish children available for adoption was the dominant reason (over 70% of parents) for adopting from abroad.
- Almost half of the adoptive mothers had considered fostering. The insecurity of foster care was the main reason they chose adoption.
- Parental perception of the availability of children in various countries was the key reason parents chose a country from which to adopt. The race of the child was given as a factor by a quarter of the parents.
- The total cost of the adoption process varied from country to country, in some countries there was no cost beyond travelling, in others there were costs of Mediation Agency/Facilitators and other costs. For most countries the cost was over €10,000.
- Most parents spent two to three weeks in the child's country of birth during the adoption process which was generally divided into two separate visits. The time spent with the child during these visits was often quite short.
- Seventy per cent of the children had spent longer than six months in an institution before their adoption placement.
- Parents' reports on the conditions of the children's homes varied widely both within countries and between countries.
- The majority of parents have no ongoing contact with anybody in the child's country of birth, about one third have just some contact with adoption facilitators or the children's home.
- The reasons given for the child's availability for adoption were, overwhelmingly, "poverty" and "mothers inability to cope often leading to the abandonment of the child".
- Many adoptive parents know very little about their child's birth family. In some countries they encountered resistance when seeking this information.
- Less than half of the children were believed to have received any form of preparation for their move to their new parents. The actual transfer of care most often happened without any significant preparation.
- The first meeting with their child was a very emotional experience for the adoptive parents, predominantly it was joyful and exciting but often tinged with worries and fears.
- Forty four percent of the children were reported as healthy at time of placement. 17% had one specified illness, 15% had developmental delay and 14% were malnourished according to parental accounts. Most parents reported that children settled quickly.

- Birth names were incorporated as a “middle name” for 44% of children, and retained as first name for 34% of the children.
- All the adoptive parents expressed positive feelings about their first year caring for their child but most also experienced stresses often associated with their child's behaviour. They also noted the stresses involved in making adjustments to their own lifestyle to accommodate their newly adopted child.
- Parents drew on a variety of supports in the early stages of parenthood, mostly from their families and friends. Practical help and reassurance from experienced parents were greatly appreciated.
- Approximately half of the parents suggested improvements to existing services or new services for adoptive parents. These included the need for more focus on and expertise in adoption within the existing services and better organised support groups.
- The adoptive parents' families and friends were overwhelmingly supportive of their plan to adopt and positive when they arrived back in Ireland with their child.
- Almost all of the parents who already had children shared their plan to adopt with their children. Some found it difficult to decide exactly when to do this.
- Existing children welcomed their new sibling with very few difficulties and did much to aid in the settling in period.
- Fifteen per cent of the parents adopted two children at the same time. Half of the children adopted together were siblings and this was thought to be a huge advantage for the children.
- Most parents thought adopting two children made their task as adoptive parents easier but it did involve enormous adjustments.



CHAPTER 5
CHILDREN'S DEVELOPMENTAL OUTCOMES & POST-PLACEMENT ADJUSTMENT

Chapter 5: Children’s Developmental Outcomes & Post-Placement Adjustment

Introduction

This chapter considers the developmental outcomes and post-placement adjustment of the 180 children who participated in the research. The first part of the chapter provides a descriptive overview of how the children are faring, on a range of developmental outcomes. Various domains of development are considered in the present chapter, including *social and emotional development*, *behavioural problems*, *intellectual achievement*, and *language development*. Children’s academic progress and educational achievement are considered separately in Chapter Six, although much of what is discussed here has relevance for children’s adjustment and performance in the school setting. The second part of the chapter focuses on children who experience multiple difficulties across many domains of development, and attempts to identify the factors associated with developmental difficulties. In both cases the technical details of the analysis are kept to a minimum, but are available upon request.

One of the main challenges in considering developmental outcomes and post-placement adjustment among this group of children was the broad age range of children that were included (2 to 17 years); and the varying lengths of time since their adoption. As highlighted in Chapter Two, not all tests and questionnaires were appropriate for use with all age-groups¹⁴. However, the domains of development assessed across the different age groups were conceptually equivalent despite the use of different research tools, methods of assessment and sources of information (children, parents and researcher observation). Key findings are presented according to the different areas of development that were explored.

Achievement of Developmental Milestones among Children Under Five years¹⁵

The Denver Developmental Assessment was used to examine four domains of development among children under five years of age. These domains were: social-personal skills, adaptive-fine-motor skills, gross motor skills and language skills. Based on whether children were able to perform specific tasks related to their chronological age, children were classified according to the number of delays they displayed. Analysis of the data indicated that 57.3% of the children (n = 42) displayed no developmental delays across any of the domains, while 42.7% of the children were assessed as having at least one developmental delay (n = 32).

Table 5.1: Number and percentage of Children who showed Delays on the Denver Developmental Assessment (n = 74)

| | Number of Children | Percentage of Children |
|---------------------|--------------------|------------------------|
| No delays | 42 | 57 |
| At least one delay | 32 | 43 |
| One delay | 10 | 14 |
| Two delays | 6 | 8 |
| Three delays | 7 | 10 |
| Four or more delays | 9 | 12 |

14 The reader is referred back to Table 2.11 for an overview of the various assessment tools and methods that were used with children of different ages.

15 Seventy-five children are under consideration here, seventy-four completing all elements of the Denver. Three children who were over five years of age were also assessed using the Denver Developmental Assessment. These children had specific disabilities and special needs. Therefore, assessment of their development using other methods would not have been appropriate.

Taking each of the domains separately, it appeared that the majority of delays occurred within the fine-motor/adaptive, language, and gross motor domains, with fewer children displaying delays in the social-personal domain. Analysis of the number of delays within each domain is shown in Table 5.2. Delays do not appear to be concentrated in any particular domain, and the majority of children with delays were only delayed on one specific task in the assessment.

Table 5.2: Number of Children who showed Delays in each of the Domains of Assessment

| Number of Delays | Domain of Assessment | | | |
|---------------------|-------------------------------|---------------------------------|-------------------------|----------------------|
| | Social & Personal (n = 75) | Fine Motor/Adaptive (n = 75) | Gross Motor (n = 74) | Language (n = 75) |
| No delays | 69 | 56 | 58 | 57 |
| One delay | 3 | 13 | 9 | 8 |
| Two delays | 2 | 3 | 2 | 6 |
| Three delays | – | 1 | 3 | 1 |
| Four or more delays | 1 | 2 | 2 | 3 |

It is important to consider that almost half of the children displayed competence on at least one specific developmental task at a level beyond what would be expected for their age.

Table 5.3: Number and percentage of Children who showed Advanced Development on the Denver Developmental Assessment (n = 73)

| | Number of Children | Percentage of Children |
|-----------------------------|--------------------|------------------------|
| No advanced items | 39 | 53 |
| One advanced item | 17 | 23 |
| Two advanced items | 6 | 8 |
| Three advanced items | 5 | 7 |
| Four or more advanced items | 6 | 8 |

In summary, it appears that the majority of children under five years are functioning well for their age. While 43% of the children displayed at least one developmental delay, 22% of children displayed more than two delays, suggesting more serious difficulties. Overall, fewer developmental delays were apparent in the social-personal domain – however, unlike the other domains of assessment, the young child's social-personal skills were assessed mainly on the basis of parental report, rather than through observation and interaction with the researcher.

Language Development

Language development was assessed on the basis of parental report of language delays or difficulties, the Denver Developmental Assessment (only among children under five years) and the British Picture Vocabulary Scale (BPVS).

As indicated in the previous section, 18 out of 75 children (almost all under five years) displayed at least one language delay in the direct assessment of their language development (24%). Ten of the children displayed more than one language delay, indicating more serious difficulties – this represents 13% of the younger age group. However, given the young age of these children, we may expect that they will exhibit some language delays, given their exposure to a language other than English prior to adoption and the later age at which they are beginning to learn English. Therefore, it is important to consider the extent to which language delays persist beyond the pre-school years into early and middle childhood.

Taking the entire group, forty percent of parents reported that their children displayed at least one language delay. The most common difficulties were language delays (23%), saying words incorrectly (18%) and problems with understanding and processing (14%). Of particular importance is the number of children for whom these difficulties are ongoing, as illustrated in Table 5.4. Thus, of the 41 children whose parents reported language delays, these difficulties are ongoing for 20 children, and the average age of these children is 6.8 years. Similarly, parents of 24 children reported problems relating to understanding and processing – these problems are ongoing for almost all of these children, whose average age is now 9.9 years. Thus, for many of the children with language difficulties, these difficulties are not transitory in nature.

Table 5.4: Persistence of most common Language Difficulties

| Nature of Difficulty | Number | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|--|--------|------------------------------------|--|
| Language delays | 41 | 20 | 6.8 (3.7) |
| Saying words incorrectly | 32 | 23 | 6.9 (3.2) |
| Problems with understanding and processing | 24 | 22 | 9.9 (3.7) |

A more objective indicator of language development was used, the British Picture Vocabulary Scale (BPVS)¹⁶ which is a non-verbal measure, which tests children's understanding of commonly used English words. On the basis of the number of words that a child is able to understand, his/her score is converted into a standardised score to enable comparison with children of the same chronological age. A standardised score of 100 indicates that a child is performing at the level expected for their age. In an average group of children, we expect that half of the children will have a mean score above 100 (indicating competence beyond their expected age level), while half of the group will have a mean standardised score below 100 (indicating competence below their expected age level).

Analysis of the group of scores indicates that 89 children were functioning at a level below their chronological age – the mean delay here was 18 months behind (s.d. = 19.07). In contrast, 77 children

¹⁶ The BPVS is not appropriate for use with children under 2½ years of age, and a number of the test scores were deemed invalid, because the children did not want to continue with the task.

performed at a level above their chronological age – the mean advantage within this group was 10 months (s.d. = 9.07).

Table 5.5 below indicates the distribution of scores within our sample of adopted children (n = 166) compared with the distribution of scores based on British samples of children.

Table 5.5: Distribution and Range of BPVS scores for Adopted Sample, and Sample of British Children

| Description and Range of Score | Percentage of Children in Present Study (n = 166) | Expected Percentage based on population norms for British children |
|------------------------------------|---|--|
| Extremely High Score (> 130) | 0.0 | 2 |
| Moderately High Score (115 to 129) | 7.2 | 14 |
| High Average Score (101 to 114) | 37.3 | 34 |
| Low Average Score (71 to 100) | 36.1 | 34 |
| Moderately Low Score (56 to 70) | 8.4 | 14 |
| Extremely Low Score (< 55) | 10.8 | 2 |

Analysis of scores indicates that there was no difference between the distribution of scores in the present sample and the expected percentage distribution based on population norms for British children. However, one could argue that population norms based on British children does not represent an appropriate comparison group for our sample. In light of this, the BPVS was carried out with a comparison group of school-going Irish-born children, matched with our adopted sample on age (over five years only), gender and social class background of family. Table 5.6 indicates the distribution of scores within the sample of adopted children (over five years) and a matched comparison group of Irish-born children.

Table 5.6: Distribution and Range of BPVS scores for Adopted Sample, and Comparison Group of Irish-born Children

| Description and Range of Score | Percentage of Adopted Children (n = 95) | Percentage of Comparison Group of Irish-born Children (n = 95) |
|------------------------------------|---|--|
| Extremely High Score (> 130) | 0.0 | 1.1 |
| Moderately High Score (115 to 129) | 5.3 | 12.6 |
| High Average Score (101 to 114) | 41.1 | 46.3 |
| Low Average Score (71 to 100) | 44.2 | 36.8 |
| Moderately Low Score (56 to 70) | 6.3 | 2.1 |
| Extremely Low Score (< 55) | 3.2 | 1.1 |

While it appears that there is a higher proportion of the adopted sample in the lower categories, and a higher proportion of the comparison group sample in the higher bands, it was not possible to test these differences statistically, as the proportions of children in each 'cell' were too small.

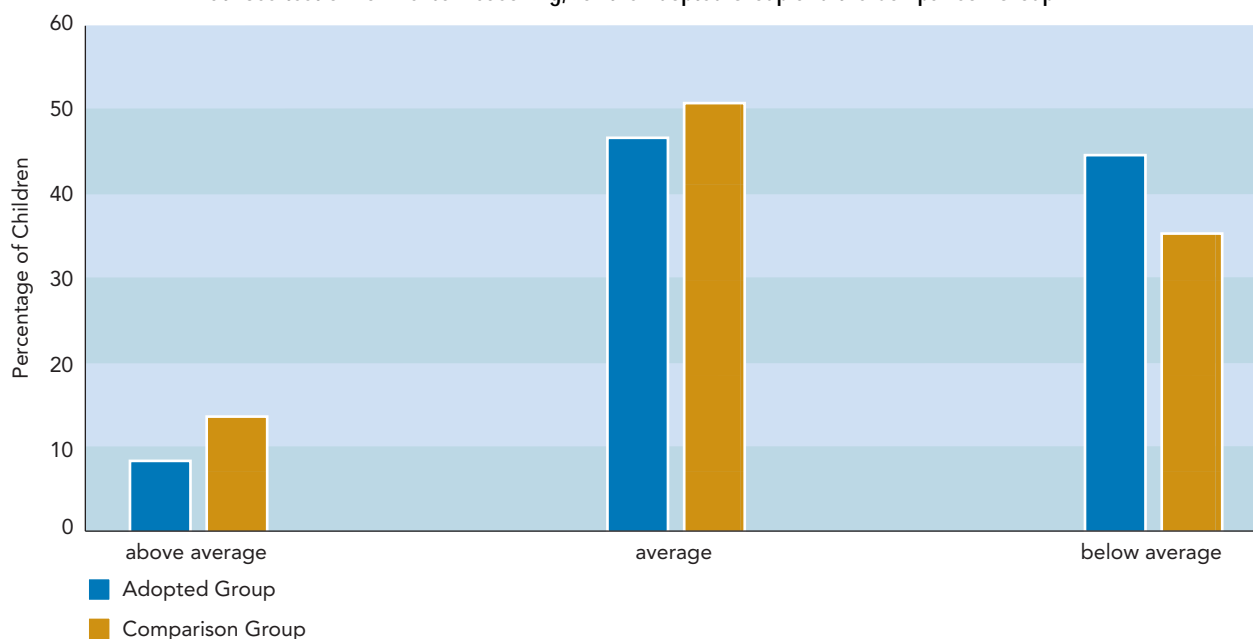
However, taking the comparison and adopted groups as a whole (over five years only), analysis and comparison of the mean scores for both samples indicated that the adopted group were performing at a significantly lower level than the comparison group of Irish-born children ($t = -3.408$, $df = 188$, $p < 0.001$). The mean score for the adopted group was 97.89, while the mean score for the Irish-born comparison group was 103.81.

In summary, the distribution of scores within the adopted group resembles a normally distributed population, although a slightly higher number of children were performing below their chronological age than above their chronological age. Furthermore, the mean score for the adopted group was statistically and significantly lower than a matched comparison group of Irish-born children. However, these findings must be considered in light of the caveat that the majority of adopted children experienced some interruption in their natural language development.

Non-verbal Reasoning

The Standard Progressive Matrices were used to assess children's non-verbal reasoning and intellectual capacity (appropriate for use with children from 6 to 15 years of age). The figure illustrates the distribution of children's scores on this test, and the proportions of children who are classified as below average, average and above average in terms of their non-verbal reasoning. (In general, one-quarter of children are expected to fall into below average categories, and one-quarter into the above average categories). In this sample, 8.3% of the children scored in the above average category, 46.7% in the average category, and the remaining 45% in the below average category. In the comparison group sample, 13.8% of children scored in the above average category, 50.8% in the average category, and 35.4% in the below average category.

Figure 5.1: Comparison of categorisation of children's intellectual capacity, as measured by the Standard Progressive Matrices test of non-verbal reasoning, for the Adopted Group and the Comparison Group.



The differences between the two groups are not statistically significant (Chi-square = 1.67, $df = 2$, $p > 0.05$).

In summary, a low proportion of children in both the adopted and comparison groups scored in the above average category on the test of non-verbal reasoning. Over one-third of both groups were categorized as below average in their non-verbal reasoning abilities. No statistically significant differences emerged between the adopted group and comparison group on the standardised measure of non-verbal reasoning.

Self-Concept

Children over eight years completed the Piers-Harris Self-Concept Scale, which is a standardised scale for measuring different aspects of self-concept. On each of the sub-scales, children are categorised as having below average or average/above average or high self-concept. The table below details the categorisation of self-concept on the various sub-scales of the Piers-Harris Self-Concept Scale.

Table 5.7: Classification of Children & Adolescents' Self-Concepts on the sub-scales of the Piers-Harris Scale (n = 50)

| | Below Average | Average/Above Average |
|--------------------------|---------------|-----------------------|
| Behaviour | 7 | 43 |
| Intellectual Capacity | 11 | 39 |
| Freedom from anxiety | 8 | 42 |
| Physical Appearance | 11 | 39 |
| Popularity | 11 | 39 |
| Happiness & Satisfaction | 7 | 43 |

There was little variation across the different dimensions of self-concept, suggesting that no specific domain emerged as particularly salient among this group. The majority of children exhibited either average/above average self-concepts across the different domains. Comparison of the Irish-born and adopted groups indicated no significance differences in below average and average classifications of self-concept, across any of the domains.

Behaviour & Emotional and Social Development

In addition to direct assessment and measurement of children's developmental progress using selected standardised measures, parents of all children were also asked to discuss a range of issues that are related to different aspects of development and behaviour. Specifically, parents were asked to consider their child's behaviour and development under the following headings: sleeping and bed-time-related behaviours, feeding behaviours, sensory development, behaviour and functioning at home and in school, attachment-related behaviours, and motor behaviours. Given that many of these behaviours are commonly observed and may represent normal stages of development, parents were specifically asked to report upon any behaviours that:

- Were considered to be inappropriate or extreme in some way (for example in terms of duration or intensity)

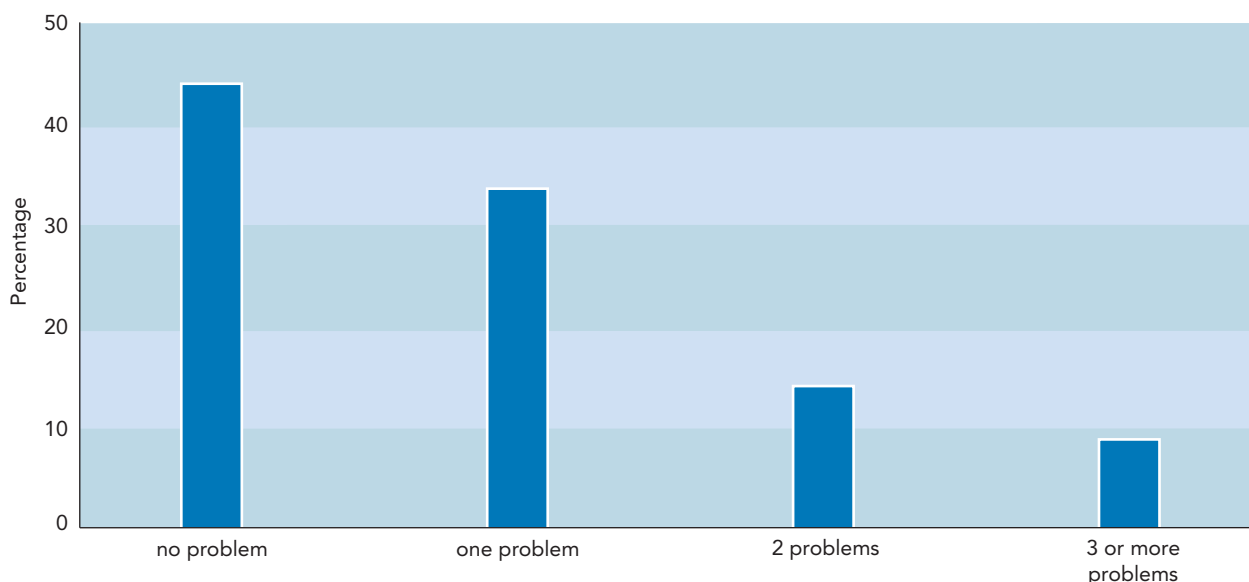
- Interfered with home/family life
- Impinged upon the child's functioning at school or in their care setting.

Where difficulties were highlighted, parents were also asked to indicate whether the behaviours were ongoing, and if not, for how long they had continued after the adoption.

Sleeping Behaviours

Eight different problems relating to sleep were surveyed. Forty-three percent of children displayed no sleeping problem, while over half of the children were reported to display at least one difficulty with sleep behaviour following adoption (57%). One-third of the children displayed only one sleeping-related difficulty.

Figure 5.2: Percentage of children who displayed sleeping problems



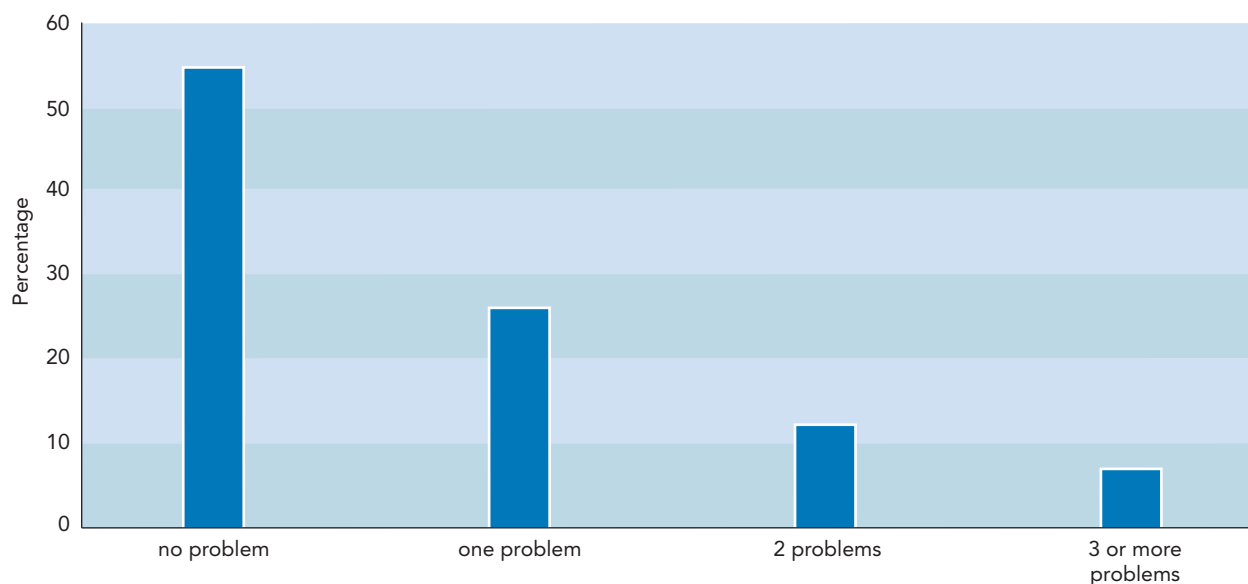
In terms of the extent to which these problems persisted and are ongoing over time, the findings indicate that for the most part, these difficulties were transitory in nature. Thus, for over half of the children, the problems did not continue:

Table 5.8: Persistence of most common Sleeping Problems

| Nature of Difficulties | Number | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|----------------------------------|--------|------------------------------------|--|
| Rocking in bed | 31 | 14 | 7.13 (3.14) |
| Restless sleep/frequent waking | 30 | 12 | 8.57 (4.44) |
| Resisting sleep/fearful of sleep | 25 | 6 | 7.44 (2.33) |
| Bedwetting | 22 | 14 | 7.07 (2.74) |
| Not indicating they had woken up | 17 | 4 | 8.06 (6.17) |

Feeding Behaviours

Less than half of the children displayed at least one difficulty related to feeding behaviours following their adoption (45%). One quarter of the children had displayed only one feeding-related difficulty, while a smaller proportion exhibited two (12%) or three or more (7%) difficulties.

Figure 5.3: Percentage of children who displayed feeding problems

Difficulties with feeding behaviours were less varied than sleeping difficulties, with the three most common difficulties relating to stuffing food (20%), not knowing when to stop eating (22%) and difficulties with textures of different foods (13%). However, these problems were ongoing for only a small number of children.

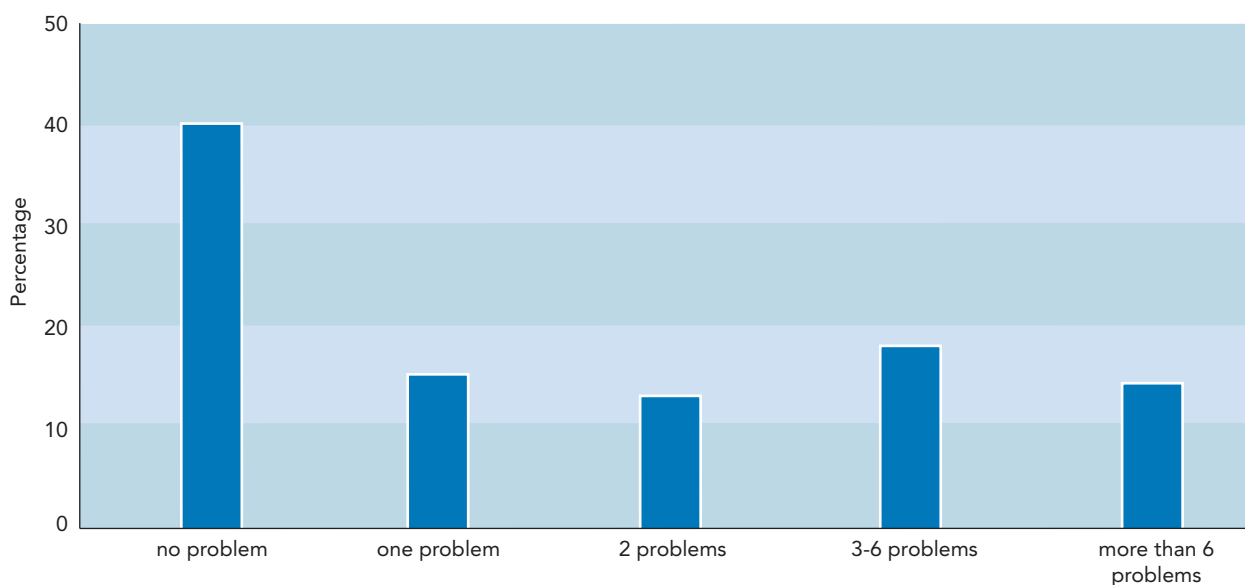
Table 5.9: Persistence of most common Feeding Problems

| Nature of Difficulty | Number | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|---|--------|------------------------------------|--|
| Stuffing food | 35 | 3 | 8.19 (6.88) |
| Not knowing when to stop eating | 39 | 4 | 10.84 (5.38) |
| Difficulty with textures of different foods | 23 | 5 | 10.95 (5.81) |

Sensory Difficulties

Almost half of the children (48%) displayed at least one difficulty relating to sensory functions (vision, hearing, sense of touch and smell). Almost 30% of children had displayed only one sensory-related difficulty, while a smaller proportion exhibited two (11%) or three or more (10%) difficulties, as indicated in the figure below.

Figure 5.4: Percentage of children who displayed sensory difficulties



In terms of the most common difficulties, parents reported that almost one quarter of the children were oversensitive to sound – this difficulty was ongoing for over two-thirds of these children. Thirteen percent of children (n = 24) exhibited difficulty being held or hugged, and this difficulty is ongoing for one-third of the children.

Table 5.10: Persistence of most common Sensory Difficulties

| Nature of Difficulty | Number | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|---------------------------------|--------|------------------------------------|--|
| Oversensitive to sound | 42 | 30 | 6.87 (3.46) |
| Difficulty being held or hugged | 24 | 8 | 10.56 (4.34) |

Motor Development

A minority of children experienced motor difficulties. Twenty-one children had exhibited gross motor difficulties (walking, jumping, running), while a similar proportion of children exhibited fine motor difficulties (manipulation of objects with hands and fingers). In the case of both fine and gross motor difficulties, almost three-quarters of children experienced ongoing difficulties.

Attachment-Related Behaviours

Parents reported that half of the children displayed social attachment-related behaviour difficulties. Just less than one-third of children displayed only one difficulty, while about one-fifth of the children displayed two or more difficulties.

Figure 5.5: Percentage of children who displayed social/ attachment-related behaviour difficulties

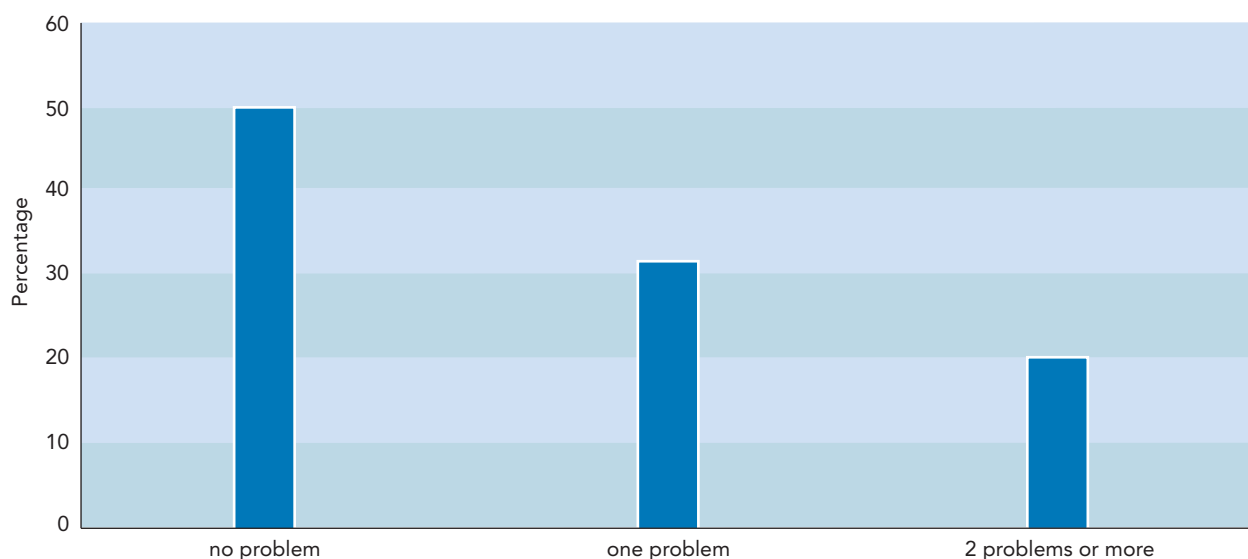


Table 5.11: Description of Social and Attachment-Related Behaviour Difficulties

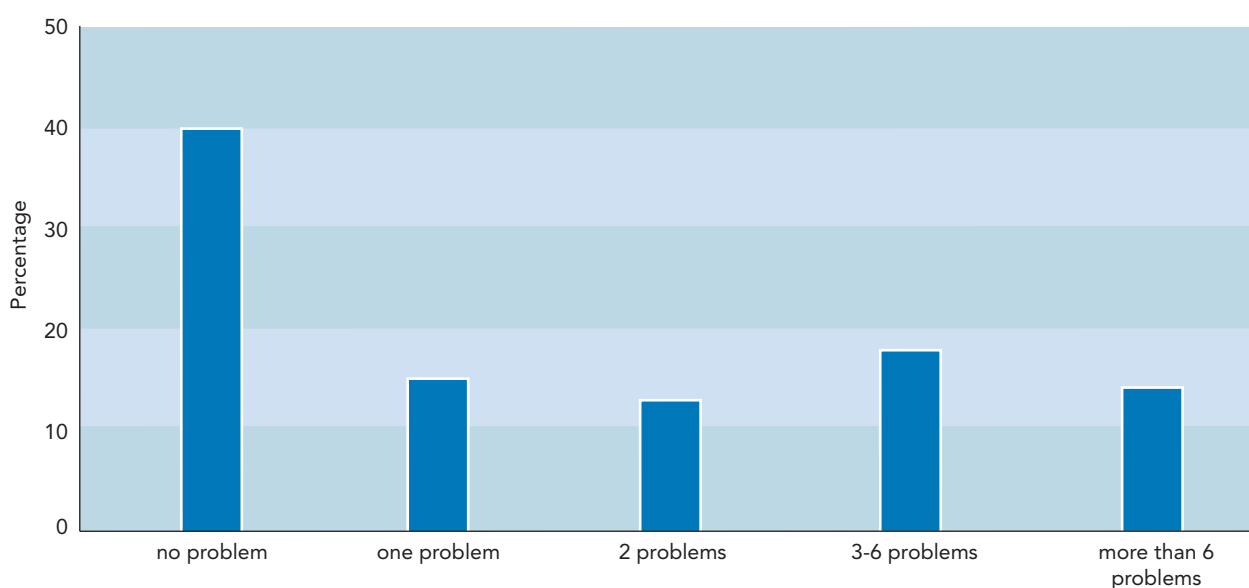
| Nature of Difficulty | Number | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|-----------------------------|--------|------------------------------------|--|
| Poor Eye Contact | 33 | 20 | 7.8 (3.9) |
| Clinginess to Parents | 35 | 13 | 6.3 (3.3) |
| Indiscriminate Friendliness | 56 | 20 | 6.4 (3.1) |

The most commonly reported attachment-related behaviour difficulties pertained to indiscriminate friendliness, and for over one-third of the children who exhibited these behaviours, the problem is ongoing (20 out of 53 children). Twenty out of the 33 children who displayed poor eye-contact have experienced ongoing difficulties with this. In the case of both difficulties, the mean age of the children for whom such behaviours are ongoing indicates that children do not necessarily grow out of these difficulties.

Behaviour & Functioning at Home and at School

This section considers 30 specific behaviours that affect children's functioning at home and in school. Some behaviours reflect acting-out tendencies or externalising problems (such as temper tantrums), while others relate to internalising problems (such as anxiety, crying, withdrawn). Forty-percent of children had experienced no problems, 15% had experienced one problem, 13% two problems, while one-third of the children experienced three or more behaviour difficulties.

Figure 5.6: Percentage of children who displayed behavioural difficulties



The majority of problematic behaviours that were reported by parents were 'acting-out' patterns of behaviour, including distractibility, inattention, temper tantrums, overactivity, rocking behaviours, and a tendency for children to be anxious and worry. The table below indicates the percentage of children who are reported to display each of the behaviours. Furthermore, the proportion of those children who have displayed those problems and for whom the problem is ongoing is also indicated. This information suggests that for those children who exhibit these behaviours, the majority have not overcome these problems.

Table 5.12: Description of Difficulties in Functioning at School and Home

| Nature of Difficulty | % of children | Number of Children | Number for whom problem is ongoing | Mean Age (s.d) for whom problem is ongoing |
|--|---------------|--------------------|------------------------------------|--|
| Easily distractible | 25 | 45 | 40 | 9.15 (4.24) |
| Difficulty sustaining attention | 19 | 34 | 31 | 9.47 (4.29) |
| Does not seem to listen to when spoken to directly | 22 | 40 | 36 | 8.44 (3.89) |
| Indifference to punishment or reward | 11 | 19 | 15 | 8.64 (4.27) |
| Diminished sense of danger | 15 | 26 | 16 | 6.43 (2.84) |
| Temper tantrums | 16 | 28 | 16 | 6.92 (3.47) |
| Difficulty understanding team sport | 10 | 18 | 15 | 10.18 (3.48) |
| Overactive | 12 | 21 | 17 | 6.75 (4.19) |
| Rocking/repetitive movements | 18 | 33 | 20 | 7.81 (3.56) |
| Anxious/worrying | 12 | 22 | 21 | 8.93 (3.56) |

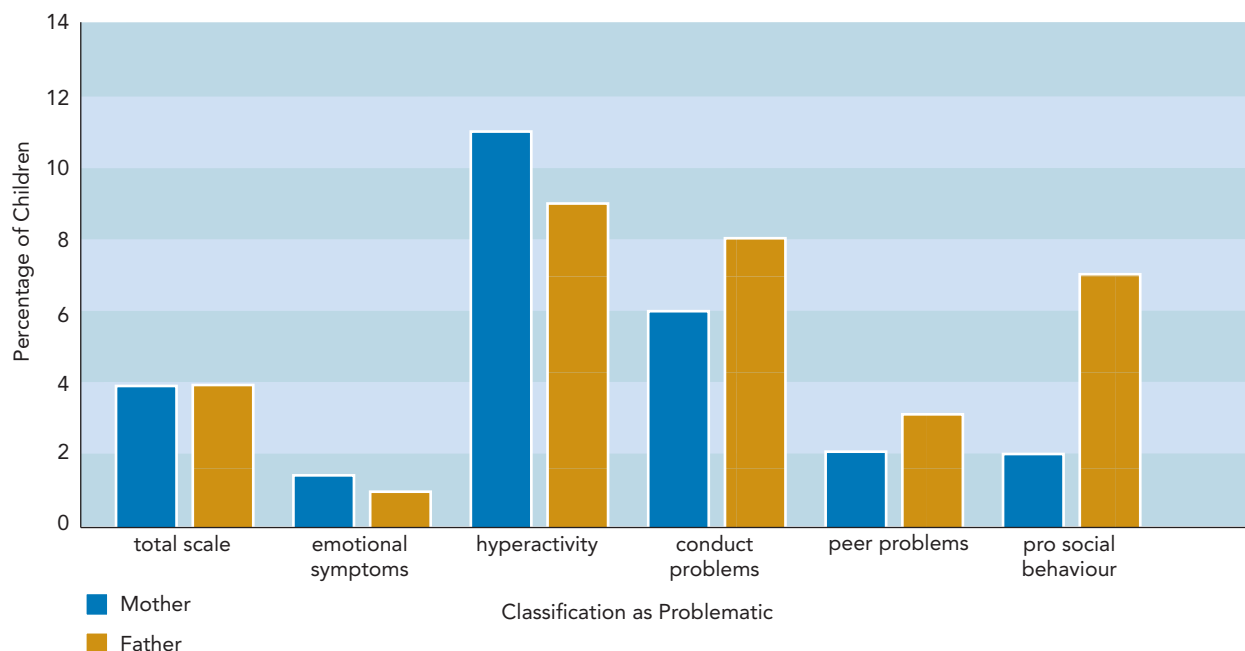
To supplement parental reports of child behaviour, mothers and fathers were also asked to complete the Strengths and Difficulties Questionnaire (SDQ). This is a widely used standardised measure that assesses how mothers and fathers rate their children on behavioural adjustment and emotional well-being. There are five sub-scales in the questionnaire, which taps into: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. Children's scores on each of the sub-scales are classified into normal (no difficulty), borderline (some need) or problematic categories (difficulties and high need). According to users and developers of the scale, classification of 'problematic' on one of the difficulties scores can be used to identify likely "cases" with emotional or behavioural difficulties. Approximately 10% of a community sample scores in the problematic band on any given subscale, with a further 10% scoring in the borderline band.

Table 5.13: Classification of Scores on the Sub-scales of the Strengths & Difficulties Questionnaire, Mother and Father Reports (n = approximately 138)

| Domain | Classification | Mother Report (%) | Father Report (%) | Expected Proportions in Community Sample (%) |
|---------------------|----------------|-------------------|-------------------|--|
| Total | Normal | 92 | 92 | 80 |
| | Borderline | 4 | 4 | 10 |
| | Problematic | 4 | 4 | 10 |
| Emotional | Normal | 97 | 96 | 80 |
| | Borderline | 1.5 | 3 | 10 |
| | Problematic | 1.5 | 1 | 10 |
| Hyperactivity | Normal | 84 | 80 | 80 |
| | Borderline | 5 | 11 | 10 |
| | Problematic | 11 | 9 | 10 |
| Conduct | Normal | 87 | 83 | 80 |
| | Borderline | 7 | 9 | 10 |
| | Problematic | 6 | 8 | 10 |
| Peer Relations | Normal | 91 | 91 | 80 |
| | Borderline | 7 | 6 | 10 |
| | Problematic | 2 | 3 | 10 |
| Prosocial Behaviour | Normal | 91 | 89 | 80 |
| | Borderline | 7 | 4 | 10 |
| | Problematic | 2 | 7 | 10 |

With this in mind, the classification of the children's scores in the current study is similar to what might be found in a community sample. For comparative purposes, Figure 5.7 illustrates the classification of children's emotional and behavioural difficulties, as rated by mothers and fathers.

Figure 5.7: Percentage of children who were classified in the abnormal (problematic) category, based on the Parent Report of the Strengths & Difficulties Questionnaire



Based on mother and father reports, similar proportions of children are in the normal category as would be expected in a community sample (based on British norms). Further analysis of the SDQ findings indicate the extent to which parents believed that children's difficulties impact on their functioning across different contexts, such as the home and school, and in different domains, such as classroom learning, leisure activities and peer relations. Thus, parents were asked whether they felt the child overall had difficulties with behaviour or emotions. The majority of mothers and fathers indicated that their child was not experiencing difficulties or if they were these were minor difficulties. Only 8% of mothers and 11% of fathers felt their child was experiencing definite or severe difficulties.

Table 5.14: Perceived impact of difficulties on the parent-report Strengths & Difficulties Questionnaire

| Impact | Classification | Mother Report (%) | Father Report (%) |
|----------------------------------|-----------------------|-------------------|-------------------|
| Difficulties present | No | 67 | 60.5 |
| | Minor difficulties | 25 | 28.5 |
| | Definite difficulties | 7 | 9.5 |
| | Severe difficulties | 1 | 1.5 |
| Duration (if present) | Less than a month | 2 | 4.0 |
| | 1-5 months | 7 | 6.0 |
| | 6-12 months | 4 | 11.0 |
| | Over a year | 87 | 79.0 |
| Impact on others (if present) | Not at all | 24 | 32.0 |
| | Only a little | 58 | 54.0 |
| | Quite a lot | 11 | 12.0 |
| | A great deal | 7 | 2.0 |

For these children who were experiencing minor, definite or severe difficulties parents were asked to indicate how much of an impact these difficulties had on the child's overall distress and social impairment in the contexts of home life, friendships, classroom learning and leisure activities. Parents were also asked whether the child's difficulties affected people around them. Generally they reported that the difficulties either made no impact for those around them or it had 'only a little' impact. It appears that the difficulties these children are experiencing are not transient. For the majority of parents who reported that their children were experiencing emotional and behavioural difficulties, these difficulties had been present for over a year.

To supplement the parent-report SDQ, 24 children and adolescents (11 to 16 years) completed the self-report version of the Strengths and Difficulties Questionnaire. The table below indicates how the children and adolescents rated their behaviour and emotional well-being on the SDQ. Scores were classified on the overall scale, and each of the sub-scales (emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial scale) into normal, borderline and problematic.

Table 5.15: Classification of Scores on the Sub-scales of the Strengths & Difficulties Questionnaire, Self-Report (n = 24)

| Domain | Classification | Frequency |
|---------------------|----------------|-----------|
| Total | Normal | 20 |
| | Borderline | 1 |
| | Problematic | 3 |
| Emotional | Normal | 21 |
| | Borderline | 1 |
| | Problematic | 2 |
| Hyperactivity | Normal | 19 |
| | Borderline | 1 |
| | Problematic | 4 |
| Conduct | Normal | 18 |
| | Borderline | 5 |
| | Problematic | 1 |
| Peer Relations | Normal | 20 |
| | Borderline | 3 |
| | Problematic | 1 |
| Prosocial Behaviour | Normal | 22 |
| | Borderline | 1 |
| | Problematic | 1 |

Overall, reported levels of symptomatology were not high based on self-report completion of the Strengths and Difficulties Questionnaire. However, as there were only 24 respondents, we must be cautious in the interpretation of these findings.

Physical Development

Height, weight and head circumference of the children were measured, and summary descriptions are provided in Table 5.16 below.

Table 5.16: Description of Height, Weight and Head Circumference Measurements of Adopted Sample

| Measurements | Number | Mean (s.d.) | Range |
|--------------------------|--------|----------------|----------------|
| Weight (kgs) | 177 | 24.18 (13.38) | 10 – 73kg |
| Height (cms) | 178 | 117.17 (21.69) | 80.5 – 176cm |
| Head Circumference (cms) | 175 | 50.96 (2.50) | 44.5 – 57.5cms |

Comparison of the adopted group (over five years only) and a group of Irish born children matched for age revealed that there was no difference between the two groups in weight, but statistically significant differences between the two groups in height and measurement of head circumference ($t = -2.636$, $df = 213$, $p < 0.01$ and $t = -6.464$, $df = 205.85$, $p < 0.001$, respectively). For head circumference the mean for the Irish born group was 54.04cm while the mean for the adopted group was 52.17cm. For height, the mean for the Irish born group was 136.15cm and 129.27cm for the adopted group. Therefore, the head circumference and height of the adopted children were significantly lower than for the Irish born children. Of course, these findings need to be interpreted in light of an important limitation concerning the comparison of children from different racial origins. A more appropriate comparison group for the adopted children would be children with similar racial backgrounds. Nevertheless, that the adopted children are on average smaller than their Irish counterparts may have important implications for their experiences in school and mixing with their peer group.

Risk & Protective Factors associated with Developmental Outcomes

The results presented in the preceding sections indicate that the majority of children are faring well developmentally. However, it is clear that a variety of difficulties persist for a proportion of the 180 children. One of key aims of the research was to elucidate the factors which are associated with poorer developmental outcomes (risk factors) or protect against developmental delay (protective factors). An analysis of risk and protective factors underpinning development is a complex task. Indeed, the risk effects of most individual experiences are quite small, although their cumulative effects may be great (Rutter, 2006). Furthermore, individual differences in response to risk experiences vary widely. As an example, adoption can simultaneously represent both a risk and a protective factor for children's development depending on a range of individual differences and pre- and post-adoption circumstances (Dalen, 2001; van Ijzendoorn & Juffer, 2006).

Analysis of the links between **pre-adoption experiences** and **outcome variables** was undertaken. For the purpose of this analysis the following information pertaining to pre-adoption experiences was selected: *age at adoption*; and *whether children had spent more than six months in an institution*. The table below summarises the information in relation to these factors:

Table 5.17: Summary of Pre-adoption Information (n = 180)

| Age at Adoption | Number of Children |
|--|--------------------|
| Six months or younger | 30 |
| Older than six months to one year | 61 |
| Older than one year to eighteen months | 42 |
| Older than eighteen months | 47 |
| Length of time in Institutional Care¹⁷ | |
| Six months or longer | 125 |
| Less than six months | 53 |

17 Two parents did not know whether their child had spent longer than six months in Institutional Care, therefore the total here = 178.

Other information that was collected, such as parental report of their child's pre-natal history and pre-adoptive experiences of physical and affectional neglect, was not included. Much of the information relating to pre-natal history was of questionable reliability, and there was considerable inconsistency in the amount of information that parents had. Factors such as parental expectations and parents' exposure to their child's pre-adoptive environment are likely to play an important role in the formation of parental perceptions of the level of pre-adoption risk that their child was exposed to. Therefore, parental perceptions of risk across different situations are not easily comparable with each other and, for these reasons, this information was not used in the analysis.

Length of Time in Institutional Care

Just over 70% of the children had been in institutional care for six months or longer, prior to their adoption. These children (n = 125) were compared on a range of developmental outcomes with children who had spent less than six months in institutional care (n = 53). The findings from the analysis indicated no differences between the two groups on the British Picture Vocabulary Scale (performance related indicator of language development), on any sub-scale of the Strengths & Difficulties Questionnaire (mother and father report), or on the Denver Developmental Assessment (children age two to five years only)¹⁸.

However, some differences did emerge between the two groups in parental report of post-placement difficulties. Overall, the average number of feeding, sensory, behaviour, social, language and motor problems was higher among the group who had spent longer than six months in an institution. No differences emerged in the number of sleeping problems. These findings are summarised in the table below:

Table 5.18: Comparison of Children who had spent six months or longer in institutional care, with those who did not, on a developmental outcomes and reports of post-placement adjustment

| Outcomes Variable | Mean Score/No of Problems (Std. Dev) | | Statistical Difference ¹⁹ |
|------------------------------------|---|---|--------------------------------------|
| | Institutional Care for six months or longer | Institutional Care for less than six months | |
| British Picture Vocabulary Scale | 98.11 (13.12) | 99.05 (12.58) | No difference |
| Delays on Denver Assessment | 1.76 (2.79) | 1.27 (4.68) | No difference |
| Sleeping problems (parent report) | 1.06 (1.15) | 0.79 (1.44) | No difference |
| Feeding problems (parent report) | 0.97 (1.29) | 0.34 (0.62) | Statistical difference |
| Sensory problems (parent report) | 1.12 (1.36) | 0.43 (0.72) | Statistical difference |
| Behaviour problems (parent report) | 3.38 (4.15) | 1.06 (1.91) | Statistical difference |
| Language problems (parent report) | 0.81 (1.05) | 0.32 (0.64) | Statistical difference |
| Social problems (parent report) | 0.90 (0.88) | 0.30 (0.54) | Statistical difference |
| Motor problems (parent report) | 0.31 (0.61) | 0.05 (0.30) | Statistical difference |

However, while levels of post-placement difficulties are higher among the group who had spent longer than

18 T- tests were used to conduct comparisons on the BPVS and SDQ. Non-parametric Mann Whitney tests were used to conduct comparisons on the Denver and parent-reported problems. A critical value of $p < 0.01$ was used for all tests.

19 For all tests of statistical significance, the a priori critical value was set at $p < 0.01$. This means that a statistically significant difference occurs when differences are larger than what would be expected to occur by chance alone in less than 1 in 100 cases.

six months in an institution, as illustrated previously in the chapter many of the parent-reported difficulties were transient in nature. A comparison of the extent to which problems were ongoing between the two groups indicates that of the children who exhibited a greater number of persistent difficulties, the majority of them had spent longer than six months in an institution. Of the 125 children who had spent longer than six months in an institution, 34% had an ongoing difficulty, compared with just 11% of children who had been in an institution for less than six months²⁰. In interpreting these findings, it is important to consider that *specific problems were ongoing for a relatively low proportion of the children*. The most common persistent difficulty – high levels of distractibility – was ongoing for approximately one-quarter of the total sample (n = 40), and other individual problems persisted for lower proportions of the children.

Comparison of the extent to which the most prevalent problems were ongoing according to the length of time in institutional care indicated few clear differences between the two groups. Only one significant difference emerged: a larger proportion of children who had spent longer than six months in an institution exhibited ongoing difficulty in listening when spoken to directly (26% of those who had spent longer than six months in an institution, compared with 8% of those who had spent less than six months in an institution).

Table 5.19: Comparison of Children who had spent six months or longer in institutional care, with those who did not, on persistence of most commonly reported problems (percentage of children)

| Nature of Ongoing Difficulty | % of all children with problem | % of children who spent more than six months in an institution | | % of children who spent less than six months in an institution | | Statistical Difference |
|---|--------------------------------|--|------------|--|------------|------------------------|
| | | Problem | No Problem | Problem | No Problem | |
| Easily Distractible | 22.5 | 27 | 73 | 11 | 88 | No Difference |
| Attention Difficulties | 17.4 | 21 | 79 | 9 | 91 | No Difference |
| Does not listen to when spoken to directly | 20.2 | 26 | 74 | 8 | 92 | Significant Difference |
| Problems saying words incorrectly | 12.9 | 17 | 83 | 4 | 96 | No Difference |
| Problems with understanding and processing language | 12.4 | 16 | 84 | 4 | 96 | No Difference |
| Anxiety Difficulties | 11.8 | 14 | 86 | 8 | 92 | No Difference |
| Rocking and other Repetitive Movements | 11.2 | 14 | 86 | 6 | 94 | No Difference |
| Poor Eye Contact | 11.2 | 14 | 86 | 6 | 94 | No Difference |
| Indiscriminate Friendliness | 11.2 | 14 | 86 | 4 | 96 | No Difference |

Further analysis was undertaken to examine the extent to which *age at adoption* was related to developmental outcomes and ongoing behavioural problems.

20 Parents were asked about 70 specific difficulties or problems in 8 separate domains (9 sleeping problems, 6 feeding problems, 11 sensory difficulties, 30 behavioural difficulties, 5 language problems, 4 social difficulties, 3 somatic and 2 motor problems); and whether these problems had persisted over time. Children are classified as having an ongoing difficulty if they displayed five or more problems that persisted over time.

Age at Adoption

Children were categorised into one of four groups, depending upon their age at the time of adoption. The group was categorised in this way because previous research has used similar categorisations in their analysis of developmental outcomes among internationally adopted children. Furthermore, categorisation of children in this way yielded four groups, as opposed to the cruder classification of children that was considered in the previous section (less than six months in institutional care compared with more than six months in institutional care).

Table 5.20: Categorisation of Children by their Age at Adoption (n = 180)

| Age at Adoption | Number of Children | Percentage of Children |
|--|--------------------|------------------------|
| Six months or younger | 30 | 17 |
| Older than six months to one year | 61 | 34 |
| Older than one year to eighteen months | 42 | 23 |
| Older than eighteen months | 47 | 26 |

Comparison of the four groups of children on the British Picture Vocabulary Scale indicated one statistically significant difference across the groups²¹. As illustrated in the table below, those adopted between six months and one year (Group 2) had significantly higher scores than those adopted after 18 months (Group 4). However, no other differences between any of the groups emerged as statistically significant.

Table 5.21: Comparison of Mean BPVS scores, according to child's age at adoption

| Age at Adoption | Mean BPVS Score (std. dev) | Statistical Difference |
|--|-------------------------------|---|
| Six months or younger (Group 1) | 99.88 (14.63) | No difference from other groups |
| Older than six months to one year (Group 2) | 103.17 (10.60) | No difference from G1 or G3 Significantly higher than G4 |
| Older than one year to eighteen months (Group 3) | 100.28 (10.30) | No difference from other groups |
| Older than eighteen months (Group 4) | 93.16 (9.93) | No difference from G1 or G3 Significantly lower than G2 |

A comparison of the four groups of children indicated a statistically significant difference on ratings of Hyperactivity, based on mother (but not father) reports on the Strengths and Difficulties Questionnaire²². As illustrated in the table below, those adopted after 18 months of age had significantly higher hyperactivity scores than all those adopted before 18 months of age. The differences between the three groups of children adopted before 18 months of age were not significant.

21 A one-way non-repeated measures ANOVA, and post-hoc Scheffe test were used to conduct these comparisons. A critical value of $p < 0.01$ was used.

22 A one-way non-repeated measures ANOVA, and post-hoc Scheffe test were used to conduct these comparisons. A critical value of $p < 0.01$ was used.

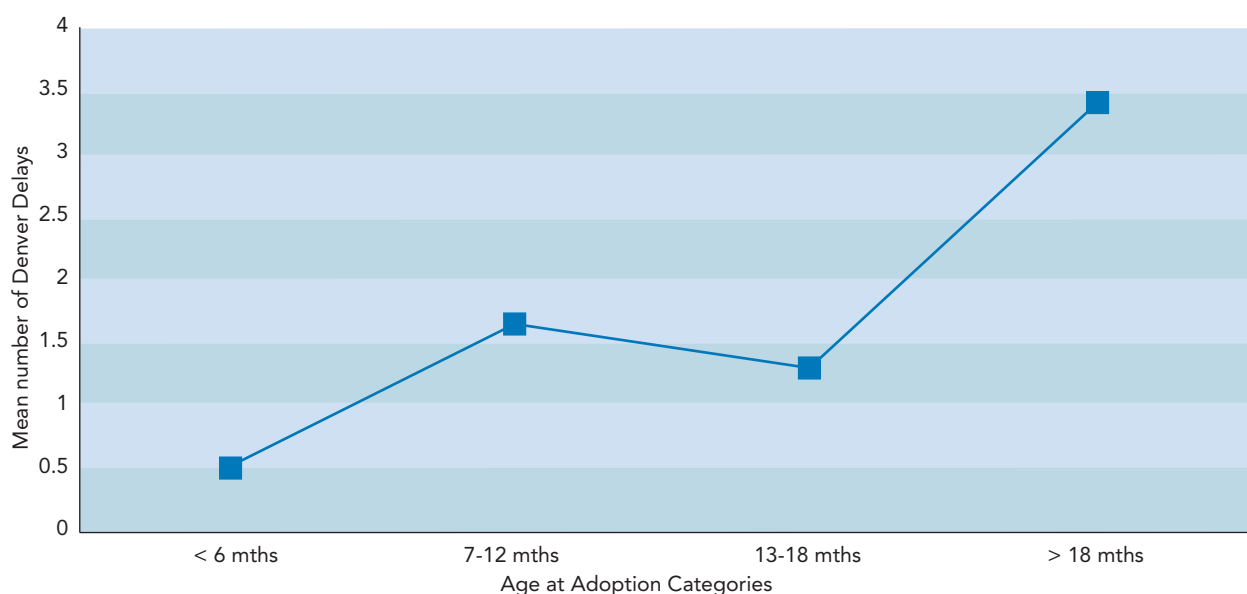
Table 5.22: Comparison of Hyperactivity Scores (based on SDQ mother report) according to child's age at adoption

| Age at Adoption | Mean Hyperactivity Score (std. dev) | Statistical Difference |
|--|-------------------------------------|--|
| Six months or younger (Group 1) | 1.95 (2.20) | No difference from G2 or G3 Significantly lower than G4 |
| Older than six months to one year (Group 2) | 2.87 (2.30) | No difference from G1 or G3 Significantly lower than G4 |
| Older than one year to eighteen months (Group 3) | 2.86 (2.18) | No difference from G1 or G2 Significantly lower than G4 |
| Older than eighteen months (Group 4) | 4.47 (2.50) | Significantly higher than all other groups |

No other statistically significant differences emerged across any of the groups on the other sub-scales of the SDQ (conduct, emotional symptoms, peer relationship difficulties, and prosocial behaviour).

Comparison of the four groups on the total number of delays on the Denver Developmental Assessment revealed no statistically significant differences across the four groups, although there was a trend for children adopted at an older age to display more developmental delays than those adopted at a younger age²³.

Figure 5.8: Mean number of delays on Denver Assessment, according to child's age at adoption



Some significant differences did emerge across the four groups on parental report of post-placement adjustment, as illustrated the table below.

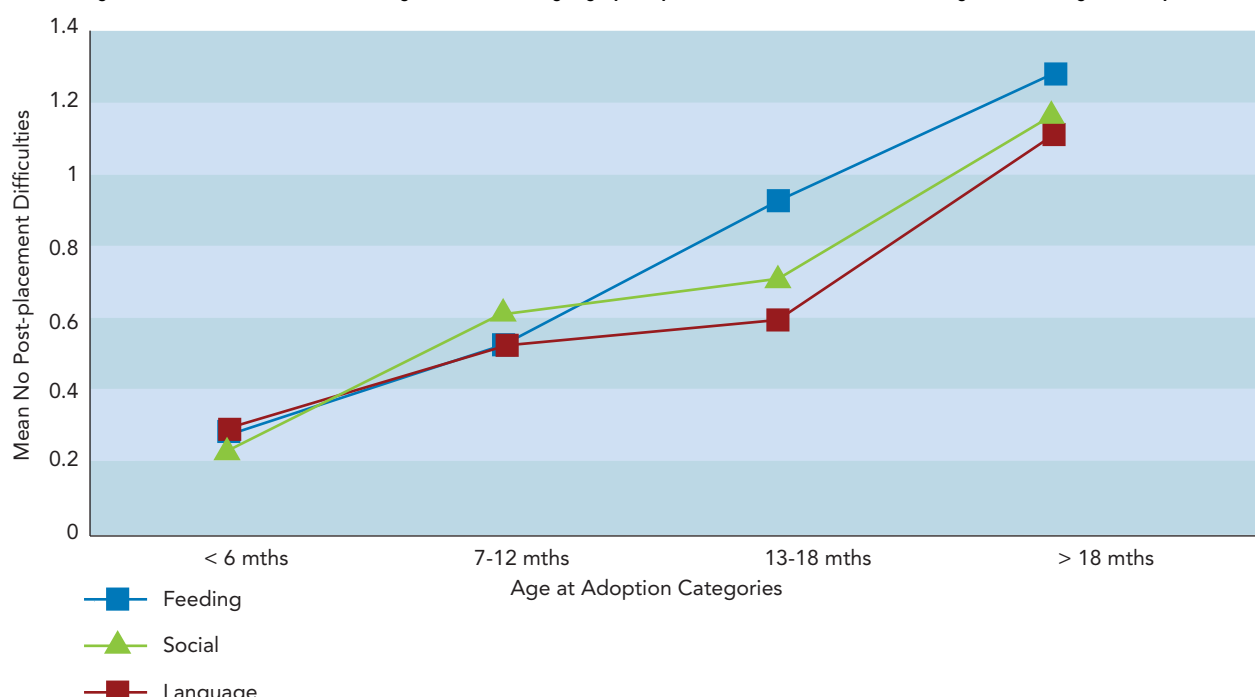
23 Non-parametric Kruskal-Wallis and Mann-Whitney tests were used to conduct these comparisons. A critical value of $p < 0.01$ was used.

Table 5.23: Statistical comparison of parent-reported post-placement adjustment, according to child's age at adoption

| Category of Post-placement difficulty | Age at Adoption | | | |
|---------------------------------------|---|--------------------------|---------------------------|----------------------|
| | Group 1 (< 6 mths) | Group 2 (>6 – 12mths) | Group 3 (>12 – 18mths) | Group 4 (>18mths) |
| Sleeping | No Differences across any of the groups | | | |
| Sensory | No Differences across any of the groups | | | |
| Motor | No Differences across any of the groups | | | |
| Feeding | Lower than G3, G4 | — | Higher than G1 | Higher than G1 |
| Behaviour | Lower than G3, G4 | Lower than G4 | Higher than G1 | Higher than G1, G2 |
| Social | Lower than G4 | — | — | Higher than G1 |
| Language | Lower than G4 | — | — | Higher than G1 |

Overall, there were no differences across the four groups in the number of sleeping, sensory or motor problems. Those adopted at less than 6 months of age had fewer feeding and behaviour problems than those adopted after one year of age, and those adopted at less than 6 months of age had fewer social and language difficulties than those adopted after 18 months of age. It appears that clear differences exist between those adopted at less than 6 months of age and those adopted after 18 months. However, apart from lower levels of behaviour problems between children adopted > 6 –12 months and those adopted >18 months, there were no significant differences in parent-reported post-placement adjustment difficulties among the three groups of children adopted after 6 months of age. The graph below illustrates the mean number of feeding, social and language problems across the three groups. It should be noted that the feeding scale had six items, the social scale had four items and the language scale had five items.

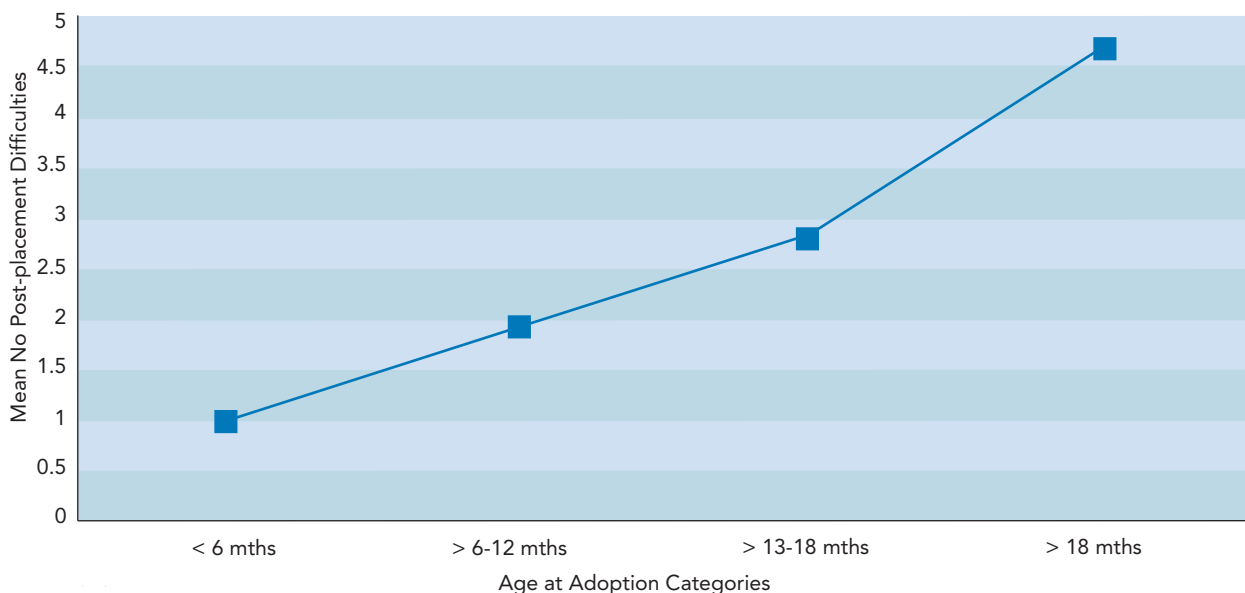
Figure 5.9: Mean number of feeding, social and language post-placement difficulties, according to child's age at adoption



On all three scales (feeding, language and social), the mean number of difficulties for Group 1 is lower than the mean for Group 4. On the feeding scale, the mean for Group 1 is also lower than the mean for Group 3.

The graph below illustrates the mean number of behaviour problems, across the four groups. The behaviour scale consisted of 30 items. The mean for Group 1 is significantly lower than the means for Groups 3 and 4. The mean for Group 2 is also significantly lower than the mean for Group 4, but not lower than the mean for Group 3.

Figure 5.10: Mean number of post-placement behaviour difficulties, according to child's age at adoption



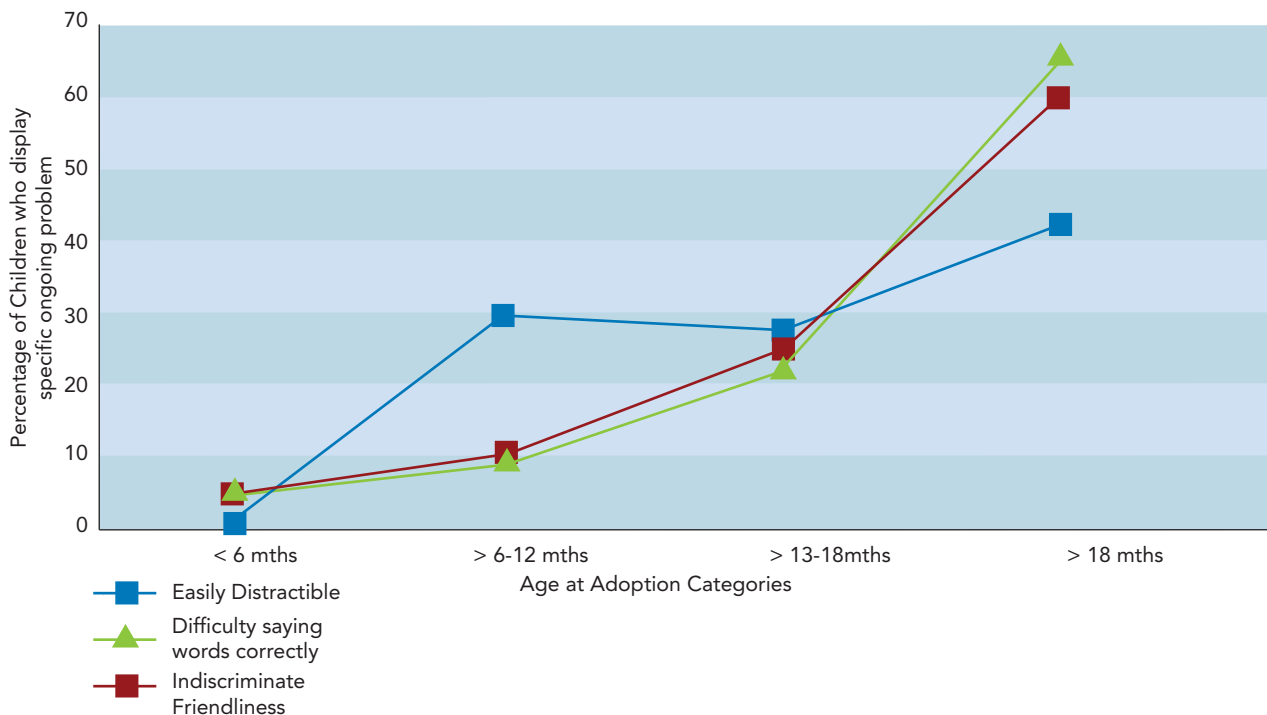
As stated previously, many of the parent-reported post-placement adjustment difficulties are transient in nature. The table below illustrates the age at adoption of children for whom problems are ongoing. In all cases, a low proportion of children who have ongoing difficulties were adopted before six months of age.

Table 5.24: Comparison of Children according to their age at adoption on persistence of most commonly reported problems (percentages of children)

| Nature of Ongoing Difficulty | Total Number of Children | Percentage of Children who displayed specific ongoing problem | | | |
|---|--------------------------|---|--------------------------------|--------------------------------|-----------------------|
| | | Group 1 (< 6 months) | Group 2 (> 6 months to 1 year) | Group 3 (>1 year to 18 months) | Group 4 (> 18 months) |
| Easily Distractible | 40 | 0.0 | 30.0 | 27.5 | 42.5 |
| Does not listen to when spoken to directly | 36 | 5.6 | 30.6 | 25.0 | 38.9 |
| Attention Difficulties | 31 | 6.5 | 19.4 | 32.3 | 41.9 |
| Problems saying words incorrectly | 23 | 4.3 | 8.7 | 21.7 | 65.2 |
| Problems with understanding and processing language | 22 | 4.5 | 22.7 | 22.7 | 50.0 |
| Anxiety Difficulties | 21 | 14.3 | 28.6 | 28.6 | 28.6 |
| Rocking and other Repetitive Movements | 20 | 10.0 | 20.0 | 25.0 | 45.0 |
| Poor Eye Contact | 20 | 5.0 | 45.0 | 20.0 | 30.0 |
| Indiscriminate Friendliness | 20 | 5.0 | 10.0 | 25.0 | 60.0 |

Statistical comparison indicated three significant differences in the extent to which these most prevalent problems persisted for children in the various groups. Firstly, with respect to indiscriminate friendliness, a higher proportion of children adopted after 18 months exhibited this ongoing difficulty compared with the other groups. Secondly, a higher proportion of children adopted after 18 months than children in the other three groups exhibited difficulty with saying words incorrectly. Finally, a difference emerged in the proportion of children who exhibited distractibility problems. A lower proportion of children adopted before six months and a higher proportion of children adopted after 18 months than expected displayed distractibility problems. These significant differences are highlighted in the graph below.

Figure 5.11: Percentage of children who displayed specific ongoing problems, according to their age at adoption



For all three difficulties, a higher proportion of children adopted after 18 months of age displayed these persistent problems.

In conclusion, analysis of children’s developmental outcomes according to the length of time they spent in institutional care and their age at adoption yielded clear significant differences in terms of parent-report of post-placement adjustment. Overall, children who had spent longer than six months in an institution had higher levels of post-placement difficulties than those who had spent less than six months in an institution. Mirroring these findings, further analysis by the age at adoption indicated that children adopted after 18 months of age had higher levels of feeding, behaviour, social and language problems than those adopted before six months of age. Few differences emerged between those adopted after 18 months and those adopted between six and 18 months of age. Comparison of children by their age at adoption on the presence of a selection of persistent difficulties reveals that it is the children adopted at or after 18 months of age who are most likely to display *persistent difficulties*.

In terms of other differences, comparison of children according to whether they had spent six months or longer in an institution revealed no differences in their levels of language comprehension. Comparison of children by age at adoption indicated that those adopted between 6 and 12 months of age had significantly higher language comprehension scores than those adopted after 18 months of age, but no differences emerged across the other groups. No differences emerged in any comparison on the number of delays, as measured by the Denver Developmental Assessment, or on any sub-scale of the Strengths and Difficulties Questionnaire. There was one exception however - ratings of hyperactivity (based on SDQ mother report) revealed higher levels of hyperactivity among those adopted after 18 months of age than those adopted before 18 months of age.

Children Experiencing Multiple Difficulties

One key question is whether children experiencing difficulties across the different domains are the same children, and whether difficulties in development cluster together to create multiple difficulties for some children. Descriptive analysis was conducted on sub-groups of children who were identified as being 'at risk' of poorer developmental outcomes.

Children were initially selected on the basis of the number of delays displayed on the Denver Developmental Assessment. Children with zero to two delays were categorized into one group, while children with three or more delays were categorized into a second group. Overall, there were no differences between the two groups in terms of whether they had spent more than six months in an institution, or on their age at adoption.

Nine children who displayed four or more delays on the Denver Developmental Assessment were selected for more detailed analysis. BPVS scores were available for six of these nine children, and five of the six children were behind their chronological age in language comprehension. However, mother and fathers ratings on the SDQ did not reveal high levels of problematic behaviour across any of the domains. Analysis of parental reports of functioning and behaviour indicated that three of the nine parents reported difficulties for these children with attention and impulsive behaviours, and four of the nine parents reported problems with social attachment-related behaviours. At this stage, developmental difficulties observed among this group of children do not appear to cluster with other behavioural or emotional problems. None of these children were adopted before six months of age: three were adopted between six months and one year, three were adopted between one year and 18 months, and three were adopted after 18 months of age.

Thirty-two children were selected out who scored one standard deviation below the mean (standardised score < 86) on the British Picture Vocabulary Scale. These children were on average 2.2 years behind their chronological age in language development (s.d. = 2.20). Almost 70% of the parents of this group of children reported high levels of distractibility, although mothers' and fathers' ratings on the SDQ did not reveal high levels of problematic behaviour across any of the domains. These findings suggest that there may be some link between attention difficulties and poorer developmental outcomes, as measured by the BPVS. Statistical comparison of the 32 children who scored one standard deviation below the mean on the BPVS with children who scored higher revealed no differences in terms of their age at adoption, or the length of time they had spent in institutional care.

Finally, based on parental report of ongoing problems, children were classified according to the number of difficulties they persistently displayed, as indicated in the table below. It is important to consider that altogether parents were asked about their child's adjustment across eight different domains of behaviour/functioning (70 items in total), and it is expected that most children will display at least a small number of difficulties.

Table 5.25: Categorisation of children according to their number of ongoing difficulties, based on parent-report

| Number of on-going difficulties | Percentage of all Children | Number of Children |
|--|-----------------------------------|---------------------------|
| No ongoing difficulty | 25 | 45 |
| One to five difficulties | 49 | 89 |
| Six to nine difficulties | 12 | 21 |
| Ten or more difficulties | 14 | 25 |

Children within each of these groups were compared on the number of Denver Developmental Delays (if under 5 years), their BPVS scores, their age at adoption, and whether they had spent six months in an institution.

Comparison of the four groups on the number of Denver Delays indicated no differences across the groups. Furthermore, no differences emerged across the four groups on their BPVS scores. However, clear differences emerged across the four groups on their age at adoption and whether they had spent six months or more in an institution. Specifically, a higher proportion of children who had spent less than six months in an institution than expected exhibited no ongoing difficulties. In terms of age at adoption, a higher proportion of children adopted after 18 months of age exhibited ten or more ongoing difficulties, and a lower proportion of children adopted before six months of age had no ongoing difficulties. These findings are summarized in the table below.

Table 5.26: Comparison of the number of ongoing problems, according to age at adoption and whether child had spent six months in an institution (table shows percentage of children)

| Comparison Variable | Number of ongoing difficulties | | | | Statistical Difference |
|--|--------------------------------|-------------|-------------|-------|--|
| | None | One to Five | Six to Nine | > Ten | |
| Six months in an institution | 18 | 49 | 15 | 17 | 42% with no difficulties – higher than expected |
| Less than six months in an institution | 42 | 49 | 4 | 6 | |
| Adopted Less than 6 months | 60 | 30 | 3 | 7 | 60% with no difficulties – higher than expected; |
| Adopted 6 – 12 months | 24 | 59 | 7 | 10 | |
| Adopted 13 – 18 months | 21 | 48 | 19 | 12 | |
| Adopted older than 18 months | 6 | 51 | 17 | 26 | 6% with no difficulties lower than expected |

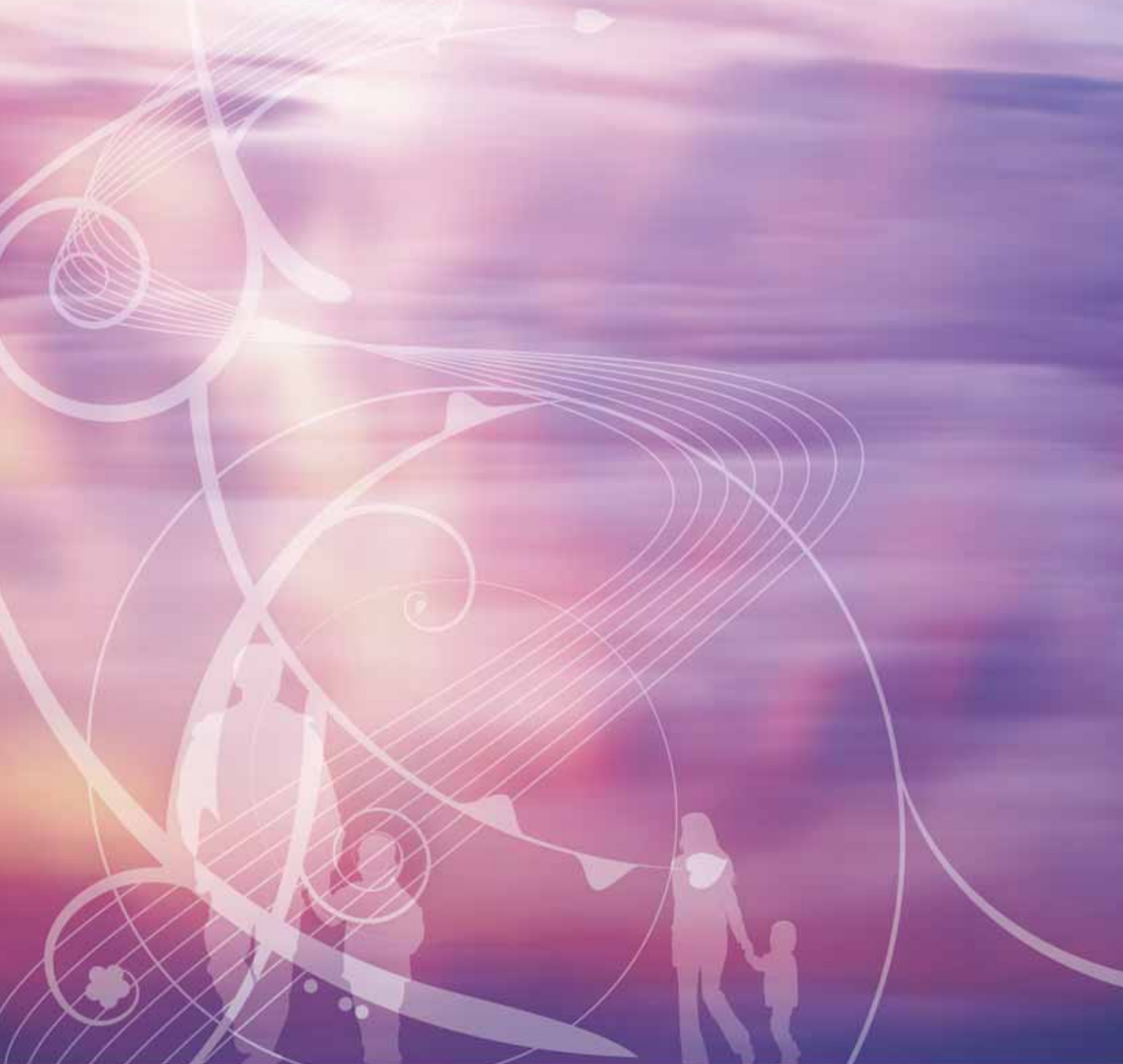
In terms of formal diagnoses, two children in the study had severe neurological disorders, three children were diagnosed with disorders on the Autistic Spectrum and one child was diagnosed with a specific language difficulty. Five of these children were attending special schools.

Key Findings

- The majority of children under five years of age are functioning well for their age. Almost 60% of the children indicated no developmental delays. Many of those who did display some developmental delay had one or two difficulties. Twenty-two percent of children exhibited three or more developmental delays, indicating more serious problems.
- Analysis of language development in children over five years, as measured by the British Picture Vocabulary Scale, indicates that overall, the adopted children are doing less well than a comparison sample of Irish-born children.
- Comparison of the adopted group and Irish-born group on standardised measures of non-verbal reasoning (over five years) and self-concept (over eight years) indicated no statistically significant differences.
- Almost one-quarter of the parents reported that their child had experienced delays in language development. This may be expected during early language development, as children only have been exposed to the language of their birth country prior to adoption. However, for 13% of the children, some language difficulties appear to have persisted beyond early childhood into middle childhood.
- Parental reports of children's behaviour, and emotional and social development highlighted an array of behavioural and developmental challenges that confronted parents, following the adoption.
- Over half of the parents reported sleeping-related difficulties, and 45% reported feeding-related problems. These difficulties were transient in nature, and had persisted for only a minority of children.

- Almost one-quarter of the children displayed an oversensitivity to sound, and this difficulty was ongoing for two-thirds of these children. Thirteen-percent of the children resisted being held or hugged, and this difficulty was ongoing for one-third of these children.
- Just over 10% of children experienced gross motor difficulties, and a similar proportion displayed difficulty with fine motor difficulties. These difficulties were ongoing for three-quarters of these children.
- Half of the children displayed specific behaviours that were associated with attachment-related issues. Of most significance, one-third of the children exhibited indiscriminate friendliness – however, this problem was ongoing for less than half of these children.
- About one-fifth of the children exhibited poor eye contact, and this problem was ongoing for two-thirds of these children. One-fifth of the children also displayed clinginess to parents – this pattern of behaviour had persisted for less than half of these children.
- Parental report of behaviour and functioning at home and in school indicated a range of difficult behaviours, which presented problems for children at home and in school. While many of the behaviours under consideration (e.g. easily distractible, temper tantrums) are appropriate at certain developmental levels, analysis of the proportion of children for whom various behaviour patterns are ongoing indicate more serious problems.
- Significantly, one-quarter of the children had ongoing difficulties with distractibility, and sustaining attention. Other difficulties such as over-activity, temper tantrums, rocking and repetitive movements, anxiety, and indifference to punishment and reward were less common, but nevertheless persistent among 8-12% of the sample.
- Findings from the parent-completed Strengths & Difficulties Questionnaire revealed low levels of emotional symptoms, conduct problems, hyperactivity, and problems in the peer domain. The highest indication of difficulty occurred in the hyperactivity domain (both mother and father report), which concurs with parental reports of problem behaviours relating to distractibility, over-activity and attention difficulties. Overall however, levels of difficulty are similar to what is expected in a community sample of children.
- Seven children had been formally diagnosed with a developmental disability. Two children in the study had severe neurological disorders, three children were diagnosed with disorders on the Autistic Spectrum, one child was diagnosed with a specific language difficulty, and one child was diagnosed with a mild learning disability. Five of these children were attending special schools.
- Analysis of children's developmental outcomes according to the length of time they spent in institutional care, and their age at adoption yielded clear significant differences in terms of parent-report of post-placement adjustment. Overall, children who had spent longer than six months in an institution had higher levels of post-placement difficulties than those who had spent less than six months in an institution. Children who spent longer than six months in an institution were more likely as a group to exhibit ongoing difficulties, than children who had spent less than six months in an institution.
- A more fine-grained analysis considered children's post-placement adjustment according to their age at adoption. Children adopted after 18 months of age had higher levels of post-placement feeding, behaviour, social and language problems than those adopted before six months of age. Few differences emerged between those adopted after 18 months and those adopted between six and 18 months of age, in terms of levels of post-placement difficulties.
- In terms of persistent difficulties, a higher proportion of children adopted after 18 months of age exhibited ongoing indiscriminate friendliness, difficulty saying words incorrectly and distractibility problems than children adopted before 18 months of age.

- In terms of other differences, comparison of children according to whether they had spent six months or longer in an institution revealed no differences in their levels of language comprehension. Comparison of children by age at adoption indicated that those adopted between 6 and 12 months of age had significantly higher language comprehension scores than those adopted after 18 months of age, but no differences emerged across the other groups.
- No differences emerged in any comparison on the number of delays, as measured by the Denver Developmental Assessment, or on any sub-scale of the Strengths and Difficulties Questionnaire. One exception to this occurred when ratings of hyperactivity (based on SDQ mother report) revealed higher levels of hyperactivity among those adopted after 18 months of age than those adopted before 18 months of age.
- Specific analysis of children who are identified as "at risk" in a number of ways (based on their BPVS score and number of Denver Developmental Delays) indicated few clear patterns according to their age at adoption, or the length of time in institutional care.
- However, analysis of clusters of children according to the number of persistent parent-reported adjustment difficulties clearly indicated that a higher proportion of children adopted after 18 months of age than expected exhibited more ongoing problems.



CHAPTER 6
CHILDREN'S EDUCATIONAL OUTCOMES & ADJUSTMENT IN SCHOOL

Chapter 6: Children’s Educational Outcomes & Adjustment in School

The chapter is concerned with how children are getting on at school, both academically and socially. The findings are based on data from the Teacher Survey along with information from parental interviews. Children’s academic performance, from the perspectives of both parents and teachers is discussed. Information from primary and secondary school students is presented separately. The section ‘Support in School’ focuses on children and young people who are experiencing difficulties and the supports and services available to them in mainstream schools, and for a small group, in special schools. Children’s social and emotional development is discussed from the teachers’ perspective; this section includes data from the Strengths and Difficulties Questionnaire (SDQ) along with teachers’ comments. A further section is devoted to teachers’ reports on how issues around adoption are dealt with in school, particularly issues such as conversations on adoption in class, issues around difference in appearance and young peoples’ experience of discrimination at school. Teachers’ opinions are then augmented by information gathered from parents on their children’s performance and experiences in school. Finally, teachers’ perspectives on the services and supports available to them are discussed.

School Type

Out of the sample of 180 children and young people 72 (40%) children were not yet attending school. The majority of children (55.5%) who were attending school were attending a public mainstream school, with just two children (1%) attending a private school. Five children in the sample (3%) were attending a special school and one child (0.5%) was receiving home schooling.

Table 6.1: Attendance at School and Type of School

| School type | Frequency | Percent in sample |
|--------------------|-----------|-------------------|
| Not yet in school | 72 | 40.0 |
| Public mainstream | 100 | 55.5 |
| Private mainstream | 2 | 1.0 |
| Special school | 5 | 3.0 |
| Home schooling | 1 | 0.5 |

Class Levels

The following table illustrates the distribution of children and young people in the sample in terms of their class in school. The vast majority (85%) were attending primary school, with 15% in secondary school. Almost one quarter of the sample had been in school for less than two years – 40% were in Junior and Senior infants.

Table 6.2: Class Level of (School Aged) Sample (n = 108)

| Class | Frequency | Percent in (school aged) sample |
|-----------------------------|-----------|---------------------------------|
| Special school (no classes) | 3 | 3 |
| Infant Classes | 43 | 40 |
| 1st-2nd Class | 20 | 19 |
| 3rd-6th Class | 25 | 23 |
| Junior Certificate Cycle | 8 | 7 |
| Senior Certificate Cycle | 9 | 8 |

Academic Performance

Primary School

As an indication of academic performance in school, both parents and teachers were asked whether children were performing at a level that was above average, average or below average as to what might be expected given their age and class level. The core subjects of English (sub categorised into reading and writing in the parental interview), Irish and mathematics will be focused on as these are most indicative of academic performance.

Forty percent of parents reported that their children were above average in reading, 37% stated that their child was average at reading and 23% indicated that their child was below average at reading. Almost 90% of parents rated their child as average (57%) or above average at writing (32%), with just 10% reporting that their child was below average at writing. In terms of mathematics, the majority of parents rated their child as average (44%) or above average (33%), with 23% reporting that their child was below average. One half (51%) of parents believed their child to be average at Irish, 29% were above average and 20% were considered below average. The graph below (Figure 6.1), illustrates the way in which parents categorized their children's performance in these subjects.

In terms of teacher responses, almost half (48%) of children were considered to be performing at an average level in English, compared with their classmates. One-third (32%) were performing above average, while 20% were below average. With regard to mathematics over one half (57%) of teachers assessed the child as being average at mathematics, 32% were considered above average at mathematics and 12% of children were below average. Almost two thirds (61%) of children were rated as being average at Irish, 22% were regarded as above average and 17% were below average. The graph below (Figure 6.2) illustrates teachers' reports of children's performance in various primary school subjects.

Figure 6.1: Parental report of children's performance in primary school subjects

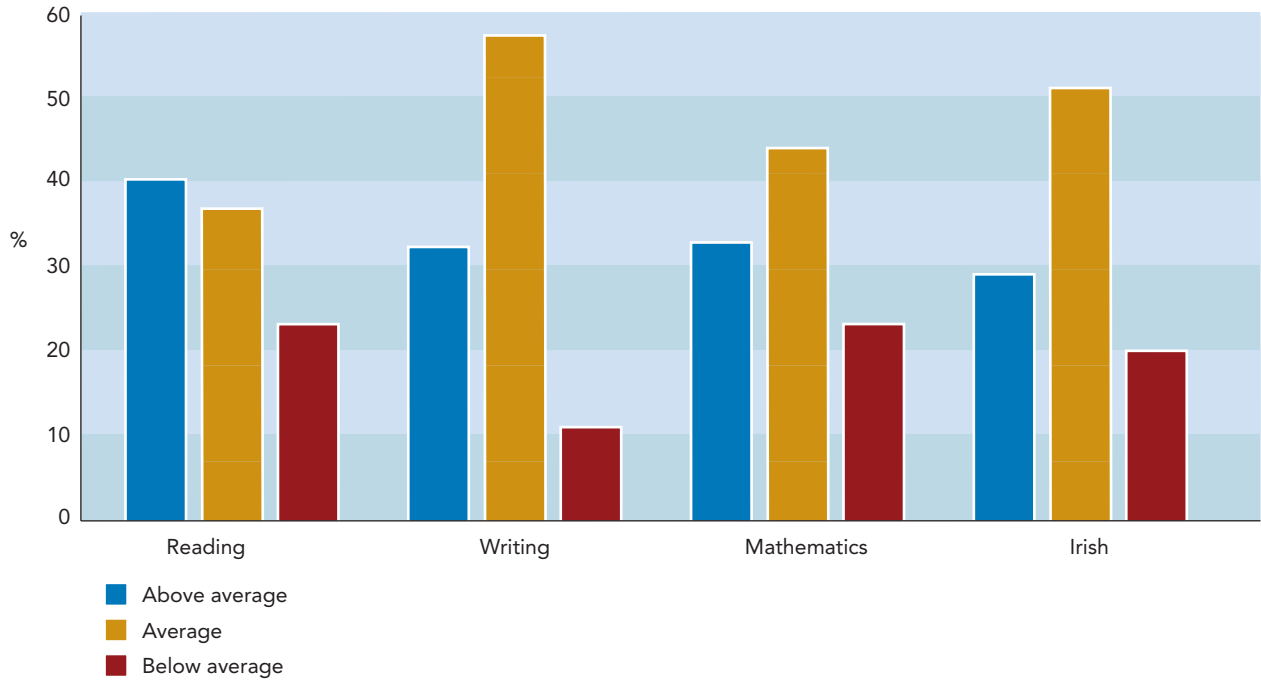
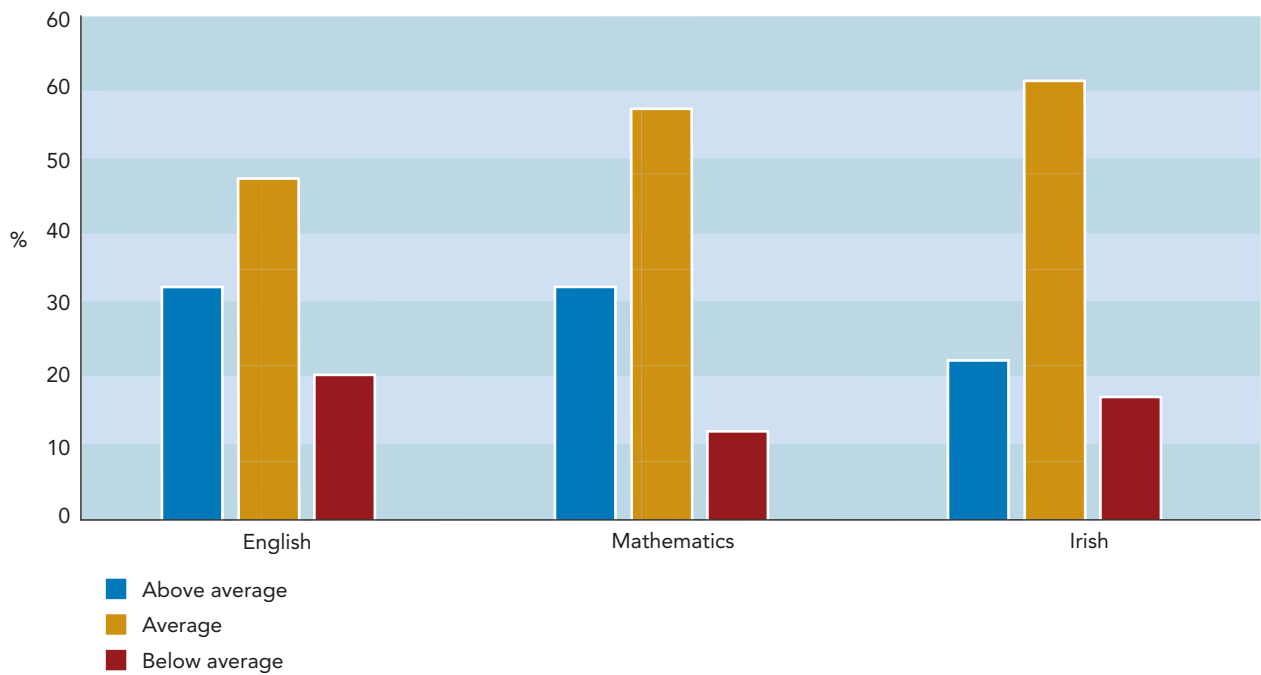


Figure 6.2: Teacher report of children's performance in primary school subjects



In general, both parents and teachers assert that the majority of children are performing at an average or above average level in primary school subjects. Furthermore, it appears that teachers present a somewhat more positive evaluation of children's competence in primary school subjects than parents. In all subjects, more parents than teachers rated children as being below average. Parental expectations may be an influential factor in this finding. This divergence in reports may also be explained by the fact that there are teacher reports for just 70% of the primary school aged children, thus parents' reports are more complete.

Secondary School

Teachers and parents completed similar ratings on teenagers' performance on subjects in secondary school. Again only the core subjects of English, Irish and mathematics are considered here, the data for these subjects were most complete. Generally, from parental reports, the proportion of teenagers who were rated as above average in secondary school subjects was lower than ratings for children in primary school. For English and Irish more than half of the teenagers were rated as average. In terms of rating of "above" and "below" average, one-third of teenagers are performing below average in English, while only 7% were performing above average. Young people's performance in Irish was similar to that in English – almost one third (31%) were considered to be below average with only 8% above average. Over half (53%) of young people were below average at mathematics, 33% were considered average and just 13% were rated as being above average at mathematics.

Teacher rating of teenagers' performance in secondary school subjects are not reported in detail, due to the small number of questionnaires under consideration (n=8) and the fact that teachers in secondary school can only reliably report upon the child's performance in one or two subjects. However, from the data received, teachers did not rate any of the teenagers as "above average" in English, Irish or mathematics. Due to the study's cross-sectional nature, (i.e. comparing groups at one point in time), it is impossible to know why students are not performing as well in secondary school compared to primary school. These difficulties could be specific to this group of teenagers or they could be due to differences in primary and second level education. The subjects and curricula in secondary schools are more demanding on students than at primary level and, as a result, academic difficulties are more likely to manifest themselves at this level.

Teacher Reflections on Academic Strengths & Difficulties

Teachers were asked to qualify their ratings by commenting on the academic strengths and talents of the selected students. Given the small number of reports from secondary school teachers, comments for primary school and secondary school students will be examined together. Forty percent of teachers who commented on academic strengths and talents of the children and young people had only positive things to say about the pupils, they expressed no particular concerns in terms of the children's and teenagers' academic ability. Teachers perceived that the children were performing very well, in accordance with their peer group, and said they were diligent, capable and interested in their school-work:

She is a very clever girl, very interested in all aspects of the primary curriculum and sets high standards for herself, wants to do her best in all areas- a model pupil. (Teacher of girl, 5y, A)

Extremely motivated and enthusiastic. Great desire to improve and achieve in all area of the curriculum. Competitive in all best uses of the word. Works very well in group work and also very capable of working on his own initiative. An excellent scholar. (Teacher of boy, 12y, EE)

In terms of particular strengths, a number of themes emerged. For example, almost one third (31%) of the sample was singled out to have particularly strong language abilities, while 14% of teachers referred to the children's and young peoples' creative strengths in music, art, drama. Ten percent of teachers identified strengths in motor skills and sports:

He is very articulate and has excellent oral language skills. His reading is above average and he enjoys a wide range of books. (Teacher of boy, 7y, EE)

She has great artistic abilities and really enjoys drama and oral language activities. (Teacher of girl, 5y, EE)

His chief talent is sport. He is excellent at soccer and plays for school teams. (Teacher of boy, 16y, EE)

Just three teachers (4%) could not identify any academic strengths and talents of the student. One teacher remarked:

She has struggled to keep up with her class programme. (Teacher of girl, 9y, A)

When identifying issues which were problematic and led to academic difficulties teachers suggested that, understanding concepts, language difficulties and difficulties sustaining attention on a task were most often a problem. According to 30% of the teachers, students had difficulties in understanding certain concepts, partly related to language difficulties. The nature of such difficulties was varied and complex:

Good at oral language, particularly Irish (...) I do find he sometimes needs help with his maths, the language of maths e.g. thick/thin, wide/narrow. With further explanation he grasps concepts but I have to give him extra time on occasions. (Teacher of boy, 6y, EE)

Ten percent of teachers identified that children had difficulty with reading, 6% of teachers said children had difficulties understanding different concepts and with processing information and 3% of teachers said that children had problems with writing.

She has difficulty understanding concepts- mathematics- requires materials to find answers to addition etc. Difficulty in processing information when given multi-step instructions. (Teacher of girl, 6y, EE)

Her writing needs a little more attention- will possibly improve in great leaps as she matures and concentrates more. (Teacher of girl, 6y, EE)

Teachers stated that these difficulties caused concern as they often contributed to further difficulties in a number of subjects across the curriculum. Specifically, they suggested that a difficulty in the area of writing and reading, especially phonological awareness, may impact upon learning.

Thirteen percent of teachers also referred to children's inability to sustain attention and concentrate on tasks, a factor which impedes children's learning:

He has trouble concentrating on tasks for long periods of time, and finds it hard to get down to tasks such as maths, or writing and he will sit daydreaming for a long time, generally to avoid doing the work. When coached along he is able to complete the tasks well. (Teacher of boy, 8y, SA)

He is easily distracted and also distracts others, very short attention span. (Teacher of boy, 5y, EE)

Nine percent of teachers also stated that the child in question was behind in all areas of the curriculum, which appeared to be related to various learning disabilities. These teachers expressed concern about the impact of these difficulties on children's future:

I have genuine concerns about this child in academic terms. He is a lovely child but experiences serious difficulties with his school work, particularly with Maths and English. (Teacher of boy, 7y, EE)

He has profound learning difficulties. He is making progress albeit slow. (...) He is from an appalling background but I would worry about employment opportunities. (Teacher of boy, 16y, EE)

In summary, therefore, where there were concerns about academic performance and ability, children were identified as experiencing difficulties with oral language, processing information, reading or writing; and also appeared to lack concentration and attention. The next section is concerned with the supports and services available in schools to help children experiencing these difficulties.

Support in School

Referral for Assessment

Based on teacher reports (n=61) six of the children attending primary school had been referred for an assessment by the school; three had been referred for educational assessments, two for speech and language assessments, and one for a behavioural assessment. Three secondary school students had been referred for an educational assessment; two of these also had been referred for behavioural/ psychological assessments. Twenty-two (12%) parents reported that their children had educational assessments, the majority of these said they accessed a public service and the remainder (n=8) accessed a private service. Parents' experiences of these educational services will be discussed in Chapter 9.

According to teacher reports, in the aftermath of both school and parental referrals to specialists, 8 (13%) primary school children were assessed as having special needs - four of these children were having specific difficulties with speech and language, two children had emotional and behavioural difficulties, while two children had mild learning disabilities.

Five of the eight (63%) secondary school students, for whom there were teacher reports, were diagnosed as having special educational needs – these were reported as ranging from mild to profound learning difficulties to specific disorders. All of these teenagers were in receipt of educational support. Although this percentage appears to be much greater than that in primary school children caution must be taken in interpreting the results given that data is only available for 8 teenagers. This figure is too small to draw conclusions.

Learning Supports in Mainstream Schools

This section considers both parent and teacher reports on the educational supports that children received. These included the use of special needs assistants (SNAs), resource teachers, learning support teachers and placement in a special class.

Primary School

Based on parental report, almost one third (30%) of children attending mainstream primary schools received some form of learning support. Sixteen children had access to a resource teacher, six had access to a SNA. Thirteen children received support from a learning support teacher and one child was receiving another (unspecified) form of learning support. One child was attending a special class in a mainstream school. The majority of children received just one of these supports, while a small number received two or more of these supports. The figures from teacher reports mirrored those of parents, almost one third (28%) of children received learning support in primary school. Teachers were asked to detail the learning support accessed. Learning support was generally carried out on a one-to-one or small group basis for a number of hours each week. Children who received learning support generally did so for language difficulties, including support in English and reading, while a smaller proportion of children received support for mathematics difficulties.

Secondary School

In terms of special education and learning support in secondary school, based on parent report, seven (40%) young people received one form of learning support. Three young people had access to a SNA, three received support from a resource teacher and one received support from a learning support teacher. The overall percentage of 40% is slightly higher than that in primary school which was 30% – this suggests that a higher proportion of teenagers are receiving learning support at second level, however this data is based on 17 teenagers only, therefore caution must be taken in generalizing the results. Teacher responses indicated a somewhat higher uptake of learning support in secondary school (5 out of the 8 responses). While this figure is higher than estimates based on parent report, teacher data are not available for the entire sample of teenagers. Learning support in secondary school was generally accessed to help students in English and mathematics.

Staying Back a Year in Primary School

A small proportion of children had stayed back a year in primary school for a range of reasons. For two children, this decision related to speech and language difficulties, while in two other cases parents felt that their child was not socially ready to move into a higher class. One parent explained that the child needed extra time to catch up with peers. Sometimes children did not stay back a year in school, but started in a class behind that of peers of the same age. One child had skipped a class to be with her own age group - on reflection the parents had decided it was not a good idea as the child missed out on an important part of language development. Overall, children appeared to have stayed back a year in school because parents and teachers believed they were behind in their language or social development.

Special Schools

Five children were attending special schools, having been diagnosed with disabilities and language difficulties. Two of the children had neurological disorders. These children were attending schools that did not have specific classes; they were primarily concerned with improving children's awareness of the environment and the child's ability to communicate. Another two children were diagnosed with disorders on the autistic spectrum. One of these children was attending a specific school for children with autism and one was in a general class for young children with disabilities. The last child was in a specialist language school due to severe language difficulties. All of these children were at primary school level. Generally parents felt that the children were making very good progress in all areas of development in the special schools, and felt that the school was meeting their child's needs. They felt that the teacher child ratio in special schools was more positive for their child's development and learning than in mainstream schools. For example, one parent remarked:

He has improved a lot in the past year, brought his speech on, come from all angles at him, it's perfect for him. (Parent of boy, 5y, SA)

However, there were concerns and frustrations about access to services particularly as children mature. This theme will be discussed more comprehensively in Chapter 9.

Teacher Reflections on Social & Emotional Adjustment

Teachers were asked to comment on the social and emotional development of the children, as they are generally in the position where they can observe the child's day-to-day interaction with peers of the same age. Most teachers reflected that the internationally adopted children were friendly and popular among peers. Many teachers described how the children were sensitive and empathic towards the needs of others:

Extremely confident and self assured. Very independent and well able to stand up for herself in any situation. Very content, happy and secure. She is extremely considerate and kind to children and adults. (Teacher of girl, 5y, EE)

Extremely sociable, gets on with all classmates: very charismatic and likeable. Good sense of humour, likes fun and other kids love that. (Teacher of boy, 7y EE)

Teachers reported that children displayed social and emotional strengths which they believed came as a result of being in a secure, loving home environment:

He has an absolutely lovely nature, warm, engaging and friendly. He is greatly liked by peers and adults alike (...) Consensus among staff is that they are in a word "loved" and it shows. (Teacher of boy, 6y, EE).

Two teachers mentioned the fact that the child had a particular talent for sport and this led to admiration and friendship from peers. They felt that these abilities served as a protective factor against isolation from peers. Three teachers considered children quiet in nature; nonetheless these children did have a close group of friends with whom they interacted:

His close social group consists of a group of lads from his home area and social background. This coupled with his ability at soccer has allowed him to integrate into the larger social group. He is also very popular with girls. He will come to me for any problems so he has adapted very well to school life. Without these three factors I believe he would have struggled greatly and perhaps dropped out of the system. (Teacher of boy, 16y, EE)

Although all teachers identified many social and emotional strengths in children and young people, almost one half (46%) of teachers expressed some concern for children in terms of social, emotional and behavioural development. For instance with regard to the attention difficulties previously discussed, teachers commented on the potential effect of such problems within interpersonal relationships, with teachers and peers:

She can find it difficult to maintain a conversation with teachers. She tends to immediately compliment their appearance and forget about the topic of conversation. She has great difficulty staying focused on a task in a classroom setting. (Teacher of girl, 8y, EE)

A small number of the children with attention difficulties also displayed aggressive tendencies, which impacted negatively upon social interaction. Two teachers reported upon other conduct problems, including dominance and defiance:

He still has to learn to behave according to social circumstances. He has been very aggressive to other children physically hurting boys and girls, in his class, He finds it hard to sit and listen and often displays defiant behaviour in class especially if he is having academic difficulty although this is not always the case. (Teacher of boy, 7y, EE)

She frequently presented with negative behaviours particularly at play, inclined to want to be in control / be in charge of games- was observed engaging in inappropriate actions/responses- when cautioned would deny/ be defiant- considerable effort in getting her to "own up", take responsibility. Such situations are occurring only occasionally. (Teacher of girl, 6y, EE)

Two teachers also referred to children's inappropriate social behaviour, arising from a child's inability to read social cues: these children may be unable to distinguish between appropriate and inappropriate social behaviour:

Sometimes his behaviour is inappropriate because he might copy another child with behavioural difficulties. He is not always able to 'read' the situation and make a judgment between appropriate and inappropriate behaviour. (Teacher of boy, 7y EE)

In terms of emotional development, comments by teachers in relation to two children were concerned with children's over-sensitivity to comments by peers, while another two teachers commented that children displayed low levels of self-confidence.

He can be very sensitive to any form of perceived criticism; he can sulk, although he is less sensitive now than he was. Sometimes I feel he may be very watchful of others, looking for slights where none were intended. (Teacher of boy, 10y, SA)

He is well behaved and polite, can lack a little in confidence, may say "I can't do..." but he will try when encouraged. (Teacher of boy, 5y, EE)

Seven teachers reported that children were emotionally immature in comparison to peers, for example they reported that children sometimes exhibited attention-seeking behaviour to evoke reactions from teachers or peers. Such tendencies have implications for the child's ability to socialise with peers and make friends.

She is quite an immature and naive child in comparison to her peers. She does not know when others are making fun of her. (Teacher of girl, 10y, EE)

She lacks maturity and therefore has difficulty forming lasting friendships with her peer group. (Teacher of girl, 9y, A)

He has, on occasion displayed attention seeking behaviour, such as telling exaggerated stories, or coveting things the other children own. (Teacher of boy, 8y, SA)

Strengths and Difficulties Questionnaire

Teachers also completed a teacher-report version of the Strengths and Difficulties Questionnaire. The table below indicates the proportion of children who were classified as 'normal', 'borderline' and 'problematic' on the various subscales of the SDQ (teacher report).

Table 6.3: Classification of Scores on the Sub-scales of the Strengths & Difficulties Questionnaire, Teacher-Report (n = 70)

| Domain | Classification | Teacher Report % | Expected Proportions in Community Sample (%) |
|---------------------|----------------|------------------|--|
| Total | Normal | 76 | 80 |
| | Borderline | 20 | 10 |
| | Problematic | 4 | 10 |
| Emotional | Normal | 96 | 80 |
| | Borderline | 1 | 10 |
| | Problematic | 3 | 10 |
| Hyperactivity | Normal | 67 | 80 |
| | Borderline | 10 | 10 |
| | Problematic | 23 | 10 |
| Conduct | Normal | 87 | 80 |
| | Borderline | 4 | 10 |
| | Problematic | 9 | 10 |
| Peer Relations | Normal | 93 | 80 |
| | Borderline | 1 | 10 |
| | Problematic | 6 | 10 |
| Prosocial Behaviour | Normal | 86 | 80 |
| | Borderline | 11 | 10 |
| | Problematic | 3 | 10 |

In almost all categories, teacher scores resulted in children's classification into the normal category. For the categories of emotional symptoms and peer problems significantly more young people than expected, compared to the community sample, were classified as normal. One exception to this positive trend, however, occurred in the Hyperactivity subscale, where almost one-quarter of the teachers rated the children so highly in this area that they were classified into the problematic category. This percentage significantly differed from the norm of 10%. This finding corroborates the comments of teachers relating to children's inattentiveness in class and social situations. The percentages for total difficulties also differ from what is expected compared to a community sample, where twice as many children were classified as 'borderline' and less children than expected were classified as normal or 'problematic'. Statistical examination of these results revealed very few age differences in terms of classification as 'borderline' or 'problematic'. Children and young people over 8 years did tend to score higher in terms of emotional difficulties than children under 8 years. Children between 5 and 8 years had significantly higher scores on the conduct problems sub-scale than children between 8 and 13 years. Where difficulties were present, over one-quarter of teachers reported that children experienced definite or severe difficulties that impacted on peer relationships and classroom learning. One quarter (25%) of teachers replied that the difficulties had 'quite a lot' or 'a great deal' of impact on the teacher and class.

Adoption Issues at School

Teachers were asked to reflect upon the following: whether adoption is ever a topic of conversation in class; issues around differences in appearance and how the adopted children's peers respond to this; and whether teachers had noted if children and young people had experienced discrimination as a result of their adoptive status.

Within the schools that took part, 60% of teachers stated that there were other internationally adopted children attending the school - the number of children in the schools ranged from one child to seven children. In 40% of schools, however, the child was the only internationally adopted child in the school.

Teachers were asked whether the issue of the child being adopted was ever discussed in the class. Approximately 50% of teachers responded that the topic of adoption had never come up in classroom conversations. This figure greatly differed from primary school to secondary school, for primary school students the topic of adoption arose for over one half (55%) of children, whereas in secondary school it came up as a topic of conversation for just one student:

In the time I have spent with him I have never heard any issues raised during class regarding him being adopted, though he has discussed it with me during our one-to-one sessions on a few occasions. (Teacher of boy, 17y, EE)

This inconsistency may have been because more time is given over to classroom discussion in primary school, particularly as part of the Social Personal and Health Education (S.P.H.E.) curriculum. Also children in primary schools tend to know teachers better than in secondary schools as they spend all day with the one teacher, in secondary schools young people have different teachers for different subjects so there is no opportunity to build up a similar, trusting relationship. In addition, young people in secondary schools may not feel comfortable discussing adoption in school.

A small number of teachers of the younger (infants) classes suggested that children did not really appear to understand what adoption is at this young age. Therefore it was generally not discussed and even when it was, few questions were asked by peers:

Being so young I feel it's inappropriate to broach the issue of adoption with others just yet. (Teacher of boy, 7y, EE)

The responses from (girl) was that she had two "Mums", one from Russia and the one that she had here in Ireland. I, as her teacher knew this background information and asked her to talk about it which she was very willing to do. She just explained she came here when she was a baby. Classmates passed no comment, they are too young to fully understand. (Teacher of girl, 5y, EE)

When asked about the discussion of adoption within the classroom, teachers reported that: other children accept the fact that the child was adopted and also accept the fact that the child came from a different country. Schools encourage an attitude of acceptance and respect for difference. Teachers did not

differentiate between “being adopted” and “being from another country” and said conversations about the country of birth were part of the discussions about adoption:

All response are positive, on Chinese New Year Day, she enjoyed reporting on her background etc. She was always open and informed about her country of origin. (Teacher of girl, 9y, A)

Teachers said that talking about coming from another country was easier than talking about being adopted. The culture and heritage of the child appears to be what is focused on as opposed to the family history:

There is an acceptance that she comes from A. Adoption or that she is adopted never comes up. She has a Mum and Dad like all others in the class. (Teacher of girl, 5y, A)

Teachers also indicated that adoption was more likely to be discussed on particular days relating to the child's adoption or celebratory days in the country of birth. Three teachers mentioned that children talked about their adoption when they were celebrating their adoption days:

He celebrates the date on which he was adopted and he told us about it. This provided a great opportunity to talk about where he was born and when he first met his adoptive parents. (Teacher of boy, 8y A)

And one school participated in celebrating an important event with the child:

We had a lovely celebration of the Chinese New Year in school with her and her Mum sent in some Chinese goods for us to see. (Teacher of girl, 5y, A)

The topic of adoption also frequently came up when families are mentioned in class, sometimes as part of the Religion or the Social Personal and Health Education (S.P.H.E.) curriculum:

It has come up once, as a result of SPHE topics, pictures of different kinds of families, especially from other countries, He didn't show any great response really. Some classmates knew of his adoption, they didn't linger on the topic. The children in Seniors and First had a good idea of adoption. Child was quite indifferent, didn't really bother him at all. (Teacher of boy, 5y, EE)

It also arose when more general topics of different countries and cultures came up in class:

One day we were talking about Russia. He said “I was born there.” I said “yes, that's right.” There was no further comment from anyone on the topic. (Teacher of boy, 8y, EE)

Three children had brought in photos or storybooks to help explain their adoption story, in one case this was because children were required to talk about their history from birth. Children seemed comfortable talking about it in this way and peers seemed interested:

His first photo was one of the orphanage. He stood up and told his story proudly, took questions from the other children and was well able to respond. He was so open and well-informed, a joy to listen to. Classmates found it informative and listened intently. (Teacher of boy, 6y, EE)

Teachers expressed different comments to the children in terms of their own beliefs about adoption, all of which were positive:

She openly speaks of her situation if we talk about family. My response is that she's lucky her parents chose her from a number of children. (Teacher of girl, 7y, EE)

When he mentioned his adoption I always stressed how lucky his parent, and we as a school, are to have him here with us. (Teacher of boy, 6y, EE)

Both teachers use the word lucky, however it is used in different contexts. One teacher believes the child is "lucky" to be chosen – this is a common concept in the adoption literature, which may encourage the child to grow up with an over-inflated sense of gratefulness to their family. The second notion of "luckiness" is that which is generally referred to these days. It is that the family and the community are lucky to have the child in their lives. Their lives are enriched by him being there, i.e. it is not just the child who benefits.

In general, when the topic of adoption did arise (in just 50% of cases), teachers reflected that children were open to talking about it, and in turn, peers and teachers showed a positive interest in the child's story.

Teachers were also asked whether the issue of racial differences had ever been discussed in class. Forty percent of the teachers reported that this issue had never arisen in class, perhaps related to the fact that the racial differences were not relevant.

She looks like her peers and blends in extremely well. (Teacher of girl, 5y, EE)

When the issue of the child looking different had come up it was generally as a result of some topic that was being discussed in class, for example as part of the S.P.H.E. curriculum. Teachers commented that schools and classes have become more multi-cultural and diverse, and that schools work to foster positive attitudes, where diversity is celebrated. Intercountry adoption is viewed within this context. Thus teachers reported that children who have been internationally adopted do not stand out as being different when there are children from many different nationalities in the class.

The issue of skin colour has come up during Thinking Time discussions. Children have been very sensitive towards this, commenting that it's not what we look like on the outside that counts, but rather what we are like as people and how we treat others that is important. Again, there are children from Asia in the class and I think this encourages a positive attitude towards respecting differences/ celebrating what we have in common. (Teacher of boy, 9y, EE)

Four teachers commented that differences in looks or accent were a source of envy and admiration for classmates.

Sometimes the children refer to his tanned skin. When this happens I usually express envy. The other children also consider him to be 'a lovely tanned colour' and he appears to be very proud and happy. (Teacher of boy, 10y, SA)

Only two teachers remarked that skin colour or looking different was viewed negatively: in both cases it appeared that the child him/herself was more conscious of looking different than classmates, however this self consciousness may have developed from previous negative responses.

Because of the colour of his skin other children have commented on his saying that he is 'brown' or "black". This occurred mostly in younger classes when he was new to the school. He seems to be very conscious of the colour of his skin, and does not seem to like that he looks different. (Teacher of boy, 8y, SA)

In conclusion it appears that, according to teachers, looking different is not an issue in schools. Differences are either not commented on or are mentioned in a positive light, and peers tend to react positively to difference.

Teachers were specifically questioned about whether the child had ever experienced bullying or discrimination related to their adoptive status or ethnic/racial differences. Almost all teachers reported that they were not aware of experiences of bullying or discrimination. It is important to note that teachers were only reporting on what they observe in the classroom and school-playground. Negative comments may not have been made in the presence of the teachers.

A minority of teachers (7%) reported that children did experience some form of bullying and discrimination in school. For three children this was due to racial differences. The bullying took different forms, from one isolated incident for one boy to name calling which went on for a prolonged period for another boy. In this latter case, children had commented on the colour of his skin, but the issue of adoption per se had not arisen. One child had experienced bullying due to her adoptive status - these negative comments lasted for a week in school.

A few boys made some comments in the first week about her adoption status but the child has had no difficulties since and is very confident about herself. (Teacher of girl, 9y A)

No. But his adopted father is older and I believe he does not like people thinking this man is his grandfather. (Teacher of boy, 16y, EE)

One teacher commented that bullying had not occurred within the school but had occurred at a sporting activity outside of school hours.

I have never heard that this happened in school, but I was told by an adult that it has happened outside of school, in the parish G.A.A. grounds where he was playing a match with children he didn't know. (Teacher of boy, 10y, SA)

Overall it appears that children were not singled out and subjected to discrimination due to their adoptive status or to ethnic/racial differences. This a very positive finding, however, again it must be kept in mind that the majority of teachers conceded that such discrimination could happen outside the classroom, in the school yard or in the wider community as the previous quote illustrates.

Parent Perspectives on Children's Progress & Adjustment at School

Parents' perspectives on children's overall progress and adjustment at school were gathered as part of the parental interview. Most parents were happy with the child's performance at school, and felt that children enjoyed attending school, learning new things and interacting with peers.

He loves school, he always wants to go to school (Parent of boy, 5y, EE)

In terms of the children's academic progress, some parents were concerned, as were teachers, about children's inattentiveness and lack of concentration and how this affects learning. Another issue that parents frequently mentioned was children's difficulties with language.

The language barrier has been difficult, and it has caused difficulties, probably the reason why she doesn't like history and geography. (Parent of girl, 15y, EE)

Parents were also asked whether there were any particular social, emotional or behavioural issues that emerged for their child at school. The majority of parents indicated that no particular issues had emerged for their child:

He has made friends in school and talks about them. (Parent of boy, 5y, EE)

Other teenagers tell me she's popular, she's bubbly and cheerful, she's a pleasant child. (Parent of girl, 15y, EE)

Where there were concerns they generally matched those of teachers. Some parents mentioned children being very sensitive and quiet or reserved. There were also some concerns about children's emotional maturity.

He is sensitive and gets hurt if left out. He is so aware of his background. (Parent of boy, 8y, SA)

He doesn't have a lot of friends, he's very reserved. (Parent of boy, 8y, EE)

They're sociable, she's more friendly with boys than girls, she seems to hang round with younger kids, most of her friends are a year younger than her, we think that she's a little emotionally immature, she lacks in self confidence a bit. (Parent of girl, 15y, EE)

Some parents also expressed concern about their child not understanding the difference between appropriate and inappropriate behaviour, and the concept of boundaries in social interaction:

Telling people too much. (Parent of girl, 14y, EE)

She is over familiar. (Parent of girl, 9y, A)

In contrast, a number of parents reflected that some children were reluctant to trust others and found it difficult to make new friends:

*If you are his friend it has to be 100%. He never forgave a girl for not coming to his party.
(Parent of boy, 16y, EE)*

Takes him a long time to trust people. (Parent of boy, 7y, SA)

Finally, a number of parents described particular patterns of behaviour that teachers found difficult to manage in the school setting:

Demands attention, difficult behaviour. He likes his teachers but he's confused because he has to fight for his bit of attention, that he's just part of the group. (Parent of boy, 5y EE)

Other parents expressed concern that teachers were not fully informed and equipped to manage post-institutionalised behaviours, such as sensory difficulties:

Yes she has sensory issues the teachers found hard to deal with. (Parent of girl, 14y, EE)

This issue will be considered in the next section where teachers reflect upon the need for supports and services to enable them to manage such difficulties in the school setting.

Teacher Perspectives on Supports & Services

Teachers were asked about the need for specific supports which might be particular to internationally adopted children in school. The majority of teachers (70%) reported that they needed no extra supports – they generally explained that the child was well-adjusted and no different to the rest of the class in terms of the supports needed.

He has been very lucky with his fabulous parents. There appears to be a fantastic relationship there and he is an extremely happy little child. He is very aware of his own country and culture also. I feel the child's needs have been more than met at home and other than looking a little different has fitted in to our Irish classroom situation just as well as any other child in my care. (Teacher of boy, 5y, EE)

Maybe if the child joined school life from another country halfway through the school year, the child would probably need more support in getting used to a new routine and culture. In this case she is totally integrated and I feel she is just part of the class. During my time teaching her, I don't feel she needed any extra support. (Teacher of girl, 8y, EE)

A number of teachers remarked that the extra supports available in the school were, at present, sufficient for their needs. Other teachers explained that extra supports were not needed due to the close working relationship between themselves and the child's parents. A good relationship between parents and teacher allowed for information to be shared and for both parties to keep each other informed of developments in the child's school and home life. Where there are specific issues with regard to children's behaviour and emotional adjustment, the significance of open communication between parents and teachers is heightened. One teacher said that the information and advice a mother had given her regarding her son's disorder was very useful – the teacher was well informed about the nature of the child's difficulties, and equipped with appropriate strategies to deal with the difficulties:

(...) this advice was invaluable as I had never worked with a child who had this disorder before. I think if there is knowledge of such a child in any class the teacher needs to be equipped with information on what to do/say and how to deal with it. (Teacher of boy, 6y, EE)

This teacher felt that a good parent-teacher relationship was sufficient and no extra support was needed, but suggested that in the absence of positive parent-teacher relationships, extra support may be needed:

His mother and father have taken a very intelligent approach. They have kept me informed of what he knows about his adoption etc. In this particular case with this particular family I feel the teacher-parent partnership has worked extremely well (however I do know that in other cases such has not been the case and extra supports may be needed.) (Teacher of boy, 10y, SA)

One teacher remarked that it would be helpful for her to know more about the child's background prior to the adoption and the effects early deprivation can have on later development and behaviours. She felt this would be useful in deciding whether to refer the child for further assessment.

Thirty percent of teachers outlined various areas in which they felt extra supports and services would be beneficial. A number of teachers indicated that they needed advice regarding how to deal with discussions around the topic of adoption; and specifically the nature of the information that they can share with the class about the child's cultural background, family history and so on:

As teachers we need guidance as to what would be appropriate information to give him about his birthplace and cultural background. (Teacher of boy, 16y, EE)

It would be very useful if the teachers were filled in on the family situation of the child, whether or not other family members are alive and to what extent the child's parents would like this to be discussed at school, if it came up. (Teacher of boy, 8y, SA)

Related to this, teachers expressed a desire to be more informed about children's country of birth, so that they could teach about it in class.

Maybe information/activities that can be done in school, since I'd even know very little about EE. (Teacher of boy, 7y, EE)

Sixteen percent of the teachers called for specific supports to assist them in their day-to-day teaching task of the children. While some teachers expressed that the child may benefit from attention and work on a one-to-one basis, time constraints and class numbers rendered this impossible:

I feel she needs a lot of one-to-one support in a classroom setting; therefore a classroom assistant would be beneficial in her case. Class numbers are too big! (Teacher of girl, 10y, EE)

Four (6%) of the teachers specifically referred to support in the form of Special Needs Assistants.

Yes. This child would greatly benefit from the use of individual resource time particularly with respect to language development. He would also benefit greatly from the use of a SNA as he find it very difficult to sit and listen. (Teacher of boy, 7y, EE)

Some teachers felt that the child demanded extra time due to social and emotional concerns. Teachers were conscious of the fact that the child may be singled out as being different and as a result felt they needed to monitor discussions concerning adoption and also in one case monitor interaction with some peers in the class. Although the teachers in this group did not call for extra supports it is worth noting that they have to spend extra time thinking about and observing the child:

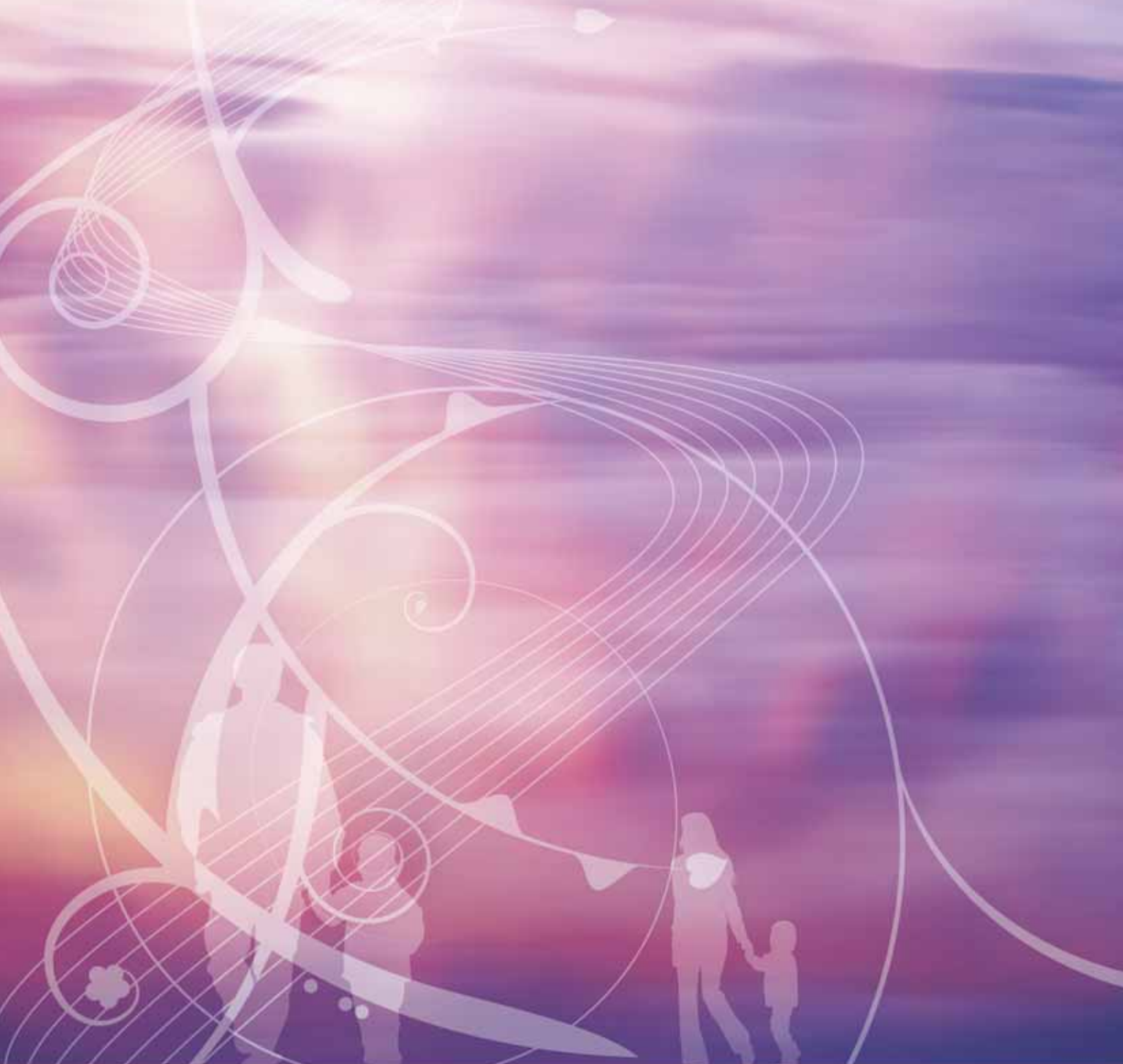
Just to be conscious that some child could single him out and cause him upset. I try and encourage children to take a positive and receptive attitude to difference. (Teacher of boy, 8y, SA)

Overall teachers felt that they did not need support or that they were receiving adequate support to assist them in responding to children's needs. Extra support needs related to support for managing learning/academic difficulties, support around adoption issues and support for dealing with social and emotional issues.

Key Findings

- Students in secondary school do not appear to be performing as well as students in primary school, possibly due to the more demanding nature of second level subjects.
- There were concerns, conveyed through teachers' SDQ scores and comments, regarding levels of inattention and hyperactivity among children and young people, both in classroom situations and social interactions.
- The issues of being adopted and looking different did not appear to be an issue in schools. Peers responses were generally positive when discussions around these topics arose. Adoption was rarely talked about in secondary schools.

- According to teachers, very few internationally adopted children and teenagers experienced bullying and discrimination in school, however a minority did experience some bullying due to racial differences.
- A good teacher-parent relationship appears to be beneficial for both parties involved and, in particular, for teachers to know how much information the child has about his/her adoptive status in case the topic arises in a classroom setting. Teachers also wanted more information on children's country of birth in order to be able to include it in classroom lessons.
- Teachers called for more supports to be put in place for children in terms of one-to-one assistance from learning support teachers and/or Special Needs Assistants.



CHAPTER 7
PARENTING IN THE CONTEXT OF ADOPTION

Chapter 7: Parenting in the Context of Adoption

This section explores how the topic of adoption is talked about in families both in relation to discussions about adoption and in particular in relation to conversations about birth family. Parents' impressions of the countries of birth of their children, and how families incorporate the countries of birth of the children into family life are explored. Whether or not children or families had experienced racism or prejudice in relation to race or adoption is also recounted. The parents' experiences of having post placement reports completed by the Health Services Executive are examined, and the level of families' involvement in support groups is detailed.

Finally, parents were asked to reflect on 'what it is like' to be a parent who has adopted through the process of intercountry adoption into Ireland, and also what advice they would give to anyone considering adopting through the same process.

Talking to Children about Adoption

Ninety six percent (96%) of the parents had started to talk to their children about their adoption. The 4% who had not done so said that their child was too young, all were aged 3 years or younger. However, many other parents whose children were two or three had made a start in talking about adoption. Just one family informed the Study Team that the word "adoption" was not used in their family when talking with their child about how they came to live in the adoptive family. They informed us that in their family the way they relate the adoption story is through talking about "coming from a different country".

Parents' Feelings around Talking about Adoption

The great majority of parents (both mothers and fathers) gave varieties of a 'no problem' response in relation to how they felt when talking to their child about adoption:

I feel quite comfortable about it, I think that being told we should tell her from the start really helped because there was no 'picking your day, picking your time'; it was wide open from the very start. (Mother of girl, 12y, SA)

For us it feels ok, it brings it back to you, keeps you reminded of how she came to you and the whole story. (Mother of girl, 10y, EE)

Within these 'no problem' responses there were differing degrees of enthusiasm expressed, most were clearly enthusiastic:

Very comfortable talking about adoption, I see us as an adoptive family, that makes us a bit different, but so be it, I'm very happy with it. (Mother of girl, 15y, EE)

Its great for her, her little story helps, she tells people 'once upon a time I was a little girl in an orphanage. (Father of girl, 5y, EE)

A few parents were more ambivalent:

I'm not big on that. I don't like talking about it much - as far as I'm concerned she's my child. I do it because I have learned it's important. (Father of girl, 4y, A)

We read her stories at night, about coming from EE. We might as well tell her now and be done with it. (Father of girl, 3y, EE)

Overall, approximately a quarter of the adoptive mothers and fewer of the fathers expressed some form of anxiety about this aspect of their adoptive parenting role.

It's very difficult because you don't know if you're saying the right thing or the wrong thing. I want him to be able to say 'Yeah, my mammy told me that'. It's all a learning curve just like parenting is a learning curve, you have good days and bad days. We have books on adoption, children centred books on adoption and how families are made, and how families are different but they don't understand that yet so I don't want to push it because I don't want them to feel that they're different because they're adopted either. (Mother of boy, 5y, EE)

It's one thing agreeing in theory that it would be good to be open and talk about it and be up front about everything but it's a bit of a minefield because it's such an emotional issue, I feel anyway, and trying to put the right language on it and trying to not be in any way negative about his background or his parents and one shouldn't be because who are we to judge? It's difficult to try to explain what's happened to him in life in an impartial way, in an appropriate way. (Father of boy, 5y, A)

Some found it hard because it reminded them of the circumstances surrounding the adoption:

It reminds you that you are not her biological parent and that's painful. (Mother of girl, 6y, 0)

It is very difficult, because you have gone to a lot of trouble; you want to think the child is your own. (Father of girl, 3y, EE)

Some were finding it alright now but were worried about the future:

I am glad to be doing it and happy because I'm parenting him. I fear for the future when he realises what it means and that will be hard. (Father of girl, 3y, A)

It is getting more difficult now she is 11, the questions are getting harder, it was easier when she was younger. (Mother of girl, 11y, SA)

The need which parents felt for advice on how to talk about the various aspects of adoption, was raised explicitly:

We started very early so it wasn't sudden, we are comfortable with it. We talk about it at night, story time. We need advice on when to show him birth family photos. (Mother of boy, 4y, EE)

It's ok –it feels natural but we need advice though. (Father of girl 5y, EE)

And was implicit in some comments:

Years ago we told him he's adopted, now we don't talk about it. (Father of boy, 8y, EE)

I find it a little uncomfortable because you don't know how to explain it to someone of that age, the complexities associated with it. (Father of girl, 5y, EE)

Kinds of Questions Children have asked about being Adopted

Parents reports demonstrated that the variation in the children's 'questions' is enormous from none to those that range across country of birth, birth family, circumstances of adoption, racial difference and the whole adoption story. Children of similar ages can be at very different stages of development and a multitude of influences may play on their curiosity in relation to adoption. This section will present a selection of children's questions and comments to their parents in key areas of the intercountry adoption situation. The selection is illustrative and tends to focus on the parents' responses that raise and discuss different issues.

Parents gave examples of their responses that touched on questions from the child in relation to birth mother:

She drew a picture and I had a big belly in it and she said 'I wasn't in it' and she got very upset and I told her she was in my heart and in her own mother's tummy. After the Tsunami we talked about (country) and she asked if her birth mother was killed in the Tsunami, she had been acting out for a while up to this. She watched the video of herself in (country) and she would ask for it regularly and often gets very sad when she watched it. I would ask her if she missed her friends in the baby home and she said yes. (Mother of girl, 6y, A)

He asks me (mother) questions, when he can't sleep at night we have a chat and nine times out of ten that's when he'll ask me questions. He asked me if I was beside his birth mother when he was in her belly and I said no, that I was in Ireland. (Mother of boy, 5y, EE)

She asked me one day about her mother in (A), what does she look like. So I took her into the bathroom and said 'Take a look in the mirror, your mummy looks like you. She doesn't look like me.' And that was fine. She asked me another day, 'Do I have a daddy in (A)?', and I said 'You do, everybody has a mammy and daddy that's the way a family is', and that was grand. I said 'I don't know anything about them, all I know is that we have you here and we love you'. (Mother of girl, 9y, A)

They also gave examples of their responses that touched on the wider adoption story:

There's a photo album there and he regularly takes it down. They are of his time in (EE), his carers and his trip home. He has a book of his life story. He asks, did you take me on a plane, what size was I? (Parents of boy, 4y, EE)

'Why did you bring me out of my country?', 'You can talk to me about it, when I'm 16. He says he knows stuff is too adult for him. He finds it upsetting. He sometimes says 'I was born in (EE), he knows he has a Mum and Dad in (EE).' (Parents of boy, 8y, EE).

Other children's questions were predominantly about their country of birth:

She has her life story book and will ask questions from that, especially about (EE). (Parents of girl, 5y, EE).

He knows he came from (EE). He'd say '(name of friend) was born in (EE) like me.' He knows his story as complete as it is. 'Tell me the story about (EE)'. He has never asked 'Where did I come from?' even though I am pregnant. (Parents of boy, 3y, EE).

Twenty seven percent (27%) of the parents reported that their children did not ask questions about being adopted. Six of these were teenagers, out of the 17 teenagers in the sample. Many of the other parents explained that their children were 'too young' and most of them were parents of the 40% of the children in the sample who were under 5. However, parents did remark, that just because children did not ask questions, it did not mean that adoption was not talked about by the parents:

She's beginning to understand that she came from a tummy but she hasn't grasped it fully yet. (Parents of girl, 5y, A)

No, he hasn't actually initiated discussion around it. The way we have approached it is to emphasise the obvious fact that he is from (A) and that for us is building up to further discussion. We do use the word 'adopted'. (Parents of boy, 5y, A)

Among some of the parents' comments about their teenagers there was a sense of denial on the part of the teenager and /or that they may not be able to talk about adoption easily to their parents:

Nothing, she really doesn't ask questions about being adopted and if we mention it she doesn't really want to talk about it, last summer we suggested going to (EE) and she said if we were going she'd stay at home. They talk about having been adopted but they don't really ask questions, they look at photographs etc. (Parents of girl, 15y, EE)

She never really brought it up much, she always thought (EE) was a place in the sky. (Parents of girl, 16y, EE).

Parents reported that they bring up the topic of adoption in the family more frequently than the adopted children or their siblings. In 84% of homes mothers would raise the topic, fathers did so in 74% of the families, the adopted child in 60% of the families, and a sibling in 52% of the families where there were siblings. Table 7.1 illustrates how often adoption would be talked about in families. Just over one half of parents responded that adoption was talked about in their families once a week, 20% of these talked about adoption everyday. Almost a quarter (23%) said that adoption was talked about in families once a month, with 15% saying it was talked about less than once a month.

Table 7.1: Parents Estimate of how often Adoption was talked about in their Family

| Frequency of adoption discussions | Percent of Valid Sample (n=149) |
|-----------------------------------|---------------------------------|
| Everyday | 20 |
| Two or three times a week | 8 |
| About once a week | 23 |
| Two or three times a month | 11 |
| Once a month | 23 |
| Less than once a month | 15 |

Talking to Children about Birth Family

As well as informing a child that they have come to their family through adoption, a further important part of the “telling task” of adoptive parents is to introduce and explain to their adopted child the fact that they were born to other parents. When explaining this fact, adoptive parents also have to explain why the birth parents were not in a position to care for the child. It was of interest therefore to discover how conversations about this topic occur in families.

When seeking information on the types of conversations which parents have with their children about birth parents, information was gathered separately from mothers and fathers. The way in which children talk with their mothers and fathers differs, depending on their relationship with each parent. It was important therefore to consider the ways in which differences emerged in these specific conversations with each parent.

Seventy four percent (74%) of the mothers and 52% of the fathers in the study said that they had had some form of a conversation with their child about birth family. When replying to this open-ended question (*Can you give some examples of conversations with your child about his/her birth family?*), most parents did not give a lot of detail. However, from the information they gave it was possible to get a sense of how birth family is spoken about within adoptive families. From the comments of mothers and fathers individually, a number of specific issues and themes which have been addressed in the conversations emerged. The information about conversations revealed details mainly on the following areas:

- when, where and how the birth family is woven into the adoption story;
- the language used by parents when sharing birth family information;
- what kind of information is shared with the child;
- how the birth family is portrayed;
- what kind of questions children have asked;
- differences in how the conversations are handled depending on the age of the child.

Parents recounted how, and at what stage, they had initiated conversations or approached the topic of the birth family. For most parents, this seems to have been done from the time when the children were quite young (3 – 5 years), using different words and language depending on the child’s age and ability to

comprehend. Most often the language used by adoptive mothers for birth mother was "tummy mummy" and if birth fathers were spoken about the words "dad or birth father" were used:

We told her she had a different mummy, and that she grew in that mummy's tummy. (Mother of girl, 7y, EE)

You have a mummy, tummy mummy, we don't use names. (Mother of girl, 6y, EE)

Fathers, on the other hand, were more likely to use terms such as 'different mum and dad' or 'parents' when referring to birth parents:

You were born in (EE) and you have a different/another Mum and Dad in (EE). But he doesn't understand yet. (Father of boy, 6y, EE)

In some instances, where parents actually know the first name of the birth mother or father they reported using their name when speaking about them:

We call her birth mother by her name, but she keeps forgetting her. (Mother of girl, 6y, EE)

She asks about her birth mother, she knows the name. (Father of girl, 5y, EE)

The amount and kinds of information which parents shared at various ages varied. Some parents gave a lot or all of the information they had to their child at a young age and others wanted their children to be older before they shared full information. In relation to the amount of information shared mothers gave examples in each instance such as:

We tell her the names of her brother and sister and birth mother. She said she would like to see them. This is not an issue, but a topic. (Mother of girl, 4y, SA)

No detail, he doesn't know he has a sibling there, and he hasn't sussed the mother/father relationship. (Mother of boy, 11y, SA)

And fathers gave examples such as:

There is a strong obligation from (country of birth) for us to keep our child aware of his siblings and we are obligated by the court to keep in touch with his siblings. (Father of boy, 4y, EE)

It doesn't mean anything to her so I don't go into gory details. (Father of girl, 5y, EE)

When explaining to children the reasons as to why they had been placed for adoption, parents' explanations were in terms of birth parents' inability to care for the child. This was generally explained as being due to lack of money and poverty in birth families:

Your mother was too young and poor to look after you, and we're so pleased Holy God found you for us. (Mother of child 4y, EE)

That his mother is there and alive in his country of birth, and is poor, that she could not afford to look after him. (Father of child of 6yrs, SA)

For a small number of families who had photographs of birth mothers or birth family, conversations happened around being able to identify with the mother from the photographs or, in one instance, through making comparisons about the physical appearance of people from the child's country of birth:

That's your other mother in the photo – and if she saw a (A) woman on TV, we would say: she is like your mum in (A). (Father of girl 4y, A)

Some parents reported that they found conversations about the birth family difficult to have because they had no information or very little information. One parent found it difficult to explain to himself why a child would be placed for adoption and therefore found it difficult to be able to put the message across to his child positively:

Not too deeply because of not being able to answer some of the questions (because of lack of information) (Mother of girl, 8y, EE)

Its very hard to explain something you don't really understand yourself, i.e. why a mother would part with a child. You have to be careful not to make it a material thing so the child doesn't think the reason for adoption was poverty or material. (Father of girl, 7y, EE)

Other parents spoke about the problem of trying to ensure they got it right, i.e. when and how much information to share and how much was age appropriate:

In prayers we pray for her birth mother but we noticed a resistance from her and someone said we shouldn't be shoving it down her throat, it will come to the forefront when she becomes aware of pregnancy. It's a hard one. (Mother of girl, 3y, EE)

We are very open, telling her she is special. But she sometimes gets confused between her birth mother and her foster mother, confused between their names, etc. (Father of girl, 10y, EE)

In about 20% of families, providing an explanation about why the child had been placed for adoption appeared to be centred around the policies and situation in the country of birth of the child. This explanation was given rather than making reference to the fact that the child was born to their birth mother or family. Sometimes the explanations were around the fact that the child had been in the care of an orphanage and so in need of a family:

She doesn't seem to understand it all yet, she has an understanding of coming from an orphanage. (Mother of girl, 4y, A)

We talk about one child policy, no help for (A) people when they are older, things in (A) not the same as Ireland. (Mother of girl, 7y, A)

About being born in (EE) and how he was looking for a home and we were looking for a baby. (Father of boy, 4y, EE)

Parents also spoke specifically about how conversations about birth parents were initiated by questions from their children, which they recalled having started when the children were around 5 years of age:

She asks 'Can we send money to her to get her to come here? She didn't have money to feed me or money to bring me to the doctor'. We have a photograph of birth mother and we talk about her. (Mother of girl, 5y, SA)

He asks 'Do you know her name?', 'Did you meet her.', 'Why was I given up?' (Mother of boy, 8y, EE)

One father spoke about how the questions generally come during family meals, and that they are addressed to both parents:

Usually it happens at the dinner table so we both get questions. (Father of girl, 5y, SA)

Seven fathers stated that either they did not have any conversations with their child about birth family or that any such conversations were between the adopted child and adoptive mother.

He doesn't ask me, he talks to his Mum about it. (Father of boy, 8y, EE)

As well as conversations which were initiated by either parents or children, a number of families reported how they include conversations in family rituals on a very regular basis. For instance, in a number of families, as part of their child's bedtime routine, a prayer was said for the birth family. Some families also mentioned that they lit a candle for the birth mother on Mother's Day:

We have a special time on Mother's Day, pick a flower for her and bring it to the house. (Mother of girl, 7y, EE)

We tell her what we know and light candles for her birth family. (Father of girl, 8y, A)

For families where the adoptive parents had met the birth mother or family, and/or where contact of some nature had been maintained with birth families, the fact that letters or photographs were being sent or arrived gave a natural opening for conversations about birth family:

He got a card at Christmas and we talked about it then, and I think his aunt sent over a picture of his mother and father and we looked at that and talked about it. If he wants to talk about it we do, we don't discourage it. (Mother of boy, 13y, EE)

The conversation is limited because of his age, but we have mentioned that we send her photos. (Mother of boy, 2y, SA)

In families where the children were older (12 +), parents reported different experiences and issues in relation to conversations about birth family. All of the teenage children were aware of their adoption story and some appeared to have open conversations about their birth family with their parents:

She thinks she was lucky, and thanks us for adopting her. She is glad she is not with her birth family because they are so poor. (Mother of girl, 16y, EE).

We say we met your nana and we have photos of her. It is very important to have a positive image of birth parents. (Father of boy, 12y, EE)

A number of teenagers, however, communicated in different ways to their parents that they did not want to talk about the birth family. Parents speculated that this may have been because of feelings of anger or feelings of rejection, or perhaps it was a topic which was not of interest to them at this time in their lives.

He spoke disrespectfully of his mother and his father has died. (Mother of boy, 17y, EE)

Very basic really, he doesn't ask a lot. He knows that they weren't able to mind him. (Mother of boy, 16y, EE)

She asks about birth mother, colour of hair but no real conversations. I'd say she is angry that she abandoned her and she kept her older sibling. (Mother of girl, 17y, EE)

Not talking about Birth Family

Twenty three percent (23%) of mothers and 17% of fathers said they have not had any conversations about the birth family with their child. It is important to reiterate, as observed previously, that this did not necessarily mean that parents had not told their child that they were adopted, rather that conversations about birth family had not yet begun. For 13% of the mothers and 9% of fathers, the reason given for not doing so was that their child was too young. The majority of children in this category were in the age range 3 – 5 years with just five children being in the age range 6-8 years. Parents recounted that children were, as yet, unable to comprehend the concept of birth or other family, and believed that they did not need to be burdened with such information at such a young age:

We were advised to but we are not ready to have that conversation yet. Our daughter thinks she comes from the tummy of carer in orphanage as we are not ready to tell her about other mummy yet, she knows though that she didn't come from my tummy. (Mother of girl, 3y, EE)

It would confuse her, it's a process, she'll trigger, we're not sure how to approach it or when is the right time. (Father of girl, 5y, A)

A further reason, which a small number of mothers and fathers offered, was that they did not feel comfortable having such a conversation with their child. This was, for some parents, compounded by the fact that children did not pose any questions and therefore the topic of birth family never came up within the adoptive family. Parents also suggested that sometimes initiating such a conversation could be interpreted as pushing information on a child and that there is a fine line between this and the sharing of appropriate information:

You tread a fine line between pushing and giving information. (Father of girl, 4y, EE)

I am not 100% comfortable with bringing it up – I don't want to use the word 'mother' or 'mummy' because I think it would confuse the child. (Mother of boy, 5y, EE)

I want to get it right and tell her what is appropriate, the language is very confusing, it is hard to know what terms to use, 'forever mommy', 'birth mommy', etc. (Mother of girl, 3y, A)

And for parents who were awaiting questions the situation was:

My sister had a baby and I was sure that would have triggered her but it didn't. Maybe she is not ready. I know I have to address it, we are taking cues from her. I don't know if that is right. (Mother of girl, 5y, A)

No questions as yet, but we are expecting it. She is very here and now, and doesn't refer to the past about anything else either. (Father of girl, 14y, EE)

It was important to discover whether there were parts of the adoption story which adoptive parents thought would be difficult to share. When requesting this information, it was presumed that parents had informed the child of their adoptive status but that perhaps as children matured and requested more information there might be areas of the adoption history which could be difficult to relate. The information gathered is based on the comments of 91% of mothers and 75% of fathers who responded to this question.

Twenty eight percent (28%) of mothers and 36% of fathers reported that they had not, to date, faced any problems when sharing details of their child's adoption story. Neither did they believe that they would do so in the future.

Fathers in this category said that once their child was old enough it would be easy to explain. One father thought that the concept of adoption might be somewhat difficult but that there would be no problem sharing the details of why their child was placed for adoption. Another thought that the sharing of the information would lead the child to being in a position to help her birth family in years to come and that this would make things easier.

Mothers in this category believed that by sharing information at age appropriate levels the information would be easily accepted by the child. They also said that because they had very little information to share, problems would not arise. One adoptive mother, who had met the birth mother at the time of relinquishment, said she could share with her child the fact that the birth mother was happy to place her

child with the adoptive family. Another mother said that the fact that the birth mother was in huge poverty would make it simple for the child to understand why she had been adopted.

Parents who thought they might encounter some difficulties in sharing information outlined how their concerns arose in a number of possible areas. The main areas identified were:

- How they might go about explaining, in a positive way, *why* their child was placed for adoption;
- How they would explain abandonment and as a consequence having no background history;
- Sharing background information about birth parents which adoptive parents thought would most likely be distressing for the child;
- Sharing information about the existence of siblings;
- Sharing information which parents were not sure is correct or true;
- Having different amounts of information and stories when there is more than one adopted child.

For 17% mothers and 9% of fathers, finding an explanation which could be portrayed in a positive manner about why their child had been placed was going to be complex and problematic. The parents thought this would be the case because it would be hard for anyone, but especially a child, to deal with what might be interpreted as rejection:

The sadness of it, the heartache of her birth mother and trying to explain why she had to give her away. (Mother of girl, 7y, A)

Why she was placed, it is so hard to understand, even for an adult. (Father of girl, 7y, EE)

For some parents, the only information they have prior to the history of institutional care is that their child was abandoned in a particular place. Even though for some areas of the world parents believe they can explain abandonment as being a consequence of government policies (such as the one child policy in parts of China), others do not have this rationale as an explanation. Parents suggested that no matter what, abandonment is always a difficult message:

Abandonment, we have been collecting newspaper articles to try to explain and one is about a baby in the gutter. (Mother of girl, 9y, A)

Abandonment, and how if a mother is caught doing it, it is illegal, she is jailed. (Mother of girl, 9y, A)

Parents spoke about how, as a child matures, developmentally, they will have a better level of understanding about the reasons they were placed for adoption. As their comprehension develops, parents reported that much of the information will be distressing to share. Of particular concern was information such as: when no one from the birth family came to see the child in the children's home for the period in which they lived there; a history of poverty or drug and alcohol abuse; when the child had been rejected by a number of other parents before being accepted by the couple who had adopted them and if the child was not the first referral to the couple:

Yes, it will be hard to share the level of sadness, and the facts around drug addiction and his siblings in care. (Mother of boy, 3y, EE)

The reasons why he ended up in a baby home and why none of his birth mother's extended family visited him while he was there, talking about that could be a problem. (Father of boy, 3y EE)

Telling about the birth father, and most of it is an unhappy story and you cannot dress it up. (Father of girl, 17y)

A small number of parents said that they knew the information they had was not correct, or else that it was most likely not correct. They believed that this would be distressing to share while the child was younger, but perhaps even more distressing if, when the child reached adulthood, they wished to trace their birth family.

If they want to go down the tracing route, will it be possible? Is the information we have authentic? (Mother of girl, 9y, A)

The information was wrong on the referral. (Father of girl, 7y, EE)

When starting out to give explanations about why children were placed for adoption, parents most often began with the story of the birth mother. Many parents had extra information on other members of the child's birth family, especially on siblings, but they reported that they found this information was particularly difficult to share. The fact that siblings had remained with the mother, or were in care, or the fact they existed but there was no further information proved to be difficult information to communicate. Ten percent (10%) of the parents said they had information on siblings which to date had not been shared. They were struggling with when was the best time to give the information, feeling that it could be quite distressing for their child:

It's more that it will be difficult for him, that the rest of his family are together, he has sisters. (Mother of boy, 5y, EE)

Telling them of their brothers and sisters and why they have not been adopted. (Father of boy, 8y, EE)

A small number of parents also anticipated problems with sharing information in relation to the birth father. Again they did not know when to introduce the topic of birth father, and how they would answer the questions, which they were sure, would come in time.

Fifty five percent (55%) of parents had adopted more than one child, and in the majority of cases these children were not siblings by birth. Consequently the children had different histories prior to adoption, and parents anticipated that they might have problems when, for example, they had more information for one child than the other, or when the information for one child was quite positive and not so positive for the other:

One of our children will be ok as his story is quite positive, but his sister whose story is different will be harder. (Mother of boy, 4y, EE)

A small number (7%) of parents reported that they have maintained a form of contact with birth families, including one family who had returned to visit with the birth family. These families generally maintain contact through sending letters and photographs once a year, and in some instances news comes to them in Ireland from the birth families. Parents in this category were happy to have contact, and described how they thought getting information on their child would be of comfort to the birth mother. Three families, who had met the foster parents who had cared for their child prior to adoption, continued to have contact with them through letters and photographs.

Incorporating Child's Country of Birth into Family Life

Over ninety per cent (90%) of the adoptive parents reported that they did incorporate elements of their child's country of birth in the life of their family. Those few who did not said their children were too young to understand or their learning disabilities presented insurmountable difficulties.

There were different degrees of incorporation. Many families, approximately 50% of the sample, used maps, flags, sports events, and news and television coverage to maintain an interest in the country of birth. Examples of this approach were:

We show her on the map where she comes from, otherwise no, not as much as we should. (Parent of girl, 3y, EE).

We celebrate the Chinese New Year; we have bits around the house and a book about being adopted. We are in touch with Chinese people. (Parent of girl, 7y, A)

(Child) is doing Spanish in school. There are bits and pieces around the house; they have their money and their pan pipes, pictures and the flag. (Parent of boy, 8y, SA)

We have (EE) dolls, we watch athletics, football, World Cup, Eurovision, we cheer for (EE), lots of fun around this. We mark it on the map. (Parent of girl, 9y, EE)

We celebrate the Chinese New Year, we have Chinese clothes. But we are concerned about emphasising it too much, we are worried she would feel lost between two cultures. (Parent of girl, 8 y, A)

A slightly smaller group, around a third of the sample, reported that they are more proactive about incorporating the country of birth into day-to-day family life. These parents spoke about very regular contact with other families who have adopted from the same country or natives of the country of birth:

We have a soccer flag in the house and local musical instruments, ornaments and photos and we meet with other people who have adopted from the same country and celebrate together. (Parent of girl, 2y, EE)

She asks 'Can we read my (A) book.' She has some dresses and clothes. We eat (A) food and we are in the (A) Adoption Support Group and go to the Tet festival gathering. (Parent of girl, 3y, A)

We celebrate adoption day and (EE) Christmas, we buy food from (EE) shops and cook (EE) meals and we talk with (EE) tradesmen. (Parent of girl, 5y, EE)

We talk about it, she will ask to go to (O) restaurant, she identifies with the staff there and they with her. We have clothes from (O) and have friends from (O) here in Ireland. (Parents of girl, 6y, O)

A small group, about 10%, embraced much more completely the country of birth and its culture, they described how the country and culture are close to the centre of their family life:

We go to a (EE) play group every second Saturday and they meet (EE) children who have been adopted. D is learning (EE) and the family use (EE) words regularly, and talk about things that come up on television about (EE). (Parent of girl, 5y, EE)

There's not one day that (A) doesn't come into the conversation, we have books on (A), we've done (A) language classes and it's just incorporated into our everyday life. (Parent of girl, 2y, A)

The variation in the incorporation of the culture of the child's country of birth is indicative of a wide spectrum of approaches to this aspect of intercountry adoption among the adoptive families and there was a sense that many saw themselves as struggling to get the balance between their child being raised in Ireland in an Irish family and their roots in their country of birth. One parent who was adopted himself commented:

Where I grew up on a big estate I was the only one who was adopted but I was never made to feel different in any way, no one ever said to me 'Oh you're adopted'. I think that was why it was such a positive experience for me, I think that if everyday I was told 'Look, you're different', and 'you're from a different country/ place/ family', I don't think that would have worked at all really. They advise you on the course that you incorporate their native country and culture into life, but we feel there is too much emphasis on that. Ok, he has roots in the (EE) and we have no problem with that or going back there if he wants to, but he's part of this family now and he shouldn't feel any different from his sister, that's my gut feeling. (Parent of boy 3y, EE)

As discussed in an earlier section, this element of not making their child's adoption too public was also reflected in how most of the children were named. There was evidence too in a few of the parents' responses that they felt their child, had somewhat mixed feelings about embracing the country of birth:

We talk about (EE) a lot, try to give her some of the customs of the country and talk about it, but when we talk of the reasons why she was in care and the story of her country of birth and the awful things that were going on she gets scared and does not really want to hear the story. (Parent of girl, 16y, EE)

The great majority of families appear to have been able to keep their child's country of birth alive in small, unthreatening ways. Most of the children are still young and how they will manage their 'dual' identity in the context of the contrasting approach of their families will be of great interest.

Impressions of Child's Country of Birth

All the parents had visited the child's country of birth. Their impressions of the country when they went to adopt were very important in terms of the story they will be able to pass on to their children. The parents' impressions varied widely but there were a few trends:

- For the Eastern European and South American countries the responses tended to be mixed – the people were living in poverty but were very welcoming, the capital city was fine but outside that it was very poor, some parents made comparisons with Ireland in the 1960s.
- The comments on the Far Eastern countries were almost wholly positive (though for China they were more mixed). Most spoke with great affection of the people and the whole experience especially in relation to Vietnam and Thailand:

The people were astonishingly welcoming, totally positive, would love to go back. (Parent of girl, 5y, A)

For some their impression of the country was coloured by the attitude they experienced to adoption:

We got a great reaction in (SA). They were delighted that two people were travelling all the way from Ireland to adopt one of their children. (Parent of boy, 7y, SA)

People were grateful we were taking the child which eased our guilt over removing her from her country. (Parent of girl, 4y, A)

Eighteen percent (18%) of the parents had returned to their child's country of birth since the adoption. These were divided out among the dominant countries of birth. The higher proportions of families had gone back to China and Vietnam (33%) with Russia and Romania 14% each, but the numbers are small. No parents had returned to Kazakhstan or Belarus and two had been back to Thailand and to Ethiopia. Some of these return visits were for the purpose of adopting another child, some were for holidays, and in one instance it was to meet the birth family.

Language of Child's Country of Birth

What might be considered an indication of a very considerable long term commitment to the child's country of birth would be for adoptive parents or the child to learn the language of the country of birth. The table below indicates that a minority of parents and fewer fathers than mothers are planning to do so. More than half of the parents would like their child to learn. A small number of mothers, fathers, and children had begun learning and given up.

Table 7.2: Plans to learn the Language of the Child's Country of Birth (N=170)

| | Mothers (%) | Fathers (%) | Children (%) |
|-----------------------|-------------|-------------|--------------|
| Planning to learn | 39 | 29 | 58 |
| Already speak | 4 | 5 | 5 |
| Not planning to learn | 57 | 66 | 36 |

Racism and Prejudice

Parents were asked three questions in relation to their own and their child's experience of racism or prejudice: 1) whether they had noticed racism or prejudice towards their child, 2) whether their child had reported any prejudicial or hurtful comments in relation to their adoptive status and 3) how they (the parents) had dealt with any such comments.

Parents' Reports of Noticed Racism or Prejudice towards Child

Just under one quarter (24%) of parents reported that they had experienced some racist or prejudicial comments. 50% of families with children adopted from Romania noticed racism. For China the figure was 38% of parents, and for Russia it was 16%. The figures were low for other Eastern European countries but were high for one country in South America. Many of the comments were reported as being very hurtful, and a few betrayed not just prejudice against racial minorities but a level of aggression towards the children's adoptive status:

(They say) she has dirty brown skin, skin the colour of mud and she says 'People don't like me because I am brown'. The thing of children not seeing colour is a myth. (Parents of girl, 9y, O)

The older generation is intolerant, we often hear comments but not directed at her. Heard people say about other adopted kids; they're only adopted, they're not really yours. (Parents of girl, 14y, EE)

At primary school she started behaving oddly. She kept washing her face. Children wouldn't play with her because she was 'dirty'. She once got a message on her mobile saying 'You little Romanian bitch'. (Parents of girl, 16y, EE)

The higher proportion of Romanian children who experienced racist or prejudicial comments may be because more of them are older, but may also be influenced by a particular prejudice against Romanians in Ireland:

People talk about Romanians in particular in a prejudicial way. People say 'I would not rent to Romanians.' It was better 10 years ago. An awful lot of strangers would stop you and remark on her colour and say where did you get her? (Parent of girl, 6y, EE)

Apparently innocent comments and approaches can also be a problem when repeated again and again:

They are perceived as being different and people are fascinated by that but you need more preparation for dealing with it in front of the child. (Parents of boy, 7y, EE).

It's more curiosity than prejudice, lots of questions but not over inquisitive and a fascination with the costs and how much we paid. (Parents of boy, 4y, EE)

Twenty two percent (22%) of the parents said that their children had reported prejudiced comments about adoption to them. Again Romanian children were over represented in this group with 38% reporting comments.

Once or twice there has been a comment; 'She is not your real mum'. (Mother of girl, 16y, EE)

'EE alien, your parents didn't want you, go back to where you came from, you're not Irish, that kind of stuff.' (Mother of girl, 16y, EE)

At school she was asked 'Where are your (A) mummy and daddy?' That upset her a bit, she was very deep and thoughtful for a month after that. (Parent of girl, 6y, A)

The problem may be greater than parents appreciate, as some parents commented that their child had never mentioned anything but they had never asked them.

Parents also referred to instances where there were difficulties in how the subject of adoption was treated within a school context. They described how teachers do not seem to know whether to celebrate the adopted child's country of birth in the way they celebrate the countries of the other children in the class who have come to live in Ireland.

Parents used a number of different means of dealing with the comments their children reported to them. These varied from ignoring it, to explanation and reassurance, to going to the school or talking to the parents of other children. These were all found to be difficult in their own ways and had differing degrees of success:

I ignored it at the time but kicked myself later for doing so. I won't ignore it again. (Parent of girl, 17y, EE)

I chatted to (child) and to her teacher and her teacher was very upset. (Parent of girl, 5y, A)

We went to the teacher who defended the other child and said that (child) was too sensitive. The child's mother was told but she wouldn't speak about it. (Parent of boy, 8y, SA)

Some fathers were angry when they were informed of the kinds of comments made to their children:

I wanted to go and strangle the two fellas; that was my first reaction. (Parent of girl, 12y, SA)

Overall, many parents noted that when reacting to comments they were often faced with a dilemma about how to react. They described how they had to be careful to be able to see the difference between innocent comments made by children, for example, versus what might be racist or prejudicial comment about adoption. The importance of ensuring that adopted children are taught to be proud of who they are was stressed repeatedly.

A number of parents referred to the changing nature of Irish society and they were hopeful that the growing numbers of immigrants from many different parts of the world would make it easier for their children in the future, although not all see this as an inevitable trend:

There are 22 nationalities in her school and this is immensely helpful, 4 are from (EE). (Parent of girl, 11y, EE)

With the amount of foreign nationals we worry that he will come up against racial problems. (Parent of boy, 17y, EE)

It is noteworthy that a majority of parents (approximately 66%) had not experienced any racist or prejudiced comments and many commented that the reverse had been the case with the children being warmly welcomed and accepted. This may be because the children were still predominantly young and have not entered the more turbulent worlds of adolescence and secondary school.

Parents' Experience of Post Placement Reports

Post placement reports had been completed on 79% the children in the study, therefore there were no reports completed for 21% of the children.

For some of the children their adoptions took place before post placement reports were requested by the countries of birth, and in other cases the parents had adopted from a country where there is no requirement for post placement reports. For most countries, parents now sign an agreement with the Health Service Executive or Adoption Agency that they will agree to have post placement reports completed²⁴. Having these reports completed requires a time commitment both from parents and children, as a meeting must take place with the social worker. It was of interest therefore to know exactly what parents thought was the purpose of the post placement reports, and whether within the completion of the reports there were any issues or problems which they thought needed to be addressed.

Most commonly parents believed that post placement reports had a positive purpose. A small number believed that they were only done for bureaucratic reasons and that no one ever read them. Parents' comments on the purpose of the reports fell under the following headings:

- To satisfy the adopting requirements in the countries of birth and to satisfy the authorities in these countries that the child was progressing well;

24 It should be noted however, that there is actually no legal requirement either to compel parents to co-operate with the Health Service Executive or Adoption Agency for the completion of post placement reports, nor is there a statutory or legal requirement of the Agencies to undertake the completion and submission of such reports.

- To afford the Health Service Executive the opportunity to keep a watchful eye on the child and how the adoption was progressing;
- To ensure that information be on file for the birth family if they were to seek it;
- An exercise in bureaucracy that had no useful purpose and which was unfair on children.

Sixty one percent (61%) of the parents who had been involved in completing post placement reports believed the purpose of the post placement reports was to satisfy the adoption requirements of the countries of birth of their children. They believed that the authorities in countries of birth wanted to know how the children were progressing and that the authorities in these countries wanted to 'keep an eye on the children'. Parents also reported that the post placement reports were very important, as some countries had threatened to stop intercountry adoptions to Ireland unless they received the reports.

To let the orphanage know how he is doing. To give the Russians an idea of this, as Russians are sensitive about children. (Parents of boy, 3y, EE)

To inform the Chinese authorities about the progress of the child, that they are getting on ok. For the sake of the children there should be a bit more done and a bit more made of them. (Parents of girl, 3y, A)

Twenty nine percent (29%) of parents believed that the post placement reports were undertaken by the Health Service Executive or the Adoption Agencies as a way of ensuring, for their own purposes, that the adopted children were being well cared for, and that the adoptive parents were managing well. These parents were happy to co-operate and said that they themselves got some reassurance that they were coping well as a result of the interaction with the social worker:

For the protection of the child, to hear how the child is getting on, to see if there are any problems for child or parents and how they can be helped. Complying with the statutory requirements. (Parents of girl, 4y, EE)

They are good, even from the point of view that if a child was not being cared for in the way they should be or if they were not getting on well, that there is somebody that is responsible and that could intervene at the time. Its reassuring. (Parents of girl, 6y, A)

A small number (just 2%) of parents expressed approval that the reports are completed as they saw them as a means of informing the birth family that their child had been adopted and that the child was living in a safe and loving environment in Ireland. Some parents worried however, that birth families may not have access to the information from the reports, but they still believed it was important that they be completed:

It is to let the birth mother know that she made the right choice. That we are giving our daughter opportunities that her birth mother could not. (Parents of girl, 3y, A)

I hope the authorities in our child's country of birth will keep them for the birth mothers. (Parents of girl, 2y, EE)

Finally, 13% of parents had a negative opinion about the completion of post placement reports. Principally they believed that they were a form filling exercise for bureaucratic purposes and that it was most likely no one ever read them. One family who had adopted from Vietnam since the signing of the new agreement believed that it is unfair on children that reports will be carried out for 18 years. A further issue for families who had adopted from a country where there was no statutory agreement about the completion of reports was that although *they* had made a promise to provide reports to the county, and had negotiated with the Health Service Executive that they would complete them, the HSE in some areas was now refusing to honour this commitment.

It was of interest to discover whether parents believed if, during the completion of the post placement reports, they felt they could ask for assistance from the social work service. One hundred and forty (140) parents offered comments on this question, and 71% of these said they would be happy to ask the social worker for assistance. 17% of families said they had in fact asked for and received assistance from the social worker. This assistance took the form of advice in relation to behaviours or traumas, recommendations in relation to reading materials about adoption, and referrals to other services. A number of families also said the social worker called to see them upon their return and this was very much appreciated. Although high numbers of parents said they would be willing to ask the social work service for help, many of them also pointed out that social workers were often young, inexperienced and would not actually be in a position to offer assistance.

*Yes, the social worker was a great help, we needed a lot of support for a year and we got it.
(Parents of girl, 5y, EE)*

The social worker we had was lovely, but she was young and I don't know if in asking her I would have felt she was competent to answer. She had only just moved into the area of adoption, and you would like to talk to someone who had experience. (Parents of girl, 4y, EE)

For those parents who reported that they would not ask a social worker for help the principal reason for not doing so was that the relationship during assessment had not been one which led them to having confidence in the service. A number of parents also said that they did not see the social workers having this role, the adoption was complete and they would now go elsewhere for services.

Parents were asked whether they thought asking for help might reflect negatively on their parenting. Seventy one percent (71%) of the parents who responded to this question (n=130) said they would have no fears in contacting a social worker and that it would not reflect negatively on them if they did. Parents referred to the fact that the child comes first and that it had been made clear to them during assessment that it was important to ask for help if they needed it. A number of parents however stated that while they would be willing to contact the social worker who had worked with them, they knew this not to be the case for all adoptive parents if they had not had a good experience of assessment or during post placement. In a number of instances throughout the study, parents who reported having had a good relationship with their social worker and a positive experience of assessment, often referred to the fact that they knew many others who were not in the same position, and who therefore would never be willing to contact a social worker for assistance.

When parents reported that they would or might feel threatened if they requested assistance, a couple of possible different reasons for feeling this way were offered: 1) if parents wanted to adopt again, any assistance they sought would be held against them in the second assessment and therefore it was better not to rock the boat and 2) a fear that the child would be taken from them because they required assistance.

One couple, where the mother and father had different opinions on this topic summed up the variety of views expressed:

Mother: Yes, but it depends on the social worker, because if you want to go down the route of second adoption it will be used against you.

Father: No, if anything comes out of your research, it's that people understand it is ok to go for help. (Parents of girl, 10y, EE)

A small number of couples referred to the fact that they would look for help from the social work departments if such help existed, but their information was that there was no service on offer, or that social workers did not have the kind of information and expertise that they as adoptive parents, needed.

Support Groups

The support/stakeholder groups were mentioned by many parents at different stages in the research interview as having been of assistance to them at different stages of the process. It was of interest therefore to know how many parents were members of a support group and whether services they received from them were useful. Of the 178 parents who responded to this question, 71% were members of a support group and 29% were not.

As outlined earlier in this report, when recalling the initial stages of their adoption journey, parents reported that the most helpful and supportive people had been other adoptive parents. Now that adoptions were complete, families formed and children settled, 52% of adoptive parents again reported that their best support system continues to come through other adoptive parents. These parents, like themselves are often members of support groups, which vary in membership and focus. Some of the groups are country specific, others have been formed regionally and are made up of parents who have adopted from many different countries, and others such as the International Adoption Association draw a membership from all over Ireland.

Parents reported that these different support groups were an invaluable resource because they were a neutral place to get help, where you could feel comfortable asking questions. They also said that knowing others in the same position took away feelings of isolation, and importantly that it gave parents a chance to give something to couples who were now considering adoption:

Meet other parents in the same situation and chat to them, compare experiences, 'Did you see this behaviour and how did you deal with it?' (Parent of girl, 6y, EE)

It's good to have the sense of security that there are others in the same position, you are not alone. It is important to give something back, advise others. (Parent of boy, 6y, EE)

Parents also believed that those who had older adopted children than themselves would be of assistance with some of the issues that will arise when children are older. They suggested that perhaps they could be a mutually supportive group if they wanted to return to the country of birth of their child together:

Able to talk about the issues that are coming up in the future as the children go from toddler to middle children. (Parent of girl, 7y, EE)

The group is made up of people who have adopted from the same country as ourselves. They met twice a year. They might all travel back together to the country of birth of our children. (Parent of girl, 5y, EE)

The social side of the meetings and parties was appreciated by many as it gave them opportunities to forge friendships with others who are also parenting adopted children.

Parents specifically mentioned different kinds of services offered by the support groups, particularly the Newsletters, which they described as being full of 'useful up to date information on adoption'. They also appreciated language classes which groups had organised for children and adults, and having been put in contact with chat rooms where adoptive parents could exchange information on an international scale:

It's great for the parents to get together and we're in the Yahoo group for Orphanages and that's world wide, they have 9,000 members. (Parent of girl, 3y, A)

The second most useful aspect of support groups mentioned by parents, which of course is allied to the first, was the opportunity for internationally adopted children to meet each other and to have opportunities to form friendships and know other children who are in the same position as themselves.

Parental Views on being a Parent of an Internationally Adopted Child

Mothers' and fathers' opinions were sought on what exactly it is like to be a parent of an internationally adopted child in Ireland today. We were interested to discover if there were any features or issues which stand out for them or their children. Ninety five percent (95%) of the parents responded to this question and over 99% of them were extremely positive and proud of having had, what they described as the privilege of becoming adoptive parents. Just four parents spoke about having feelings of isolation and also about potential difficulties in the future.

When parents were positive and enthusiastic they spoke about the excitement, the challenges, the successes, and the commitments which intercountry adoptive parenting has brought for them. These parents went on to outline in detail a number of features or issues which, because the family was formed through intercountry adoption, were particular to themselves and their children. The most frequently mentioned features may be classified under a number of headings:

- Intercountry adoptive parenting is exactly the same as any other parenting;
- Intercountry adoptive parenting was the same as any other parenting but with extra tasks;
- Families who are formed through adoption often experience different kinds of notoriety which can bring challenges;
- Racism or fear of potential racism;
- The manner in which intercountry adoption is portrayed in the media is problematic.

When reporting on their own experience, parents often referred to more than one of the above factors. Fifteen percent (15%) of parents specifically referred to the fact that as far as they were concerned there were no differences between parenting an adopted child from abroad and a child that might have been born to them. Some of these parents had already had, or went on to have, children by birth and so had a direct comparison. Others, as the reciprocal bonds grew between themselves and their children, stated that they began to forget about the status of adoption. Parents referred to the fact that they were aware of differences but believed that it was important not to draw too much attention to the fact of adoption:

You have to treat them as normal children and forget that they are adopted. They are your children. Yet you are aware, maybe you are under pressure from outside people to do a good job. (Parent of boy, 9y, SA)

We don't know any different, they are our kids and that's it. We don't think of them as adopted. We hear them talking in the Irish accents and it is great. If you make an issue of it, it is an issue. (Parent of girl, 10y EE)

We don't know any differently, we didn't have birth kids so we don't know what that is like. We hope that they will appreciate it in years to come. (Parent of girl, 7y, EE)

Parents who identified and anticipated extra tasks in relation to adoption in the future referred to such issues as: incorporating the culture of the child's country of birth into their lives, acknowledging physical difference and ensuring that schools and people with whom the child will have to integrate are aware of adoption issues which may be pertinent at different stages of the child's life:

It's cool, it is parenting with an extra dimension, we have an obligation to stay in touch with (EE) and that is positive, we are enjoying that bit. (Parent of boy, 4y, EE)

It's like being a parent of any other, with all the additional pluses of adoptive parenting. (Parent of girl, 11y, SA)

Fine, in the early days it took longer to get around the supermarket with people stopping and admiring her, but now people are more used to kids from elsewhere. All that I think is positive. (Parent of girl, 6y, A)

It's very positive so far. People are naturally curious, friends know where he is from. (Parent of boy, 8y, EE)

A number of families (15%) spoke about the fact that being a parent of a child from another country was special and a privilege, but that sometimes, because of the attention which often came your way, it could be daunting. They understood that this attention was well intentioned but stated that sometimes they felt very exposed. Some parents also wondered what it was like for the children always being the centre of attention particularly because they were adopted. They questioned what it might bring for the future when the children are older and realise what is happening.

It hasn't been a problem, you get lots of attention and you feel like you are in a gold fish bowl because it is an inter-racial adoption, it is not the same for same race kids. Being in a gold fish bowl can make you a bit self conscious, people look at you, we have two so there is some safety in that. (Parent of girl, 3y, SA)

It is relatively new in this country. We don't like to make an issue of it. People ask you personal questions, like about his birth mother. They say - God love them aren't they great. We don't want him categorised. (Parents of boy, 5y, EE)

A small number of families mentioned issues of race or racism which they had either experienced or were worried about for the future, though on the other hand, many families said that they believe Ireland is now a multi-cultural society where issues of racism are no longer of concern. Families who had fears had adopted from many different countries, and included families who had adopted a child who had the same racial characteristics as themselves:

You get more abuse in Ireland than elsewhere, there are many racists in Ireland and we are afraid of that. (Parent of girl, 4y, EE)

It's a concern for me. I think the Irish are quite racist, we're being tested now and we are not showing a very nice side to ourselves. It's a concern regarding the school that I will send her to, the racist comments are a worry. (Parent of girl, 3y, A)

Of great concern to a number of parents (nearly 25%) was the manner in which intercountry adoption is portrayed in the media in Ireland today. They referred to the fact that the majority of the coverage in newspapers and on television and radio was predominantly negative. They described this as being disheartening for themselves, but more importantly stated that it affected their children's morale and self esteem in a negative way. During the period of this study, for example, there was intense media coverage of different aspects of intercountry adoption, which parents referred to as being negative and extremely upsetting:

It is great until there is something negative on the radio or in the media, then I get upset. You always have to be ready with your comments to other people's questions because you have a 6 year old listening. (Parent of girl, 6y, A)

What worries me is the bad press and how that will affect the children. The media jump on the difficulties and that's tough for the kids. There doesn't seem to be adequate response from an agency or adoptive parents about what is really happening. (Parent of boy, 3y, EE)

When reflecting on their experience of being adoptive parents, just three parents reported that sometimes there were problems or issues which they found difficult. These parents did not seem to have sufficient support with parenting or in relation to some behaviours their child was displaying. They described feelings of isolation and were worried for the future:

We worry for his future. Will anyone want to walk into town with him? There is so much sadness in these years when he should be enjoying himself. (Parent of boy, 17y, EE)

A little isolated in your community, other people don't seem to understand the issues of behaviour that might be related to institutionalisation. It is so essential to have contact with others in the situation. (Parent of boy, 5y, EE)

Advice for those contemplating intercountry adoption

Mothers and fathers in this study had all been adoptive parents for periods between 18 months and 17 years. Given their own feelings about the success of their adoption experiences they were enthusiastic for others to have the same kind of happiness and reward. Ninety three percent (93%) of parents responded to this question and the recorded responses offered overwhelmingly positive and encouraging advice to any person contemplating intercountry adoption. All (100%) of the responses demonstrated that both mothers and fathers were extremely happy that they had adopted. They all spoke of the great pleasure and joy which had come to them through parenting their adopted child.

Having once been at the very beginning of the adoption journey, mothers and fathers in this study appreciated and remembered that the journey, from the 'contemplation stage' to the final stage of actually adopting and bringing their child home to Ireland, had most often been a very long and often very difficult process.

Parents advised that anyone contemplating intercountry adoption today should make their applications as soon as possible. Parents drew attention to the waiting lists which exist in the various Health Service Executive areas and also the waiting periods in countries where children are available for adoption. They advised that prospective applicants put their name on waiting lists and then reflect about whether adoption is the correct choice for them.

Do it as soon as possible, be aware you could be 4 years older by the time it happens. (Parents of girl, 2y, A)

Go early, don't think about it too long, put your name on the list and then think and go through proper facilitators recommended by friends. (Parents of girl, 3y, EE)

On an inter-personal level parents reflected that it was extremely important for those contemplating intercountry adoption to think carefully about the responsibility they were preparing to take on and drew attention to the need for couples to talk through their individual and joint wishes. They advised of such things as: the need for marriages to be secure and stable, the fact that both partners need to be committed to the process and the need for the adopter/s to have an open mind:

Your own marriage has to be 100%. If you have a dodgy relationship, don't do it. It doesn't work for a child to bring you together if your marriage is not good. (Parents of girl, 10y, EE)

Go for it, keep your mind open and don't bring your expectations and prejudices to it. (Parents of boy, 3y, EE)

It is well worth it, but you both have to be absolutely committed. (parents of girl, 6y, A)

Parents also drew attention to the fact that the child is at the centre of the process and that parents should be advised to be aware and thoughtful about what kind of child they will be able to manage. A number of parents suggested that for the sake of the child it was very important to become familiar with the country of birth of the child, as with your child comes their country of birth and their culture. Parents also noted that, for a child's sake, it is important that adoption is being undertaken for the right reasons:

Make sure you are getting a healthy baby, and inform yourselves through meeting other parents. (Parent of girl, 4y, EE)

It is important to visit the country of birth before you do it, you should make an effort to see the place of your children. You need to identify with the country. You have to be prepared to accept difference and it is not the same. (Parent of boy, 8y, O)

Make sure you are going into it for the right reasons. Going into it to rescue a child, or give a child a home is not enough, you have to want to be a parent. You have to hang in there. (Parent of girl, 3y, A)

Parents also advised prospective adopters to spend time preparing and gathering information:

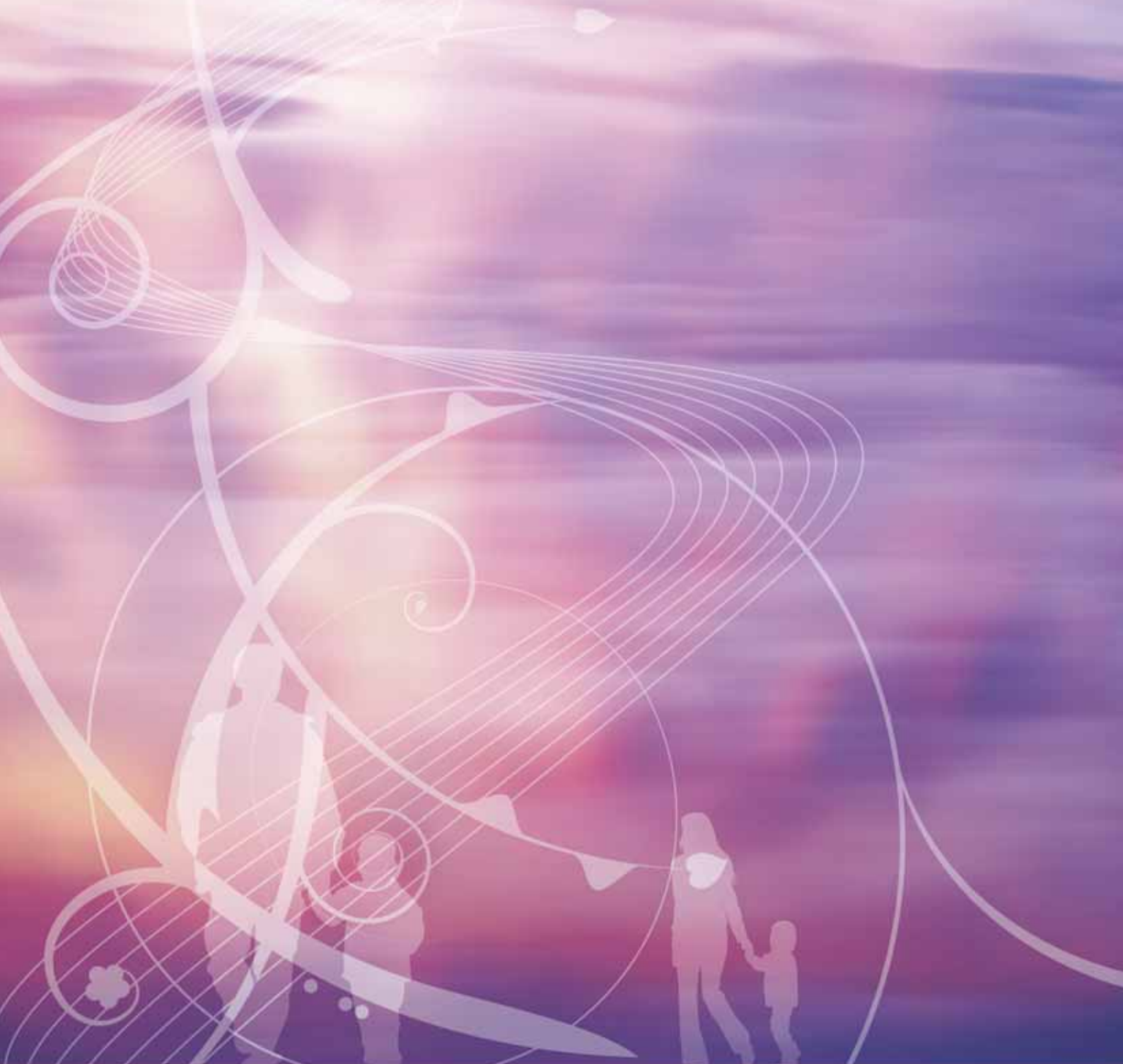
Speak to someone who has been there, this way you will get more information on the process than anywhere else. Adoption is a leap of faith. We were ill prepared. We knew nothing really. (Parent of boy, 6y, EE)

Get as much knowledge as you can, talk to people who have gone out before. There will be logistical things that are handy to know, like a change of diet. Be fore-warned and fore-armed. (Parent of boy, 8y, A)

Key Findings

- Almost all of the parents had talked to their children about their adoption and although most were enthusiastic approximately a quarter expressed some anxiety about doing so.
- Nearly 75% of the parents were worried about how they will share many of the specific details of their child's adoption story and birth family background.
- Approximately a quarter of the children did not ask questions about adoption, many because they were too young although teenagers were also over represented in this group.

- In over half the families adoption is talked about at least once a week. In 15% of the families parents reported that it is mentioned less than once month.
- In over three quarters of the families there have been some conversations about the child's birth parents. In the other families parents said the children were too young or unable to understand.
- "Poverty of birth mother" was the most common explanation given to children for their being placed for adoption.
- Just 8% of the families have any form of on-going contact with their child's birth family.
- Almost all families have incorporated elements of their child's country of birth into their family life. This varied from flags, maps and ornaments to a majority who have contact with other internationally adopted children through Support Groups.
- Just under a quarter of parents reported racist or prejudicial remarks about their adopted child which had been made to them.
- In addition, just under a quarter reported that their children had such comments made to them directly. Parents and children found these hurtful and difficult to deal with.
- Post-placements reports were completed routinely where this was a requirement of the country of birth (almost 80% of the children). Most parents viewed the report process positively and would ask the social worker for help if they needed it.
- Just over 70% of the parents were members of a support group for adoptive families. They particularly valued the support and companionship of other international adopters.
- Virtually all the parents were very positive about their overall experience of being international adopters in Ireland. The main reservations expressed were the hostile coverage which intercountry adoption receives in the media and the attention (usually friendly) their children attract in everyday life.
- The majority of parents were all happy that they had adopted and would encourage others contemplating adoption to do so, though they advised caution and preparation.



CHAPTER 8
CHILDREN'S, TEENAGERS' & YOUNG ADULTS' PERSPECTIVES ON ADOPTION

Chapter 8: Children's, Teenagers' & Young Adults' Perspectives on Adoption

This chapter presents the analysis of qualitative data resulting from semi-structured interviews conducted with the children, teenagers and young adults who participated in the study.

It was intended that all children in the study aged five to eighteen would be interviewed by one of the two researchers visiting their home. In fact three children were not interviewed due to their having intellectual difficulties. Thus the final number of interviews analysed for the children aged 5 to 12 was 89 (54 interviews with 5 to 7 year old group and 35 with 8 to 12 year old group). There were 17 interviews with teenagers (13 years to 18 years) and 19 with young adults (aged 19 to 25 years 11 months). Three lists of open-ended questions were devised; one for the children aged five to twelve years eleven months, one for the older children and one for the young adults.

The interview focused on adoption related issues and on the experience of growing up in Ireland as a person who had been adopted from outside Ireland. It should be noted that many of the questions did not deal directly with adoption. In the younger age groups (5 to 12 and teenagers) some questions were meant to break the ice and to put the child at ease. Some of these questions sought information on the children's attitudes to family and school. These may be analysed and presented at a later stage. In the case of young adults, the questions were more direct but there were areas that dealt with more general issues such as experience of growing up in their families.

For purposes of this report, the questions analysed were the questions which directly addressed the children's and young adults' adoptive status. Questions were adjusted and further prompts were used during the interview according to the child's level of understanding and responsiveness.

Some of the questions proved difficult for some of the younger children, though there was considerable variation in their level of understanding and willingness to talk with the researcher. Thus the responses from the younger children are less complete and were more difficult to interpret. In order to deal with this difference between the younger and the older children in this group, the responses of the 5 to 7 year old children will be analysed and presented separately to 8 to 12 year old children. This division corresponds to the division employed in relation to the measures utilized in the study as set out in Chapter 4.

For the five to seven year olds, in many instances, it was not easy to quantify responses since so many answers were missing or equivocal. The same questions were addressed to the children in the age category 8 to 12. They tended to give clearer responses, but the same factors were in operation. This made interpretation of responses challenging. For example, at times children did not answer the question at all. It is hard to know whether this is because they did not understand the question, chose not to answer it or found the answer too difficult to articulate.

As was the case with the questions for children, many of the questions in the teen-aged interviews did not deal directly with adoption. Again, some were meant to put the young people at ease and help them to talk about their lives as openly as they desired. Again, only the questions relating to adoption issues were selected for analysis. Those relating to school, peer relations, general self-concept and general opinions held by the young people may be analysed and presented at a later stage.

All the teenagers selected for the study came from Romania. Therefore it is the only country referred to in the analysis of their quotes.

Young adults were interviewed with a semi-structured interview designed to map out important areas in the life of an internationally adopted person in transition from adolescence to adulthood. The interview focused on the experiences of growing up as an internationally adopted child and teenager from the perspective of an adult. It also focused on the current experiences of studying, working and leading an independent life with intercountry adoption as a backdrop. The interview schedule was detailed with questions concerning the young adults' current life situation, education, work, friendships and relationships.

Some of the questions in the narrative below were analysed only for the two younger groups or only for the older groups. Questions about family composition and which members of the family are adopted did not pose problems for teenagers and young adults.

The findings have been presented thematically, following the questions asked in the interview schedule.

Understanding of Adoption

The children were asked a number of questions exploring their family composition. The questions aimed to look at how the children perceived their families, their own place in the family and whether adoption played a role in their perceptions and understanding of family. After a few general questions about their family composition, the children were asked who else in the family was adopted, besides them.

- ***Besides you, is there anybody else in the family who is adopted?***

5 to 7 year olds

In the 5 to 7 year old group (n=54), the majority of the children were able to tell the researchers the names of other adopted children in their family. However a significant minority answered incorrectly, which may relate to their confusion about what exactly adoption means. As our previous question on who was in their family also produced some surprising answers, this imprecision may also relate to young children's elastic definition of 'family.' Families at times included goldfish, 'girlfriends' in New Zealand' as well as extended family members:

[So besides you is there anyone else in your family who is adopted?]

Just me and X (sibling) and my guinea pig. (Girl, 7, A)

Two children assumed that everyone was adopted:

[Besides you is there anyone else in the family who is adopted?]

Ehm, X (sister). Everyone is adopted

[Oh, everyone is adopted.]

Yeah.

[Is your brother adopted?]

Yeah

[And are your mammy and daddy adopted?]

Yeah. (Girl, 5, EE)

A few of the children showed some tentativeness in their use of the label:

[And besides you, is there anyone else in your family who is adopted?]

I'm not sure, but one time a nurse came to the house and she checked me first and then she came next time to check X (adopted sister) I mean X was checked first and me second.

[So who else is adopted? Is X adopted?]

Yes

[And is anyone else in your family adopted?]

I don't think so. (Girl, 5, A)

Most children, however, were clear about who was and who was not adopted.

8 to 12 year olds

In the 8 to 12 year old group (n=35), in relation to their descriptions of 'family', a small number of children included their birth parents and/or birth families in their answers:

[So can you tell me who is in your family?]

My two moms, my two dads, my (sibling) and if I have any brothers and sisters and like all my relations that don't live with me. (Girl, 11, SA)

Another child who had not met her birth family nonetheless talked of having 'four parents' and a large number of brothers and sisters, having added her siblings in Ireland to those in her birth family. With just a few exceptions, the children in the 8 to 12 year old group were very clear about who was and who was not adopted.

- ***Can you tell me, as you understand it, what being adopted means?***

This question was analysed for all age groups.

5 to 7 year olds

Children in the 5 to 7 year old group (n=54) were sometimes able to correctly identify who was and who was not adopted in the family but did not know what 'adopted' or 'being adopted' meant. On the meaning of the word adoption, there was a considerable variety of answers, some indicating a profound misunderstanding and some a very good level of understanding:

A small number of children claimed not to have heard of the word

[Did you ever hear the word adopted?]

No

[No?]

Yeah

[You did?]

Yeah

[Do you know what it means?]

No. (Boy, 5, EE)

Some were uncertain:

[Do you know the word adopted?]

No

[Do you know anybody who is adopted?]

Yeah, me (Girl, 5, A)

Some seemed confused about the word "adopted" as well as its meaning:

[Can you tell me what being adopted means?]

Dopted?

[Adopted. Do you know what that word means?]

That you're a baby.

[Mmmm]

Are you adopted?

[No, that's why I'd like to find out about it.]

About what?

[About being adopted. And were you adopted?]

Yes, from EE. (Boy, 5, EE)

Some felt that they understood the concept while in fact they did not:

[Do you know what the word adopted means?]

Yep

[What does it mean?]

I was born in Island.

[You were born where?]

In Island (Girl, 5, EE)

Some had apparently vague ideas about adoption:

[So do you know what being adopted means?]

Yeah

[What does it mean?]

I think... (Pause)

[You think...]

I think it's lovely

[You think it's lovely. Why is it lovely to be adopted?]

Cause when you're a baby... It's wonderful to be a baby. (Girl, 5, A)

Some were a little bit more specific but seemed not to have grasped the full meaning:

*[And do you know what being adopted means?]
When we went to adopt X. (sister)
[When you went to adopt X, and what do you think being adopted means?]
Mmmm, collected
[Collected?]
Yeah. (Boy, 5, A)
[Can you tell me what being adopted means?]
It means that people are going to get you.
[What people?]
My mummy and my daddy. And I'm precious.
[That's right, yeah] (Girl, 5, EE)*

Some children, even those as young as five had a good idea about what adoption meant such as this child who understood that she was born to one mother and raised by another:

*[Can you tell me what adopted means?]
It means I was born in somebody's tummy and my mum got me. (Girl, 5, EE)*

8 to 12 year olds

The children in the 8 to 12 year old group (n=35) tended to give a concrete account of the process rather than focusing on the legal or lasting status consequences of adoption:

*[Can you tell me then what being adopted means?]
Well it means when your mum and dad when you're over somewhere, where you're living, where you were born, they come over and stay with you for a few nights and then they bring you home to their house. (Boy, 8, EE)*

Some children also understood the implications of being adopted:

*Ehm, having second parents (Girl, 8, A)
Not born in the person who adopted you's tummy (Boy, 8, SA)*

And some knew that there were different reasons to adopt children:

Some people adopt children because they don't have any children themselves but they (parents) have children before me and they still adopt me. (Boy, 12, EE)

One child presented an interesting view of what "real" family was in relation to adoptive and birth families:

*Like when you're in a different family. You're there until your real family comes to get you.
(Girl, 10, EE)*

Most children assumed adoption must refer to intercountry adoption:

That you have been taken from another country (Boy, 9, EE)

A number of children appeared not to want to talk about what adoption meant to them:

[Can you tell me what being adopted means?]

(Laughs) I don't know.

[If somebody asked you to explain, what adopted means?]

(Silence) (Girl, 10, EE)

Ehm, I.....Pass! (Girl, 12, EE)

However in a few cases this is because the question was phrased in a way that the child did not understand:

Well, ehm. I don't get it

[Like if you were to explain it to someone who totally didn't understand or didn't know the word or maybe didn't understand English.]

Oh, what would I say to them? Well I'd say adoption is like when.....your mother, yeah, gave birth to you and then like she was so poor she didn't have enough food, you'd have to put them in an orphanage.....and a nice family would pick you up. (Girl, 10, EE)

Along with being asked to explain what adoption meant for them, the children in the 8 to 12 group were also asked to express their opinion about it.

With a very few exceptions, in the 8 to 12 years old group, the children reported feeling positive about being adopted:

It's nice to be adopted (Boy, 9, EE)

Most children did not want to make a big deal out of being adopted and did not see what difference it made:

Normal

[Normal?]

Yeah. (Boy, 11, SA)

A few children understood that if they had not been adopted their lives would have been very different:

I think it's great because, ehm, if I was in SA I'd probably be a, ehm, doing jobs like in the, people in Africa. But while I'm over here I get nice things that they don't. (Boy, 10, SA)

A small number of children expressed ambiguous feelings and one or two a very obvious unhappiness.

Teenagers

The teenagers (n=17) usually said that they never really thought about being adopted. However, they were still able to provide interesting definitions, and talk about the multiple meanings through which they understood adoption. Their understandings varied from being quite simple and self-explanatory to very complex.

Eight (47%) out of 17 teenagers said their understanding of adoption was a situation in which, due to harsh circumstances, the birth parents were unable to keep their child and therefore had to give them up for adoption, offering them a chance of a better life:

I see it's when your mother or your parents can't look after you properly, and they give you up for adoption because they want you to have a better life, or you know, they want better things for you than they can provide. Or else, if they're really sick, so they have to give you up because of that. (Girl, 16)

That my real parents couldn't afford to look after me, and they thought it would be better, different, in a different family. (Girl, 16)

The teenagers also felt that placing a child for adoption was often a difficult decision for the birth parents:

Being adopted means, when your parents can't afford to have you any more, they do give you away reluctantly, and they make sure that you get, if you are adopted, the best care or whatever like, as in the people who want to adopt you, they have to make sure that they can provide for you or whatever, and make you happy and keep you, and get you the things that you need. (Boy, 17)

The teenagers suggested the role that politics and the economics in their country of birth played in placing children for adoption:

If the country is poor, if there was war, or under threat by some government or whatever like, they'd like the child to be brought up in another family, another person that could care about you, and that would respect you, who you are, and they'd have no problems with you, or anything like that, that's my view. (Boy, 16)

Because the country that I came from was a poor country. And my mam and dad out there couldn't cope, and they didn't have the money, so they had to put me up for adoption, and they didn't want to or something like that. (Girl, 15)

The teenagers also stressed that for them being adopted meant 'getting a chance' and 'having opportunities to receive education and to grow up in a safe, healthy and affluent environment':

I think it's a great idea because you give other people a chance. To be healthy, and get to kind of, know how to write and read and all. (Girl, 15)

I just think good like, it's a good thing for people to do, and just save loads of children who need being adopted and need a family, and it gives them another chance. (Girl, 16)

The teenagers were aware of the alternative lives they might have led otherwise, and often said that they felt lucky to have been adopted. They perceived adoption as a rescue, as they saw the alternative existence as one of poverty and lack of possibilities:

I just think like, it's such a nice thing to just to give another child that, maybe it could have such a horrible life, just such a good life. (Girl, 16)

I realise how lucky I was, and the house I have and all that, I've grown up in a nice place, so it's nice. (Girl, 15)

One teenager also said that adoption happens as a result of infertility issues for couples who want the opportunity to raise a family. She also believed that her parents wanted to offer assistance to a child:

And then parents that, maybe, aren't fertile or are looking to make a child's life better and happy (Girl, 16)

Four teenagers (23%) (n=17) said that being adopted meant being moved from the country of birth which was poor, and so away from the birth family, to a different country and a new family:

It means that someone else gave birth to you, but other people are your parents (Girl, 16)

Just taken by another family. That's all I really know. (Girl, 16)

Four teenagers (23%) (n=17) also remarked that when a child is adopted he or she gets a whole new life including a new family, language, culture, and nationality.

It means being brought into a different family, and being brought up by a different family, and having new brothers and sisters and stuff (Girl, 17)

Being adopted, to me, is like getting put into a new lifestyle, new family, new culture, language sometimes. It's interesting that you're not always, just like in your own part of the world, you're not like responding to different people from your world (Boy, 14)

One girl did not have any definition:

I don't think... It doesn't mean anything really. (Girl, 16)

Six teenagers (35%) (n=17) said that since they did not spend a lot of time pondering about being adopted, they also did not have very strong feelings about it:

Like adoption is... I don't really think about it to be honest. (Girl, 16)

*I don't mind at all. I am grand. Sure you wouldn't have known like, so I don't really mind.
(Girl, 16)*

The teenagers were also asked to comment on the frequency at which they thought about being adopted. Eight teenagers (47%) (n=17) said that they never or rarely thought about being adopted and eight teenagers (47%) said that they sometimes thought about being adopted. In this group, two teenagers said that they thought about adoption in the context of what their lives could have been had they not been adopted:

*Things that a person from their own nationality wouldn't think of, because they're there, they were born there, that's the end of the story. For me, I was born in Romania, I was adopted from here, and there's always the bit - what happens if I was adopted from somewhere else?
[That kind of prevents you from ending the story?]
Yeah. (Boy, 14)*

I say a prayer and stuff as maybe, I just like thank God for being adopted because I'm very happy like with my life here like, you know sometimes I think about it like: "Wow, one in a billion like, and I'm here, now and I could be living in God knows where", so you know. In that sense that's how I think about it a lot. (Girl, 16)

One teenager said that she thought about it all the time. She felt that her adoptive family did not consider her feelings about adoption sufficiently and that she would like to discuss it with them more often and more in depth:

*I'd like to share it more, with my family especially
[And do you feel you can't, or?]
Yeah
[And why is it like that?]
Because there's like, we come to the point where we know all we know, you know? And we've said all we have to say and we'd like more information about talking about adoption.
(Girl, 15)*

Young Adults

Nine young adults (47%) (n=19) saw adoption as a way of helping out less fortunate birth parents and abandoned or orphaned children.

They felt that birth parents who could not support their children due to illness or poverty chose adoption as a way of securing a safe and healthy life for their children. The young adults saw adoption as a chance to become healthy, educated and to lead a "normal" life by Western standards.

I understand it to be helping out someone or a family. You're helping out the mother because she mightn't be able to cope. She might have lots of other children and mightn't

be able to buy food for herself. So you're helping her out. I know you're taking her child off her but if it'll give them a better life, you're helping them. I always thought it was that, helping other people. (Young man, 19, SA)

Two young adults (10%) (n=19) saw adoption as a way of forming a family by childless couples. This understanding was also coupled with the idea of helping children in need.

In my opinion it means just people who can't have children, maybe they want to go and just start a family for themselves, maybe they aren't in the position to do it, so they can just adopt. I think helping another child who doesn't have any other opportunity or any other chance. (Young woman, 22, O)

Basically the orphanages are open to anyone that would be willing to adopt a child there. And parents would come over and they look, they choose one that they feel is nice and, and you know, then the paperwork goes through and, to ensure that their funding is adequate enough, for him or for her until they reach eighteen. (Young man, 19, EE)

The young adults had a strong conviction that being adopted meant having been given a chance and opportunities in life. They seemed relieved that they managed to escape the fate of children who had not been adopted and stayed back in their countries of birth, which they often imagined, involved poverty, sickness, and danger.

I think adoption is brilliant because you're helping that child to get out of a life they don't deserve. Like, every child in the world deserves a good life, a home, a roof over their head. But, from my point of view, I think adoption is brilliant, I think it's great because you're helping people. (Young woman, 19, EE)

You are giving somebody a chance who wouldn't have otherwise. (Young man, 20, EE)

It's like living the poverty, dying and being reborn to a whole different environment, a better life. (Young woman, 23, SA)

They felt grateful and lucky to have been adopted and realised that their adoptions often came about by a stroke of luck or coincidence.

I feel kind of grateful because I know that my circumstances would have been very difficult if I haven't been adopted. I probably would have been like one of those kids in (country) you see on the streets or something like that. (Young woman, 22, O)

Privileged, I got a degree under my belt and I will always have kind of a job so I will never go hungry. (Young man, 25, SA)

Five young adults (26%) (n=19) did not provide definitions or explanations of being adopted. They saw adoption in a straightforward manner as a process of being moved from one country and family to another and raised by the new family as their own child:

Being flown over from (country of birth) at seven months and, just, I was adopted you know, given to a new family basically. And then looked after. (Young woman, 25, O)

Adopting in my opinion is when someone, well, not necessarily from a foreign country, someone from a foreign family, at a young age is being taken into another family and being raised as theirs. That to me is what adoption means. (Young man, 20, EE)

I suppose to me adoption is that you agree to, you become the legal guardian or whatever you call that, and it's just, you agree to take this child and bring it up as your own. (Young man, 23, O)

A small number of the young adults did not provide any meaning at all.

*[Being adopted means?]
Just being adopted. (Young woman, 19, EE)*

One young adult saw adoption as a responsibility of the adoptive parents towards and a commitment to care for the adopted child.

*[What is your understanding of adoption?]
I suppose, making a lifetime commitment. Really, to look after that child, well obviously till you're eighteen, whatever age
[Ok, so a lifetime commitment then, to the child?]
Yea (Young man, 19, SA)*

The teenagers and the young adults were also asked to reflect on the changes in their understanding of adoption, (if there had been any changes over their lifetime.) The young adults were asked to provide a more detailed account including their understanding of adoption in childhood and in adolescence and whether there has been a change in their views.

Teenagers

Seven teenagers (41%) (n=17) said that they have always had the same understanding of being adopted. On the other hand, ten teenagers (59%) (n=17) talked about a change in their understanding. This change was mostly due to thinking more about being adopted, imagining the alternative life had they not been adopted, and wondering about their birth parents and the changes in self-perception:

*[As you've gotten older has your understanding of adoption changed?]
Yeah.
[Can you tell me anything about that?]
I'd like to go back and see my birth parents. (Boy, 16)*

The teenagers said that their understanding of adoption deepened as they gained more knowledge about their circumstances and about their birth families.

Basically, like, yeah it hasn't really changed that much, I have a little, a better understanding of it, a little bit but I've had the same thought about the whole thing. (Girl, 15)

And as I got older I obviously wanted more information so I was given it. You obviously can't tell a four year old, so yeah, gaining information really. (Girl, 16)

One teenager spoke about having been ashamed of his status when he was younger. As a child, he was convinced that he had been given away, which made him feel self-conscious and embarrassed. He said this ended when he decided to accept adoption as part of his life.

Was ashamed of it but now I'm proud of it.

[What changed?]

I just got used to the fact that I was adopted. And I just think I was ready to accept it then.

[What would you have thought then (when you were ashamed)?]

That my birth mother was giving me away. (Boy, 16)

Another teenager spoke about feeling bad about being adopted as a child due to his darker skin and different looks:

But I went through a phase then, when I didn't want to be adopted because I didn't like my tan, I didn't like anything like that, I didn't like where I was from or whatever. But I kind of, I'm used to it now, I have no problems at all. (Boy, 17)

Young Adults

The young adults were asked to talk about their understanding of adoption in childhood and adolescence. In most cases, the core understanding of adoption they had had seemed to remain unchanged throughout their life, but it gained sophistication as the young adults matured and acquired more information about their backgrounds. When asked about the changes in their understanding of adoption, eight young adults said there has not been a change in the way they understood it. The young adults generally said that they were not preoccupied with being adopted but wanted to get on with their lives. Therefore, the lack of change may have been due to little time spent on thinking about adoption:

[Has your understanding of what adoption means changed over the years?]

(Long pause) Not really, no. It's kind of straight forward in my head as to what happens.

(Young woman, 25, O)

No, it hasn't changed really, you know. I have accepted I was adopted and this is where I am, and this is who I am, and this is my family, you know. And that is perfect for me. (Young woman, 25, A)

Four young adults (21%) (n=19) said that their understanding of adoption has changed over the years. The young adults said that they did not understand adoption as children and they never thought about it. As they grew up, they began to understand the implications of being adopted. They began to construct definitions or explanations based on how their parents explained adoption, and on what they knew and how they felt about their personal histories.

I wasn't really that aware that I was adopted when I was younger, because it hadn't kicked in to me. But obviously when I'm older now, I kind of realise that I have been adopted, but I wasn't too aware of it, when I was younger, so, I really wasn't paying any heed to it much at all.

[And when it kicked in?]

Ahm, then kind of, you know, it made me think really that I am lucky kind of in a way, that there is people over there that is worse off than me, and I came over here to a nice family, and a nice home and everything, and being brought up, you know, very good like, reared very good like you know, so, I was pretty happy like you know. (Young man, 19, EE)

The older you get, the more informed you get, and how things goes on. And then you understand that it's expensive and there's a whole load of legal stuff that has to be considered, and like, so it wouldn't be just like, I suppose it has changed yeah. (Young man, 23, O)

The young adults stressed the importance of explaining adoption to children as young as possible in an age appropriate manner. They also underlined that honesty about the children's backgrounds and circumstances played a key role when explaining to them what being adopted meant.

Obviously my parents would have told me, at a proper age, you know, an old enough age, that I would understand, because saying it too young now, would be kind of confusing for a child. But basically, probably one way or another they'd have to be probably told, in the future, some time, that they would have to say that "you are adopted", because you would be kind of then, find out probably from somebody else, someone in the family. (Young man, 19, EE)

I always knew that growing up as a child; I always knew that I was adopted, so it wasn't a kind of a hidden thing. (Young woman, 25, O)

Two young adults said that their understanding of being adopted began with feeling different mostly because of looking different than other children and because of people's curiosity and comments.

I didn't know anything about it really. I just thought I was from a different country. I just don't think there was great information about it when I was growing up, because even kids my own age now would understand this. But when I was younger, like to be adopted it was as if like, oh my god, do you know big drama practically every day of your life because you're adopted. (Young woman, 19, EE)

How did I understand? They sat me down and they said: "You were adopted". When I was about 6 or 7 they would have said it because like, especially when you are out on the road playing with kids, and the kids realise you are not white, you might be a bit darker than they are, so they start asking questions and then you go home and start asking about it. That is when you are told really. (Young man, 20, EE)

Two young adults said that they understood what adoption meant relatively late in their lives. A young woman said that, as a child, she did not understand what had happened to her and why, and that she did not understand the transition from one place and situation to another.

*It kinda dawned on me like, "I'm not over there, I speak English", do you know what I mean like? "I am six years of age, I don't have a clue where I am, but hell now, I'll live it". (Laughs)
But like, you get used to it, really, you really get used to it like. (Young woman, 19, EE)*

A young man related his inability to understand that he was adopted to the fact the he was having difficulty with learning English. He did not understand what was being said to him and he could not communicate his feelings and thoughts.

*[And when you were smaller what did you think adoption was?]
I didn't know what it was.
[So, at what age do you think you started to realize what adoption meant and what had happened?]
I think, when I was around nine or ten, it was late enough. Because, when I arrived in Ireland at the age of four, I had not a word of English, so I had gone to an awful lot of speech therapy and an awful lot more English, extra English. So, I really wouldn't have known until I was around eight or nine when I kind of understand it, what happened. (Young man, 19, EE)*

The young adults generally did not think about being adopted in their teenage years. They said that they were too busy with school, sports, friends and life in general to spend time pondering adoption. Two young adults who said that they had given some thought to being adopted in adolescence, talked about wondering about what would happen if they had not been adopted or if they had been adopted by a different family; who they would have become and where would they be. They also said that thinking about possibly pessimistic alternatives made them feel lucky and privileged.

I was lucky because orphanages are quite big and to be kind of chosen, to kind of leave it, and have a better lifestyle and I felt privileged and so on (Young man, 25, SA)

Mixed emotions, because you always wonder about your family and what if and like a lot of what ifs - if I hadn't have been adopted or if I had been adopted by another family, or what if I had of stayed over there, or what if I had stayed with the family and not been given up for adoption... And loads of different questions go through your head. (Young man, 20, EE)

Adoption History

- **Do you know how you came to live with your parents when you were adopted?**

This question and related questions explored the nature of the children's 'adoption stories' and the extent to which they had been told or had remembered a story. The question was not asked with the intention to elicit the children's adoption stories and the children were explicitly asked not to tell them.

This section will be analysed for the 5 to 7 year olds and for the 8 to 12 year olds as the teenagers and young adults were familiar with their adoption stories and had a good grasp of the circumstances around their adoptions.

5 to 7 year olds

The children in the 5 to 7 year old group (n=54) usually knew their adoption story but their knowledge and understanding of details varied. A number of children explained that they were adopted because their birth parents were too poor to keep them:

[What do you know about your other mam?]

She had me and she didn't have any money. So I live here now. (Boy, 6, EE)

[You said something about your birth mother earlier. What do you know about her?]

I know one thing. She doesn't have enough, she doesn't have any money. She can't mind you. She can't take care of you. So she brings you to an orphanage and then someone else comes to pick you up. (Boy, 5, EE)

Some of them talked about having been chosen by their adoptive parents:

[Do you know how you came to live with your mum and dad when you were adopted?]

I was at a baby home and then my Mammy and Daddy chose me and then I got adopted and I had a new family. (Girl, 5, EE)

And a few children had a story in which the move from one country to another was a strong feature:

[How did you get to end up living here in Ireland?]

Well first my mammy and daddy get to the airport and catch airplane and off they go in some different countries, then catch up to my place and collect me. Then go back to Ireland and they see lots of celebrations or celebration banners on the wall or something

[Because people were welcoming you home.]

I went into my room. I saw lots of balloons there you see and I saw some streamers and my bed was made...I started to cry a little bit and then I settled down. Then I was having a great time the next day. (Girl, 6, A)

Some, but not all, children were asked how they felt about being adopted. Generally the answers were very positive:

[What do you think about being adopted?]

It's very good and I like being adopted

[Really, That's great. What do you like?]

'Cause it's nice and happy and safe. (Boy, 6, EE)

There were a small number of exceptions where the children expressed negative feelings about adoption:

[And were you adopted?]

No, I don't be adopted. I don't like adopted.

[Why not?]

Because I get scared of that

[What do you get scared of?]

Adopted. (Boy, 7, EE)

8 to 12 year olds

Quite a few of the children in the 8 to 12 year old group (n=35) had a long story to tell in relation to their adoption story. The stories were most often ones they had been told by their parents and were clearly frequently repeated. The children told happy stories about the child's arrival in their new home and usually had some kind of explanation of why they had been placed or placed for adoption.

I came out of (X's) tummy and she was my foster mother. And I had a foster father and my mammy came and ...she spotted me behind the corner because I was very shy. I didn't know them and I thought they were going to take me away. So Mammy said 'Who is that lovely little girl over there? And Mammy said 'can I have her?' and they said 'It would take a very long time to get her' and she said 'I don't care I want her.' (Girl, 10, EE)

Well I think because my mum wanted to adopt a baby from EE and then they sent a few photographs and then she chose me out of the photographs and then she came to see me. (Boy, 10, EE)

A minority of the children, who had been adopted when they were older/later in their childhoods, could rely on their own memories, but in most cases these memories were quite hazy and, apparently, fragmented. There were children who preferred not to talk about their story and their knowledge of the circumstances of their adoptions. It is possible that the children found it difficult to talk about it for various reasons, such as lack of understanding of what adoption was and what being adopted meant, inability to talk about their adoption story without revealing private/personal details, awareness that talking about adoption is a private family matter, and possibly difficult or painful experiences and memories. Some children simply did not understand the question. Many children seemed to conclude that if they had no direct memories of the events they had nothing to tell:

I don't know anything

[You don't know anything?]

I don't remember. (Boy, 10, SA)

Adoption in the Family

- **Do you think being adopted makes a difference in your family?**

5 to 7 year olds

In the 5 to 7 year old group (n=54) the response to this question was typically 'No'. A minority of this group did think it made a difference. One child pointed out what the implications would be if she was the only

adopted child in the family:

[So do you think that being adopted makes a difference in your family?]

Yeah, because if X (sibling) wasn't adopted I'd be the odd one out. (Girl, 7, A)

Another child understood that he was born somewhere else than his adoptive parents:

Ehm?

[Yes?]

Because I was born in a different place. My mum was born, she was born in (town in Ireland) and my dad was born in Ireland. And, ehm, we were all born in different places. (Boy, 7, EE)

8 to 12 year olds

Twenty-four (68%) out of 35 children in the 8 to 12 year old group answered this question. Most children in this group did not think that adoption made a difference in their family but a few felt differently such as being the only adopted child or the 'odd one out'. Twelve children (50%) of the 24 who answered said that adoption did not make a difference. These children did not, as a rule, elaborate on this answer but one girl said:

It doesn't make a difference. Just because I'm from, like, a different country and I came from like a different person I... ehm... It doesn't make a difference, it doesn't change my life, you know? Some people could be born in Russia and they could be, like, I don't know, Portuguese. It doesn't matter really. It's just a person. It doesn't matter what you're like on the outside, it's the inside what counts. (Girl, 10, EE)

Ten children (42%) in the group who answered the question said that adoption made a difference. The children's answers varied significantly. Three children (12%) talked about adoptive families being different because the children had two sets of parents. The children also indicated their understanding of this difference being the fact that they are being raised by a different mother than the one who had given birth to them:

[And do you think being adopted makes a difference in your family?]

Yes. I know that I've got a first mom and sometimes, I get a little bit upset but that's ok.

(Girl, 11, SA)

Because if you, if you, if they can't look after you it means that you're adopted. And if your Mum born you, you are not adopted. (Boy, 8, EE)

The responsibility.

[What do you mean by that?]

Well like they never had a child before and ehm it's kind of strange having me in the house, three people. You have to look after them. I was really wild when I came.

[And did you feel the responsibility or did your parents?]

My parents did. (Girl, 12, EE)

Two children who had memories of living in their countries of birth said that the difference was between their lives before and after they were adopted. Being adopted made a difference because it changed their lives.

It does because like I was in orphanage and I couldn't really do free stuff because... ehm, ehm... (silence)

What do you mean by free stuff?

I couldn't really go out and just play around. And you have to be there and (if) you don't be there you'll get in trouble. And there's some rough teachers there. There's food but it's not really good. And we didn't have our own families but now I have my own family and I have brothers and sisters, my mum, and dad. So, if I have any problem I can go up to them and they will sort it out. And it's like it's a big change because I have my own family and I can, like, if I have any problem I can talk to my family. When I was there, I can talk to the teacher and teacher has another thirty children talking to her so, it's really hard. I could trust them (the family) because in the other school I couldn't tr..., if I tell something, I just know, maybe she won't tell, maybe she'll keep the secret maybe for few weeks, but then she, I know she would tell. (Boy, 12, EE)

One child said that adoption made a difference as having an adopted sister meant that he was not alone:

I have another, there's someone the same as me in the family. (Boy, 12, EE)

Another child referred to the fact that adoption is a way of creating families.

[And do you think being adopted makes a difference in your family?]

Yeah

[How come?]

Because it used to be only my mom and my dad, now it's us two as well. (Boy, 8, EE)

One child talked about the permanence of adoption. Her parents also fostered children and she pointed out that while the fostered children kept moving between her family and their birth families, she enjoyed a permanent and stable life:

Well, yeah, because like you know, you'd see the three youngest, like, they go off to their birth family and things. And then like we'd be here with mum, my mum and dad, but we have fun and, ehm, I don't really mind, it's perfect. (Girl, 11, EE)

Teenagers

Eleven teenagers (65%) out of 17 answered this question. Two teenagers (18%) out of the 11 who answered, thought that adoption made a difference. The teenagers felt than an adoptive family was more diverse than a non-adoptive family. They also pointed out that family members were not similar to each other and not related by blood:

[And do you think being adopted makes a difference in your family?]

Yeah. We're not the same like (...) just not the same...

[Not the same as ...]

We don't look alike. (Boy, 16)

One teenager said that it made some difference but was not sure how to explain it.

Nine teenagers (81%) out of 11 who answered this question said that it did not make a difference. Most of the teenagers in this group did not give explanations. However, a few of the teenagers gave reasons for thinking that adoption did not make a difference. The teenagers underlined that everyone in their families was equal and there were no differences in the way children in the family were treated. They also emphasised their good relationship with their adoptive parents:

[And do you think that the fact that you're adopted makes a difference?]

No I don't think so at all. It doesn't make a difference because I feel, I feel and she feels that we're both equal. We're equal in this household, there's no "you can do more than me".

(Boy, 17)

Young Adults

Sixteen (84%) of the 19 young adults interviewed commented on this question. Six young adults (37%) of the 16 who answered the question felt that adoption did not make a difference. They said that adoption had always been present in their lives, that it was normal and that there was no need to make a big deal out of it either by their families or themselves.

[Do you think being adopted makes a difference growing up in your family, like the fact that you're adopted?]

Not really because, from the start, we've known we've been adopted so it's never really been a kind of secret, it's kind of out there really. (Young woman, 19, EE)

One young adult said that it did not matter since she always felt strong bonds with her adoptive family and never questioned what had happened in her life:

It didn't make a difference to me. As far as I was concerned my family was my family and I didn't know any difference whether I was growing up in (birth country) or, well, obviously it would be very different but I was always made feel that this was my family, this was my life.

(Young woman, 25, A)

Another young adult said that he had the same lifestyle as his friends. Therefore, adoption did not matter or make a difference:

Not really, no. I still had to do everything that all my friends had to do like, jobs and everything. It's the same thing. I have to go through the same process as everyone else so, not really, it didn't. (Young man, 25, SA)

Ten young adults (62%) out of 16 who answered this question said that adoption made a difference. They gave a variety of explanations. One young adult said that he felt this difference was expressed through his

parents being stricter with him when as he was growing up than the parents of his friends were with their children. He felt that his parents were concerned about his future and wanted to prevent any difficulties by establishing firm ground rules:

[Do you think being adopted made a difference, growing up in your family?]

Ah, not much of a difference I suppose, maybe a bit stricter, but

[Why do you think they were stricter?]

I suppose to make sure we grew up right. (Young man, 19, EE)

Two young adults said that adoption made a difference because they were not related by blood to their adoptive families. Another two young adults spoke in a similar tone and talked about being aware of the fact that they were born somewhere else than others around them. One of those young adults said that it mattered where she came from:

You have to snap back down to reality and realise I know I'm only from a different country

but it still makes you different to everyone else, do you know? (Young woman, 19, EE)

Three young adults talked about adoption making a difference as they got a chance at a new, better life instead of growing up in institutions.

Well I had a better life anyway, than I would have had. (Young woman, 19, EE)

When I was in the orphanage it wasn't, my parents were telling me, it wasn't that great

there. And you know, I wouldn't really have lasted long there really. And since they adopted me it got better in a way, you know. (Young woman, 19, EE)

One young adult said that adoption made a difference because it made him special:

I am from a totally different background than everyone else so yeah it makes you special I

suppose. (Young man, 19, EE)

Another young adult said that the fact that she was adopted made others around her aware that adoption existed:

I suppose it made other people aware, do you know what I mean, in a way, of adoption.

[That you were adopted? Or of adoption in general?]

Of adoption in general. (Young woman, 25, O)

A young woman who spent most of her childhood in her birth country said that adoption was the best thing that had ever happened to her as her life before adoption was one of poverty and hardship:

My mother always said that God had known that we needed to be brought out of where we were and I believe the same thing. (...) Adoption has given me the life that I was meant to have. (Young woman, 23, SA)

Talking about Adoption

- ***If you want to talk about adoption, who do you talk to?***
- ***Do you talk to your mum/dad/friends about being adopted?***
- ***How do you feel about talking about adoption?***

The information gathered from the questions on openness is grouped together because answers are related to each other.

5 to 7 year olds

Within the 5 to 7 year old group (n=54) it was noticeable that there was a reluctance to talk about adoption with what appeared to be anyone outside the family circle. It was unclear where this reluctance came from. Some children in the 5 to 7 year old group reported that they preferred not to talk about adoption at all, even with their parents. Other children appeared to enjoy chatting with their parents and hearing stories associated with their adoption or with the country in which they were born.

The idea of adoption as a private matter was a strong theme for a large number of children in the 5 to 7 year old group (n=54):

[Who do you talk to about being adopted then?]

I keep it a bit private

[You keep it a bit private. Then do you talk to your mam?]

Well, I don't really like talking about it. I like keeping it private. (Boy, 7, O)

[Do your friends know you are adopted and that you are from EE?]

No

[No, No. OK.]

It's a secret.

[And why is it a secret?]

Because I don't want to tell anyone. I just want to tell you. (Girl, 5, EE)

Some children distinguished between friends and family:

[Who else do you talk to about being adopted?]

Well, I suppose not my friends

[Not your friends. Why not?]

Because they're not my family (Boy, 6, EE)

Some children did not want to discuss it and did not want others to find out about it:

[Do you talk to your mum and dad about being adopted]

No, not really

[How about your dad?]

No.

[Do you talk to anybody?]

Mmm. Every time I go over to a friend, X (sister) always tells them I am adopted from O.

[I see and how do you feel about it?]

I don't really, I don't really mind but, mm, I keep saying 'Stop telling everybody.' (Girl, 6y, O)

The decision not to talk about adoption in case people reacted negatively was also expressed:

[Do you talk to your friends about being adopted?]

No, cause I never tell them.

[You didn't tell them.]

I never, well when you tell me, like I never, I would never ever tell them.

[Why not?]

Because they would...all laugh. (Boy, 5, EE)

Some children spoke about being happy to talk to their parents about adoption, though they said talking about adoption was an infrequent occurrence:

[And do you ever talk to your mum and dad about being adopted?]

Sometimes, not all the time

[And what kind of things do you ask them]

Ehm, when I was adopted and stuff.

[And how do you feel when you talk about adoption?]

Good (Boy, 6, EE)

A number of children were clear that talking about adoption made them feel uncomfortable:

[And how do you feel when you are talking about adoption?]

I think I feel a bit...nervous

[And why do you feel nervous?]

Because I'm not sure

[You're not?]

I'm not quite sure. (Girl, 5, A)

8 to 12 year olds

In the 8 to 12 year old group 34 (97%) out of 35 children answered the questions about openness and talking about adoption. All children seemed to be familiar with their adoption story. Within the research interviews, in just one instance the adoptive parents requested that researchers did not discuss the topic of adoption with the child. The questions of the child were therefore framed in relation to being from a different country. The child appeared happy to talk about the topic of his birth country and reported that the topic of birth country sometimes came up in conversations with friends.

Thirteen (38%) out of the 34 children in the 8 to 12 year old group who answered the questions said that they discussed being adopted with their adoptive parents. The children in this group mentioned the following as topics of such conversations:

- Origin
 - Birth family
-

- Pre-adoption circumstances
- Birth family circumstances
- Previous carers
- Children's homes
- Birth countries

In this group, three children said that they also discussed being adopted or their country of birth with friends or classmates.

[Is adoption ever talked about in your school?]

Not really, no

[And do you talk to your friends about being adopted]

Sometimes

[What do you talk about?]

They might just ask me a few questions and if I knew the answers I would tell them. Unless I didn't want to.

[And would they understand if you didn't want to?]

Yeah. (Girl, 11, SA)

The remaining children reported that they did not like to talk about adoption with other children:

[At school do you talk to any of your friends about EE or about being adopted?]

No

[Why not?]

Just don't really like talking about it. (Boy, 8, EE)

If someone in my class is blabbering out all about it, it would be getting quite annoying and it's really very annoying (sighs) blabbering out about it (Girl, 10, EE)

Six children (17%) of the 34 who answered the questions, felt that adoption was a topic discussed only with family members. One child's explanation as to why he considers being adopted a private, family matter was:

[So would you ever talk to your friends about adoption?]

I'd say not, 'cos it would be kind of silly kind of (...) private or something. You wouldn't really tell someone what you're, were you adopted. It looks kind of private or something.

(Boy, 9, EE)

Three children in this group said that they kept the fact that they were adopted and where they were born a secret at school or from friends. It is possible that, since children, especially as they are entering pre-teenage years, have a strong desire to be like their peers, they may be motivated to underplay such an obvious source of difference:

[Do you talk to anyone else about adoption or being adopted?]

No, cause it's my secret. (Girl, 10, EE)

Cause I didn't tell my friends the first time so.....(whisper)...

[Why did you not tell them?]

Cause I just let it be a secret. (Girl, 8, EE)

When asked how they felt about talking about being adopted, the children's answers varied. Some children said that they "didn't mind" and some said that it made them "happy". One child said that, while she discussed being adopted with her family, it made her deeply sad. Talking about adoption brought back memories of her birth family and country. Another child tried to explain why she preferred not to discuss being adopted with her adoptive mother:

Well, I don't really mention it because you know the way, ehm, well, no, not really no.

[Could I ask why you really don't mention it?]

I don't know, it's sort of hard to explain, you know? I know what to say, just, I don't know. I do know what to say; just you know, hard to ex..., don't know what exactly. I could try and tell you later. (Girl, 10, EE)

But she found it easier to ask her adoptive father questions about it:

Just like "Dad, why was I adopted? Dad, WHY was I adopted?" I say the same question 'cause he always says something different. But then he starts saying like the real thing. (Girl, 10, EE)

She also talked about feeling excited or perhaps anxious, when she talked about being adopted with the only friend she confided in:

Well, I get a thing. It's sort of tingly feeling in my stomach, not like a real big one, like (demonstrates heavy breathing). It's ok talking to her because like, you know the way I said that she understands me, like ehm, she's real smart? (Girl, 10, EE)

Fifteen children (44%) said that they did not discuss being adopted with their families or friends.

[Do you talk to your parents about adoption?]

Well I don't really talk that often with my mum and dad about adoption, I only talked to them about, homework and all. My thoughts. I don't really talk to them about adoption. (Girl, 9, A)

More than half of children in this group did not explain why they chose not to talk about it. But it seemed that to some children it was a difficult topic:

[And do you talk to your Mum and Dad about your adoption?]

I... I cannot talk. (...) I don't want to talk. (Boy, 8, EE)

Three children gave clear explanations why they chose not to discuss being adopted. One child said that he preferred not to talk about it as he was "carrying on with his life". Another child felt that there was no need to discuss it as his adoptive parents explained the most important issues related to adoption:

When I was younger my Mum and Dad told me a lot about adoption and what happened to me. Like, how they, when they adopted me. And about when I was born. And then I got to know it, and now I know it all the time. And I know lots of stuff about adoption because my Mum and Dad told me about it. (Boy, 9, SA)

One child said that she felt uncomfortable talking about adoption as it brought back memories of her country of birth:

[How do you feel when you are talking about adoption?]

Ehm, I wouldn't really feel comfortable.

[Ok, is there a reason for that?]

Well I went through all the memories and stuff. (Girl, 12, EE)

Five children tried to explain why they did not want to discuss being adopted. Four of them gave vague answers, which may point to the fact that the children did not feel the need to talk about being adopted. One child seemed confused about what was private or not private in her adoption story:

[And do they ever talk about adoption with you?]

No.

[Or anyone in your school?]

No.

[Why not?]

Because it's important to my Mam and my Dad.

[What's important to your Mam and Dad?]

About (birth country), we can't tell them.

[Oh, you don't tell your friends, do you not? Why not?]

Because then they might, they might know that. Then they can tell their other friends and they might all know then.

[Why would that not be a good thing?]

Because it is important to my Mam and my Dad.

[Ok. And what makes them think that?]

I don't know. (Girl, 9, EE)

Six children gave answers which were somewhat contradictory. First they said that they did not talk about it but then they named family members and other people with whom they discussed adoption. It was perhaps that the children did not understand the question or that it was not clear as to what was being asked:

[Do you talk to your Mum about the fact that you're adopted?]

No.

[Do you talk to your Dad?]

No.

[And does anybody ever say anything about it in this house?]

No.

[Am I the first person you've ever talked to about it ever in your whole life?]

Well, I always get Mum to tell me stories.

[And what kind of stories does she tell you?]

Don't know. (Boy, 9, EE)

[Do you ever talk to your mum about being adopted?]

Not really.

[How about your dad, would you talk to him?]

Not really.

[Who do you talk to about being adopted? If you wanted to talk about it, who would you talk to?]

My sister mostly, and my mum, or dad. (Girl, 10, EE)

Perhaps the children saw "talking about being adopted" as a situation where the family would gather especially with the intention of discussing the topic. The children rarely discussed being adopted in such a way.

Teenagers

The teenagers were asked who they talked to about being adopted if they wanted to talk about it. Six (35%) out of 17 teenagers said that they did not talk about being adopted. One girl said that she only discussed it with her parents if there was a problem:

You talk to your parents, they'll solve the problem for ya. (...) You don't talk about it here at all, you just forget about, and go on with your own life, be happy you know. (Girl, 14)

Another teenager said that she did not care about discussing adoption as it did not matter whether one was adopted or not:

I don't really talk about it, I don't care about it like. I don't think it makes a difference if you're adopted or not. (Girl, 15)

Five teenagers (29%) said that they only discussed being adopted with their mothers. One girl said that she always turned to her mother for answers and guidance:

I'd always go to my mam (...) the mother is always the one you turn to so I always go to her. (Girl, 15)

Another teenager said that she talked to her mother more often since her father was busy with work. She also said that she found her mother's explanations and advice very helpful in understanding adoption:

My dad, I don't think he's really around a lot to talk, to explain it to me. And when I ask my mum she just helps me right away and she just explains about my birth parents and who they were and my birth mother. (Girl, 17)

Four teenagers (23%) said that they discussed being adopted with both their parents.

Two teenagers saw their parents as the main source of information about adoption:

Probably mom or dad (...) They gave me information (Boy, 14)

Ah well, I wouldn't really have any issues, but if I had any questions I'd talk to either my Mum or my Dad. (Boy, 17)

One teenager said it did not matter who she talked to. Another teenager said that she did not like to discuss being adopted with her parents. This young person also felt that she could not discuss it with her adoptive sister, but she could talk to her friend:

That's the one thing we wouldn't talk about with each other. I'd say it's just because, I don't know, mmm, it's emotional when we talk to each other about it because then we say "Well, we're not really real sisters." My friend, my best friend. She's the only one I talk to about it. I just think she's a good listener. (Girl, 15)

Two teenagers (12%) felt that adoption should be discussed with other people and in the wider community and that other people should be educated about it:

*[What would you like to see changed?]
Giving people more of an understanding of what it is. (Boy, 16)*

I feel like nothing wrong about telling them what it's like. Then my friends or relations know that there's nothing wrong with being adopted. This is what you go through if you're adopted. It's probably a little bit harder if you're adopted. (Boy, 14)

In order to gather additional information in relation to openness in adoption, teenagers were asked to complete a questionnaire rating their openness with parents about adoption. Sixteen teenagers completed the Brodzinsky Openness Questionnaire.

This Questionnaire was designed to assess teenagers' perceptions of openness with their parents in relation to adoption issues and ease of communication around the topic. Based on completion of 14 questions, a total score was computed based on the sum of response values. The minimum score is 14, while the maximum score is 70. An analysis of 14 questionnaires indicated that three of the teenagers experienced difficulty communicating with their parents about adoption, and six teenagers did not. An analysis of the 5 remaining questionnaires indicated that the teenagers might experience a moderate sense of ease communicating about adoption with their parents, although they may be less than totally open.

An examination of the individual items of the questionnaire indicated that 4 of the 16 teenagers revealed that they could not discuss their true thoughts and feelings about being adopted or about their birth parents with their parents without feeling uncomfortable or embarrassed. Six of the 16 teenagers had many thoughts and feelings about being adopted or about birth parents which they could not share with their mother or father. Five of the 16 teenagers felt that their parents had difficulties understanding adoption from their point of view.

Young Adults

Young adults were asked to comments on how the topic of adoption was approached in their families when they were children and teenagers.

Five young adults (26%) (n=19) said that being adopted was frequently discussed in their families. They emphasised how open their parents were about the topic and that talking about it was always welcome and encouraged.

It was always talked about in our family. It was very open, we could always ask questions or talk about, Mam didn't mind telling us anything. (Young man, 19, SA)

All the time (...) it was very open, very, very open. (Young woman, 26, A)

Five young adults (26%) (n=19) said that being adopted was never or rarely discussed in their families.

Not often like you know, it would not be the topic of conversation; it might come up once a year. (Young woman, 25, O)

One young woman said that being adopted was never discussed in her family as it was not considered an important issue. However, she said that she has started talking about it with her mother in recent years.

No it wasn't a big thing in my house to be adopted (...) it's only been the past couple of years I'd start talking about it. (Young woman, 19, EE)

One young woman said that she preferred not to discuss adoption as talking about it brought back memories of her life before she was adopted. Another young woman said that her adoptive parents used to frequently bring up the topic of her adoption. However, she never wanted to discuss it with them. One young adult said that adoption was not discussed when she was a child but the subject would come up when she was a teenager.

Eight young adults (42%) (n=19) said that being adopted was a topic of conversation with other members of the family. The young adults recalled discussing adoption with their families with varied levels of intensity. These young adults recalled that as children they were curious about different aspects of adoption. They said that their parents always made an effort to answer their questions.

The young adults also said that as they got older and learned more about their adoptions, their interest in being adopted diminished and the topic was brought up less and less frequently.

It kind of a little bit died down, you know. (Young woman, 19, EE)

In general, the young adults said that the subject of adoption was most often brought up by their parents. Parents shared their perceptions of the children's adoption stories and recall memories from the children's birth countries, including the adoption process. Some young adults did not recall initiating conversations about being adopted.

They would have brought it up. More than likely, they would (...) usually after dinner (...) just you know, have a little chat there. (Young man, 19, EE)

The young adults said that they would sometimes ask questions but this was not done with any great frequency.

Yeah like I wouldn't have a sit down and discuss with me mam obviously. But like, if I wanted a question answered, I would just ask it off the top of my head. I wouldn't go into a nice big detailed discussion about it. But like, you get your information in drips and drabs. (Young man, 19, EE)

The young adults were also asked to reflect on how they discussed being adopted with people outside their family circle. Four young adults stressed that adoption should be a topic discussed strictly within the family. They mentioned that they preferred to avoid people's inquisitiveness.

*[And if you want to talk about being adopted, who do you talk to?]
Not your friends, that's definite. They get very nosey and ask, just put it that way. (Young man, 19, EE)*

One young adult pointed out that people who were not adopted did not share details concerning their families. She felt that adopted people should not be expected to do this either. Another young woman was concerned that she would become labelled if she discussed being adopted with people outside the family, and another young adult felt that the subject of adoption was very personal and potentially painful. Therefore, in order to discuss it she had to trust others to respect it and not to treat it as gossip:

I wouldn't trust them really if they did tell other people, you know. And then I'm having to put up with more people coming over and saying "oh are you this and that", you know? And I'm like "well", you know. I really don't like that. (Young woman, 19, EE)

The remaining young adults said that they discussed being adopted with people outside the family to varying degrees.

If someone asked me where I'm from, then I would say "I'm adopted". But other than that I don't really have any reason to talk about it with my friends. (Young woman, 22, A)

Sure if they say my name, they go "alright". Then my whole life story comes out so it's grand. (Young woman, 19, EE)

I would give an honest answer to a serious question. (Young woman, 23, SA)

The young adults who were in relationships had all talked to their partners about adoption. They recounted that their partners all showed great sensitivity when discussing the topic. The young adults reported that generally they did not find it difficult to tell others that they were adopted. However, they believed that often people do not understand what it means to be adopted. One young adult pointed out that other people do not have sufficient knowledge about adoption. She valued their opinions but saw that she did not gain

anything from discussing being adopted with them.

I could talk to my friends about adoption but they couldn't really give me a sound answer you know.

[So it's just they could listen and...]

Yeah, yeah, and give me their valued opinion but they wouldn't really have any knowledge on it obviously. (Young woman, 26, A)

The young adults preferred not to convey the details of their adoptions to others. They explained that discussing adoption required a type of understanding and sensitivity that many people cannot demonstrate.

Birth Family

- **Do you have any information on your birth family?**
- **Is there anything else you would like to know about your birth family?**

8 to 12 year olds

Twenty eight children (80%) out of 35 in the 8 to 12 age group talked about their birth families. In this group, thirteen (46%) out of 28 children had some information about their birth families, ten (36%) had no information, one (3%) child had had a reunion, and two (7%) talked about their memories.

Fifteen (53%) of the 28 children who answered the question said that they would like to find out more information about their birth families and their circumstances. One boy, who had many questions about his birth family, gave his opinion which was fairly typical of the responses:

I would like to find out what their name was, and what, if, like if they had other children, or that they, or that if they were poor or they had, they were just normal, and they couldn't afford stuff, or if they, and if they were, like if they had a house and that, if they didn't, if they, like if they were like a nice family, and if they were very, like if they cared about me a lot, and they probably did because you'd never say that you never cared about your children, and that well, that's really all I want to know. (Boy, 9, SA)

Or this boy who expressed his curiosity, did so in a simpler fashion:

Just "who are my parents?" (Boy, 11, SA)

Two children (7%) of the 28 who answered the questions, wanted to know if they had birth grandparents. Six children (21%) were curious whether they had birth brothers and sisters. Two children (7%) wondered whether their birth families were alive:

Well, ehm, do I have a nana? (Boy, 8, EE)

Did they have any other children? (Girl, 8, A)

I'd like to find out if I'd a brother or sister, their names and my Mum and Dad's name and if I

had a childminder over there and if my Granny and Granddad's names and if they're alive, what if they're alive or dead. (Girl, 9, A)

Among the children who were also curious about their birth siblings was a boy who was concerned about the implications of having birth siblings:

I'd like to know if I had any brother and sisters over there, that were adopted too.....If you found out that your sister was still in an orphanage and she never got a place, she never got adopted, it would be sad. (Boy, 12, EE)

Three children (11%) wondered if their birth parents were "all right":

*[No, and is there anything you would like to know about your family in (birth country)?]
Yea
[What kind of things would you like to know?]
Like is my Mom kind of ok. (Boy, 9, EE)*

One of these was a boy who expressed hope that his birth parents were financially secure:

I'd like to know where my dad and my mam live now and if they've got loads of, well enough money to buy a nice house and take care of themselves. (Boy, 12, EE)

Four children (14%) wondered about how they might resemble their birth parents:

*[Is there anything that you'd like to know about them?]
How did they look. (Boy, 9, EE)*

*A lot of things
[Like what?]
What they looked like and how tall they were and things like that. (Boy, 8, EE)*

Three children (11%) said they knew their birth mothers' names. Two children (7%) said that they had been told what her name was but they had forgotten. Three children (11%) were curious about their birth parents names:

What my dad's name is, I'd really like to find out that. (Girl, 11, SA)

Two children (7%) said that the information they wanted in relation to their birth parents was an answer to the question as to why they had been placed for adoption:

*[Is there anything in particular that you would like to know about your family in (birth country)?]
Ehm, I just eh sometimes I just think that they're like, ehm, I want to know why they put me in the orphanage and that's probably it. (Girl, 9, A)*

[And what would you like to do when you get there?]

See my birth mother and father.

[Ok. And what would you like to say to them? Would you have any questions for them?]

Why did you leave me in an orphanage?

[Ok, you'd like to ask them that. Is there anything else you'd like to ask them?]

Hi!

[Hi! I'm (name of child).]

(Laughs) Remember me? (Boy, 9, EE)

Two children (7%) said that when they grow up they would like to trace their birth parents. One child had met her birth family on a return visit to her birth country:

It was absolutely fantastic. (Girl, 10, EE)

Six children (21%) clearly said that they did not want to learn anything or anymore about their birth families:

[Is there anything that you'd like to learn about them?]

Eh, no. (Boy, 8, SA)

Six children (21%) gave very confusing and/or vague answers which may point to the children being confused themselves or not wanting to talk about their birth families.

[Is there anything that you'd like to know about your family in (birth country)?]

Em, we went on our holidays, stayed with my Mammy out there, my family, myparents there, they bring us on our holidays. (Girl, 9, EE)

Teenagers

Of the seventeen teenagers who participated in the study, none had ever had a reunion with their birth parents or a member of their birth family²⁵. Five (33%) of the fifteen teenagers who answered the questions about their birth family had no information about their birth families. In this category there was only one person who had no interest in her birth family. The remaining four were curious about the physical features, names, and circumstances of their birth families. The young people also said that they would like to know how their families "were doing" in their home place:

[Do you have any type of information and details on your birth family?]

No.

[Nothing at all?]

No. (Girl, 15)

[Do you have any kind of information then about your birth family?]

No.

[Is there anything that you would like to know about them?]

What they look like. (Boy, 16)

The remaining ten teenagers (66%) had information about their birth families. The details of information

25 Issues in relation to birth families were discussed with just 15 of the 17 teenagers, as in two instances the adoptive parents had requested of the Study Team that we did not discuss the subject with their child.

ranged from a small amount of basic background information, to details about names, circumstances and photographs:

*And I have another sister and she's still out in Romania, well I don't know, but I've been told I have another sister anyway.
[But she's over in Romania?]
Well, I don't know where she is. (Girl, 15)*

I think I have like four, three sisters or two brothers or something. And my mum was pretty young and she was expecting another baby, and I was, yeah, eight months old and she was expecting another baby again, and she couldn't feed me, so I was gonna be put into an orphanage. (Girl, 16)

In the teenage group, six teenagers (40%) of the 15 who answered the questions said that they were not interested in learning more about their birth families. They mostly felt that that they had enough information.

I'm not bothered. (Girl, 15)

Some teenagers believed that searching for more information would disturb the relationship with their adoptive families. They also seemed concerned that their love and devotion for their adoptive family might seem questionable:

No, I'd rather not know. To me they (adoptive family) are my family now, and always will be. They are my real family. (Girl, 16)

People are always asking me the question, "Do you ever want to go back like and contact your parents and stuff?" and I'm like, sometimes like, in a sense I... a part of my brain says "yeah" I kind of would be interested in, I guess, to see. But then, mainly, I'm just kind of like, you know, this is my life here and I'm happy. I wouldn't mind not going back like. (Girl, 16)

One teenager said that he used to have lot of interest in his background and birth family but his interest dissipated as he got older and he decided that he had all the pieces of the puzzle. He felt now that he was not connected to his birth family. He did not want to disrupt the relationship with his adoptive parents and his life by searching for information about his birth family. He also felt that his adoptive family in Ireland was all he needed:

*I stopped my curiosity a couple of years ago. I just, when I found out everything, I just found like "Do I need to know anymore, do I need to know kind of like what happened previous?" do you know what I mean? "Do I want to find out anything more that I didn't want to find out." So it's kind of, it's kind of, one half of it is afraid to find out, the other half of it is kind of, well, I think I know everything now. But the other half is kind of, you lose interest because you're so, to me now I am, I am biological in a way, I feel biological.
[To your parents here in Ireland?]
Yeah. As far as I'm concerned they had me, do you know what I mean? But I'll never forget where I was from and all those details. (Boy, 17)*

Ten teenagers expressed an interest of varying degrees in learning more about their birth families. They were curious about whether their birth families were alive, if they had siblings and grandparents, whether the birth families had fared well and whether they remembered the children they had placed for adoption. Two teenagers in this group said they would like to have photographs of their birth families.

Is my birth mother alive? (Girl, 16)

Like, if I had any brothers or sisters or grandparents. (Boy, 16)

[Is there any type of information that you would like to have?]

Well, probably a picture of them, and see what age they are now and how are they getting on. (Girl, 14)

For some teenagers, the possibility of meeting their birth family was very important and those young people seemed to have put a lot of thought into why and how they wanted to meet with their birth parents.

Well, I'd like to find out... Live with one or two of them and talk to them. I could find out if I, if our, she's still alive, that if my real mom is still alive, talk to her a little bit to find out about... Live down there, that's it. (Boy, 14)

My one big wish right now would be that I be able to see my (EE) family once again, for a few hours, maybe a day or two. (Boy, 14)

Others were less specific and talked about wanting to find answers to their questions rather than the possibility of a reunion and the development of relationships. Some teenagers were undecided and found it difficult to say whether they would like to contact or meet their birth family:

I actually, would like to know like... When I said before "Oh, yeah I'm not that pushed about going back", you see, I'm so indecisive like, some days it's like, you know, "Yeah, ok, I would like to go back when I'm older like". I'm contradicting myself now. (Girl, 16)

[Would you consider meeting them at some point?]

Eh, I don't really know because it would take a lot of work to go and do that. And my mum said that they would ask for money and stuff. But I don't know, maybe, but I'm not really sure. (Girl, 17)

One teenager wondered if her birth family would like to meet her:

I'd like to know, eh, where they live, if they have gotten married or have other children, if they'd like to meet me sometime, a picture of them, yeah, that's all. (Girl, 15)

Some teenagers said that, while they felt that at present they did not need to search and learn more, they would consider finding out more about their birth families in the future:

I've really been told everything that I wanted to know definitely at this moment in time. Maybe later there's more I'd like to know, but for the moment I know everything I need to.
(Girl, 16)

And other teenagers said that they were curious about the physical characteristics they had inherited:

I asked my mam and she said that if I look in the mirror I'll see a resemblance, like you know, of what she looks like.
[How did you feel about that? When your mam said that?]
It felt really good, 'cause like, I'm not being vain or anything, I'm just saying that it would have been nice to have a mother like me.
[Ok, so when you look in the mirror what do you think?]
Well, I don't often, I don't now, I don't think but that time she told me, I went and looked in the mirror and I stared at my self and I just said "Well one of them looked like that, one of them looked like me". So I know what she looks like. (Girl, 15)

Young Adults

In the interviews with young adults, the questions about birth family in the semi-structured interview were more detailed than in the interviews with children and teenagers. The young adults talked about what they knew about their birth families, as well as what they thought and how they felt about it.

Most young adults had some information about their birth families. Almost all young adults knew the exact name of the town or the hospital in which they were born. Over half knew their birth mother's name, and approximately 65% knew something about their birth mother's circumstances. Thirty one percent of young adults knew their birth father's name and his circumstances. Almost 60% of the young adults knew whether they had birth siblings or not and 35% knew of their siblings' circumstances. Slightly over 20% of the young adults knew that they had birth grandparents and slightly fewer than 20% knew of their circumstances. Half of the young adults had additional information about their birth families.

Fourteen young adults (74%) had been told about their birth families as children. Their adoptive parents had given them information appropriate to their age and emotional development. One young adult spent the first years of her life with her birth mother and had very clear memories of her life with her. Some young adults recalled having life books, which their adoptive parents had put together. In three cases, the adoptive parents had written down their children's histories as bedtime stories, short stories or novels for the family to read and look through and for the children to have as an object which brought together memories, facts, and experiences.

Yeah, my parents always tell me, and there's a book written as well, so I read that.
[Alright, a book that your family made up you mean?]
Yeah. (Young woman, 19, EE)

Thirteen young adults (68%) (n=19) felt comfortable with the information they had about birth family and some of them spoke about enjoying the thought of having a connection with another family. They also said that what they were told did not have a negative impact on them, as their adoptive parents made sure their

children knew about adoption as early as possible.

[How did you feel about it when you were younger when you were a child or a teenager?]

To be honest, like I said before, I accept things. I am told and that is it. (Young woman, 25, A)

Ah, I felt grand I suppose, having another family on this side of the world. (Young man, 19, EE)

There was no big deal like. (Young man, 20, EE)

My Mum told me about it. I felt ok, I always knew it 'cause she told me at the start. (Young man, 19, SA)

On the other hand, three young adults felt disturbed by the information they had learned about their birth families. They talked about feeling shocked and upset on learning about their birth families and their circumstances. They also said that as a result of the knowledge they learned to value the opportunities they were given in life.

I felt kind of shocked when she told me because I hadn't really thought about it. So, it was kind of a shock to know that I had another family or different circumstances.

[How about when you were a teenager?]

Yeah, I think I began to appreciate myself more in my life because she told me like, that my birthmother was very, very young. (Young woman, 22, O)

One young woman spoke about finding out information which her adoptive parents had not given to her. She said that the shock had put her off searching for more information but it also made her realise what her fate would have been had she not been adopted.

[And is there anything else that you would like to know?]

NO!

[How do you feel about what you know?]

Well, as I said before, I felt gutted, but now I'm just like... I'm grand, you know, that's life, it happened, I'm a lucky person.

[So, would you be interested in getting more information about your birth family or perhaps...]

No, it's quite pointless. (Young woman, 25, O)

The young adults stressed that giving information to children was crucial and should be done without delay in an age appropriate but honest manner. They were also asked to reflect on how they felt about the information they had about their birth families in childhood and in adolescence. Over half of the young adults said that they had been curious about their birth parents. The birth parents were on their minds, they talked about them at times, asked their adoptive parents for information and whether there was any possibility of tracing birth parents or siblings.

I used to ask Mam why couldn't we ever bring my Mum over, when she brought me kind of thing. And Mum actually tried. (Young man, 19, SA)

I used to always ask my parents if they could help me get in touch, you know, help find my real family and one day then they said, they found someone that could, I just wrote a letter and it was sent over, and I got a letter back and we just, I kept writing to my brother and I'm still writing to him. (Young woman, 19, EE)

Most young adults said that, while in their childhood and teenage years they had asked about their birth parents and wondered what was happening to them, it was not a major theme in their lives. The young adults explained that the reason for their not being particularly interested in their birth families was just their having a life in Ireland, having families, friends, and a future here. They did not have the space for an alternative or additional personal history.

I would ask them all right, and that was years ago, when I asked them, when I was a little kid. But I can't honestly remember now, what answer they gave me. All I knew myself, they probably weren't around, you know what I mean? And I said to myself, like, if they were, they wouldn't even be, wouldn't recognise me, or know who I am. But you know, I would ask, I would be curious just to see. But I'm in a better place here. (Young man, 19, EE)

Three young adults recalled that their birth parents' physical appearance was of relevance to them when they were children:

When I was younger I used to ask my mum "What did my mum look like?", my biological mother. (Young woman, 26, A)

One young woman said that she and her birth sister, adopted by the same family, used to look at pictures of their birth family and wondered who most closely resembled their birth mother and birth father:

*[And what kind of conversations would you have had with your parents about her?]
Who looks like her more.
[Which, whether you or (your sister) looked like her more than the others?]
Yeah, cause me and (my brother) looks alike and the other three girls are the image of the others so I'm guessing I'm taking my father's side. (Young woman, 19, EE)*

The young adults stated that they had been mostly curious about their birth mothers and siblings. When asked about birth fathers they displayed mixed emotions and gave a variety of answers. Thirteen (68%) (n=19) young adults said that they had no or very little information about their birth fathers and that they did not feel the need to trace or even think about them. However, three young adults talked about wondering about their birth fathers. One young woman had quite a lot of information about her birth mother but none about her birth father. She said that she wanted to find out information about him and his circumstances. Another young woman had a different perspective. She felt anger towards her birth father due to the birth mother's hardship and abuse, which led to the adoption placement.

I have no interest in my biological father. I suppose if I did see him I would beat the shit out of him (Young woman, 26, A)

Five young adults also said that thinking about their birth parents, brought up issues of abandonment and rejection.

*[So what kind of things would you be wondering about, would you be wondering?]
Why she kind of left me there and... You know, was I abandoned kind of thing. (Young woman, 19, EE)*

Three young adults were interested in their birth families as children but their curiosity diminished when they reached their teenage years. One young man said that he was too busy to ponder his pre-adoption history and birth family. Another spoke about the need to keep his life history just to himself and the people he cared about most. The following quotes illustrate what they said:

[When you grew up to be a teenager, would you have felt like asking more or less, or...?]

No, it was always what I got out, you know, that kind of way. I used to play a lot of football when I was younger so I'd always be occupied with that. (Young man, 23, O)

No, just something you keep to yourself, not just because you'd be embarrassed, you just keep it quiet, like very quiet, only to one person outside of the family, that was a girl I was going with, that was her. (Young man, 19, EE)

Four young adults (21%) (n=19) said that they never felt an interest in their birth families or experienced a need to talk about them. They did not give specific reasons for the lack of interest but not wanting to meet the birth parents or complicate their own lives seemed to be the rationale behind the declared lack of interest:

[Did you talk about your birth family when you were a child?]

No.

[How about as a teenager?]

No.

[No?]

Never.

[How about now?]

No. (Young woman, 19, EE)

[Did you talk about your birth family when you were a child?]

No

[As a teenager?]

No, I never really wanted... I have always said I wouldn't want to find out who my birth parents were. (Young woman, 25, A)

Five young adults (26%) (n=19) stressed that talking about adoption and discussing birth parents was a very private matter which was only discussed with family members. They felt that talking about birth parents outside the family would generate unnecessary curiosity, and questions or comments, often insensitive, would follow.

With family, yes, but outside family, no I wouldn't. (Young man, 19, EE)

No, I feel like, do you know like even, another one of my friends there the other day, she was like, it was just something stupid, she was like "Oh, where did you get your tallness from?" I was like "I don't know". Like those kind of questions you can't answer, but I don't care. (Young woman, 19, EE)

The young adults were asked whether they would be interested in getting more information about their birth families and meeting them. They were also asked to express their opinion about the possibilities of tracing birth family members.

The young adults who had had contact with their birth families were asked to reflect on the process and the experience. Fourteen of the young adults (73%) (n=19) in the sample had not, since being placed for adoption, met any members of their birth family and neither did they have any contact with them. In this group, most of the young adults said that finding and contacting their birth families was not a priority for them. The main reasons for not wanting to trace their birth parents were: lack of interest and the possibly difficult and drawn out process of searching. The young adults explained their lack of interest as being generated by the fact that they had no ties and no connection with their birth families. They said that searching would be an emotionally difficult experience, something that would get in the way of their life:

No, I think like, why would you want to do that to yourself, you have one life, you have to live it. And if I tried to do it now, I would take a lot more in my life, it would make complications. Do you know I don't want to go into, I don't, I like my life so I don't want to change it. (Young woman, 19, EE)

The young adults also felt that, since there are no tracing services available, searching would be too difficult to pursue independently. In many cases, there was very little background information available and the young people felt that it would be impossible to even attempt a search:

I can't look for my real parents. There's no records, they know nothing, they tried, my parents there, sorry my adopted parents, they tried to look but they couldn't find. There is no records or anything. Then again I don't really want to meet them. (Young man, 25, SA)

Among eight of the young adults who said they did not want to contact their birth families, two said they would not do so because they were concerned about the impact it might have on the birth parents' lives. They believed that it would be difficult to untangle the issues of abandonment which a reunion could cause, and that the complex factors involved might prevent a possible relationship developing:

It would be weird. They kind of, if you want, abandoned us, somewhere. Probably, at the time, it wasn't the best time for them; so they couldn't handle us, that they kind of would be

happier to kind of get rid of us, and it would be easier for them to whatever, go on. But you know, it would just be weird, after them just abandoning us. And they wouldn't even recognise, they don't even know who we are, or anything like that. It would be complete strangers looking at you. I would understand, no problem, that this was my mother or father over in (country of birth), that that's them, you know, but they wouldn't have any idea. (Young man, 19, EE)

Two young adults, while admitting to being curious about their birth parents, were also concerned about the birth parents' reactions if contact were to be made. They felt that since their birth parents had placed them for adoption, they had in fact made a decision not to have a child. The young people were concerned about the ethics of searching for someone who may not want to be found and about the impact "ghosts of the past" may have on the birth parents' lives.

I don't know whether it should be possible because, I think there, is whole load of reasons behind the anonymity, behind the parents you know doing it anonymously. Obviously they don't want their children to come back in later years and go "Why did you give me up, why did you not want me?" They are, obviously, doing it for a reason they think is best for the child. (Young woman, 25, A)

I don't know how she'd feel about seeing me. So, I can never, probably won't ever follow that up. (Young woman, 26, A)

One young adult said that the emotional impact which may be related to a search could have negative effects on her adoptive family. This young adult felt that searching could disturb her relationship with her adoptive parents, that it could be an unnecessary complication for the family. The young person was also concerned about what might be seen as her own loyalty towards the adoptive parents and the possibility of hurting their feelings. The young adults, such as the young woman mentioned above, also felt that searching and possible reunion could be complicating factors to their own identities. They said that searching could result in learning new information about the past, heritage, and personal history, which would have to be processed and incorporated into their own identity. The young adults understood that it could require additional emotional effort on their part. The following quote illustrates this point:

It wasn't a big thing in my house to be adopted. In my house, I always felt I was Irish, I just lived in a different country, don't take notice of what people say about you. I feel now that, like, some people then would like to go off and meet their real parents, I have no interest. This is my family, this is who brought me up, these are the people who cared for me and love me. Why would I want to go off and disturb all that? (Young woman, 19, EE)

Four of the young adults (21%) (n=19) said that they have never attempted to search but were still curious about their birth parents and siblings. They said that they would like to attempt to search for their birth families or for more information in the future. One young adult expressed a personal need to meet with her birth families, as she felt that photographs and available documents were not enough for her. Another young woman was concerned about obtaining medical records, as she recently had to do a full medical check up and found that she was unable to answer many of the doctor's questions. One young man felt that adopted

people should have the right to know where they came from and what their background and circumstances were, and to have all their questions answered and that birth parents should be available to do that.

I don't think anyone should have the right to sign their kids away and not leave any evidence of who they are, where they are, or anything like that. I think that it's wrong. At least give the child the option of meeting up in later years if they so wish, as opposed to just shoving it all off and saying "Right that is it, door closed, forget about it" you know what I mean? Just have a few questions answered. (Young man, 20, EE)

Four young adults stressed that a tracing service should be set up and made available to those who feel they need to search for their birth families. They were aware of the fact that such service was available to Irish people who had been adopted. Seven young adults said that the search would be too difficult because of the logistic complications which may arise.

Five young adults in the sample (26%) (n=19) had met a member of their birth family and maintained contact with them. Two young adults were in contact with and had met siblings who had been adopted parents in other countries. In many countries, it had been common practice to separate siblings and allow adoptions into different families and countries. This led to broken attachments and bonds and these young adults rarely reported a feeling of connection with their brothers and sisters adopted into other countries. Speaking different languages only complicated the already difficult contact.

In one case, the young person knew of more than one sibling in a different country but only maintained contact with one of them. The language barriers, demands of everyday life, lack of time, and lack of interest were among the main reasons given for this. One young woman talked about feeling connected to and secure within her family in Ireland as a reason for being passive in the relationship with her sister adopted into a different country.

To me, she feels as if she has to be in contact with the two of us, like she'd only have a mum, so I'd say she's looking out for herself in the future, just in case she doesn't have any other family, that she'd be able to still stick by the family. But then I have my family, I have loads of people around me, and it doesn't matter as much to me. I probably feel evil now or something saying all that like but it doesn't bother me. (Young woman, 19, EE)

The young people who had met their birth parents or siblings described the experience of meeting their birth families as "nerve wracking", "strange", "brilliant", "shocking", "difficult", "daunting", and "emotional". One young woman described how she felt just before the reunion with her birth family:

My heart was beating like hell. I was really nervous but when I had entered the town (pause) "This is where I'm born, this is where I'm actually from". It was like, "Oh my God". This was when I was sixteen, really like wow! Then we went to the flats, where they lived and I was at the door and I was like "Oh my holy Jesus". I was like (demonstrates heavy breathing) and the camera is actually, I was red, really sweaty like, knocked on the door, mam opened the door and she looked at me, she like, her jaw went down to the ground, she was so shocked

at how tall I was, and how beautiful I was, and everything. And the experience like, she couldn't stop crying. (Young woman, 19, EE)

One young adult met with a lack of interest on the part her birth family and after a period of communication, the relationships broke down and contacts were severed. The following quote illustrates how this young adult unsuccessfully attempted to maintain contact with her birth mother:

I wrote a letter to my mother asking her about me when I was a baby. She didn't care, so I've had no reply. (Young woman, 19, EE)

Identity

- ***If people ask you where do you come from, what do you say?***
- ***If you could measure it, what percentage of you would be Irish and what percentage would be (nationality at birth)?***

This question was included to ascertain whether the children, teenagers and young adults thought of themselves as Irish, or, for example, Russian.

5 to 7 year olds

In the case of children (5 to 7 and 8 to 12 age groups) the question may not have served this purpose well since, by the time it was asked, the children had spent some time discussing the fact that they were 'from' somewhere other than Ireland. They had, as it were, been primed to answer with the name of their country of birth and, in this age group that is what the vast majority did. In the 5 to 7 year old group (n=54), one child seemed to agree that part of her was Irish:

[If somebody asks you where you come from, what do you say?]

EE

[EE, OK. And do you think any part of you comes from Ireland?]

Yes (Girl, 5, EE)

8 to 12 year olds

As with the 5 to 7 year olds, the answers to this question often seemed to suggest that the vast majority of the children in the 8 to 12 years old group (n=35) saw themselves as being 'from' their country of birth. As noted earlier, this answer may have been primed by the interview. However, answers to subsidiary questions indicated that they thought being 'from' a place related to where they were born, not to their sense of identity or belonging.

When asked whether or not they saw themselves as Irish and to what extent (for example, what percentage of themselves they would see as Irish and what percentage, say, Chinese) many children gave an answer emphasising their sense of being Irish:

[And if somebody said where do you come from? What would you say?]

EE

[And if you were to say 'I'm so much Irish and so much Russian' what would you say. 'I'm fifty percent Irish, fifty percent EE', 'Hundred percent EE'?]

I'm a hundred percent Irish. (Boy, 9, EE)

[And if they ask you where you are from?]

EE

[OK]

Or sometimes I might just say Ireland (Boy, 8, EE)

When asked to think in terms of percentages, some took the question very literally:

I tell them I'm from A

[And if you could measure it, what percentage of you would be from Ireland and what percentage of you would be A?]

Well, I was only in A for a year and then I've only been in an orphanage since I was, I think, birth, They put me in an orphanage and then I got adopted by my parents and so like probably just half like, a bit, my head, like that (shows the length of her face from the top of her head to her neck) would be A 'cause I didn't really, I was adopted when I was one , so yeah.

[So would you say that most of you would be Irish and a little bit A?]

Yeah.

[And how do you feel about that?]

I like it. It's kinda fun. (Girl, 9, A)

Others were less literal:

[If you could measure it, how much of you would be Irish?]

Ninety nine would be Irish (Boy, 10, SA)

50-50

[50-50 and how do you feel about that?]

OK (Girl, 11, SA)

100% Irish and no EE (Girl, 12, EE)

Some children, a minority, felt that they were less Irish:

I'd say three quarters EE and one quarter Irish. (Boy, 12, EE)

Teenagers

In the teenagers' group (n=17), the questions in this section focused on how the young people perceived themselves and on their self-concept in terms of their nationality and heritage. The teenagers spoke about

their names, their feelings of belonging, issues of national and cultural identification and whether being adopted from a different country had an impact on their identity.

Eight teenagers (47%) (n=17) had their original Romanian names as their middle name. Their first names were Irish and the teenagers did not use their Romanian names. One teenager in this group said that she was proud to have her Romanian name, as it had been what her birth mother wanted to name her, and something to remember her birth mother by:

I feel proud because I still have the name in my name, so I have something to remember her by. (Girl, 15)

Five teenagers (29%) (n=17) did not have any Romanian part in their names. Their adoptive parents decided to leave out their Romanian names and give their children all Irish names. While most teenagers said they did not care about it, one teenager said that she would have loved to have her Romanian name as she thought it was beautiful and unique.

I love that name. I wish I was called that. (Girl, 15)

In four cases (23%) (n=17) the adoptive parents had kept the children's original Romanian names. Two young people enjoyed their names, notably a young man who considered it as a way of connecting with his Romanian heritage:

I feel that's good, at least I have something, something that I would always remember that I am not fully Irish because my name isn't an Irish name, it's a Romanian name. So that's what I get, mainly, that's what connects me with my country a little bit more. (Boy, 14)

However, two teenagers mentioned that they got mocked at school because of their Romanian names.

Six teenagers (35%) (n=17) said that if someone asked them where they were from, they would say they were from Romania:

I'm delighted to tell them. I just say I'm adopted from Romania. (Girl, 15)

Seven teenagers (41%) (n=17), however, said that they would give the name of their town or county in Ireland as an answer. They said that only if they were specifically asked about it, they would say they were born in or adopted from Romania. The young people also said that they would rather not tell their story to strangers. Two teenagers (12%) (n=17) said that they never admitted to others that they were born in Romania:

Well, I generally say I'm from Ireland, because of my passport or what have you, but if someone specifically asks "Where were you born?" I'd say Romania. (Girl, 16)

*I say I'm Irish, like, I come from Dublin or Galway or whatever.
[And if somebody were to ask you what country you come from?]
I'd say I was born in Romania and that I was adopted, yeah, and then I just, yeah I was adopted when I was seven months. (Girl, 16)*

In this group, one teenager said that, while she preferred to tell others that she was Irish and from Ireland, people did not believe her and pointed out that she did not look Irish and therefore could not be from Ireland:

I'd say Ireland, mostly I say Ireland. Or if they ask specifically "No, where are you from?" you know "Because you're tanned, you are not like anyone, you are not like the rest of us", so I just say: "Oh, I was born in Romania but I'm Irish". And then I just say, "That's it", like "End of discussion". I don't get into any long conversations about it.

If you say Ireland it's kind of silly because they know, they know because of your looks, that you don't look Irish. (Girl, 17)

Two teenagers seemed concerned that if they talked openly about their country of birth, their own and their families' privacy would be compromised.

I'd have no problem if my own friends, or people I'm getting to know, to tell them; girlfriend, wife, brother, sister, like my friends' brothers or sisters, if they want to know like, I'd tell them, but confidential. (Boy, 16)

Well, I just say that I'm from (name of place where she lives) because there's no point telling them, the full story of what happened and all so, just tell them that you're from (name of place) and that's it. They pass no remarks. (Girl, 15)

All teenagers, but one, said that they felt mostly Irish. The answers ranged from 50% Irish and 50% Romanian to 100% Irish. The teenagers explained that they felt Irish because they grew up in Ireland, spoke English, and had Irish citizenship and passports. They felt mostly Irish and a little bit Romanian because they did not speak Romanian, did not have a Romanian accent and were not taken for Romanians:

*Ninety nine percent Irish and one percent Romanian.
[And how do you feel about that?]
Ehm, glad. That I'm Irish. (Girl, 16)*

Being Irish and not Romanian also meant that one knew only the Irish culture and that his or her world was Irish.

100% Irish. I just don't know anything about Romania myself. (Girl, 16)

50% 'cause my body is Romanian and the other 50% 'cause I speak English like anybody else and I'm living in a non-Romanian world. (Boy, 16)

100%. It's 'cause like I came here when I was born, or a few days after I was born, I think it was. When I came here I was adopted, I grew up here, since I was like zero. When I was out in Romania it was like nothing, it was blank to me. I think this was where I was born and everything, this is where I was reared up and I just, I just don't think about it. (Girl, 15)

The teenagers felt that their ties with Romania were mostly genetic (such as appearance), situational (such as their birthplace), and that they sometimes took the form of objects such as photographs or artefacts, or of vague memories of the time before adoption:

From my looks, it'd be sort of Romanian and my personality would be Irish. (Boy, 16)

90% Irish, 10% Romanian. Because I feel everything here is Irish, everything. Like the family, the school, the surrounding, it's all Irish. Everything I know is Irish and Romania is just a memory I think, it's not even a memory, it's just a place where you're from in name I feel, and biologically, but that's it. (Boy, 17)

I've lived here most of my life and I consider myself Irish even though there's obviously Romanian blood running through me. But I consider myself Irish really. (Girl, 16)

One teenager, however, talked about what kept him apart from his Irish family and the Irish culture, as opposed to stressing the lack of connection to Romania:

Well, I am not blood related to anybody in this family, not one bit so that keeps me a little bit away from it, my name keeps me, my birthplace, the picture that I had when I was a little boy, that also keeps me a little bit away from it. (Boy, 14)

Young Adults

In interviews with young adults, the questions regarding identity concerned the general self-concept and national identifications held by young adults and issues of race. It also concerned how they felt they were perceived by Irish society, as people born in different countries and adopted into and raised in Ireland. The young adults were also asked to estimate in percentage and describe how much of their identity felt Irish and how much of it they considered as part of their birth country heritage.

The young adults usually described themselves as positive thinkers, outgoing, and strong. They talked about "appreciating life" and being accepting of the ups and downs of adoption when growing up. They generally portrayed themselves as happy people who were content with their lives. When asked about what they would like to change about themselves, they spoke about wanting to change physical features such as their foreign looks or the consequences of childhood illnesses which had led to health problems, some of which had been as a result of institutionalisation.

Almost all young adults identified themselves as fully or mostly Irish. They explained being Irish in terms of values and frame of mind. Thinking like an Irish person, understanding and knowledge of Irish culture and leading an Irish way of life were indicators the young adults offered to explain their Irish identity.

The young adults rarely identified with their countries of birth and they usually explained the connection in physical terms, such as being born in a certain country, having birth parents in that country, having stayed or lived there for a short while. Rarely were these remarked upon as being crucial elements of their identity:

Maybe not even 10% is (nationality at birth), it's only a place I was for a while, I grew up here, all I know is here, I do the exact same thing as everyone else does here, my passport is Irish do you know. It's only, to me, it's only a place where I was born and, yeah, I have other family but this is my family to me. (Young woman, 19, EE)

99% Irish, 1% (nationality at birth)

[And why is that?]

It's just, culturally, I am Irish, you know, I'm an Irish person, I like my spuds, you know. And I guess growing up in the environment, you know, Irish people have a certain way of thinking of things. (Young woman, 25, O)

Four young adults said that sometimes they had to conceal how they felt, as the public were usually more concerned with their foreign appearance than their internal identifications with the Irish culture. A small number of young adults were anxious about being labelled, because of the negative stereotypes held about their countries of birth. They talked about not wanting to draw attention to their nationality at birth due to a fear of labelling and the desire to be part of their peer group and not different:

You were born in a different country but you've been brought up here. You're just the same as everyone else, so you shouldn't be putting a label on yourself. (Young woman, 19, EE)

The young adults also spoke about the need to fit in with other people's perceptions and expectations. Their comments illustrate how two young adults did not want to reveal the culture with which they most identified. In the first comment, the young adult talks about fitting in with people with whom he is not familiar, and he does this by appearing to be fully Irish. He then goes on to describe relaxing into his real, dual identity when in contact with people who are aware of his status or share his experience:

Well, for people that I don't know, and for people that I would like to know, a hundred percent Irish, but for people that would have a good knowing and understanding on it, you know, it would be, I would say, half Irish, half (nationality at birth). (Young man, 19, EE)

In a further comment, a young woman spoke about being aware of the discrepancy between her self-definition and the identity ascribed to her by others. In order to fit in, she chooses to conform to the public perception of her as a foreigner and allows other people to label her, while concealing her mostly Irish identity.

I am possibly personality wise hundred percent Irish. But if I had to say looks wise a hundred percent (nationality at birth). And, if I had to say, if I had to combine the two, I would say I would be more (nationality at birth) than Irish. I would say, I would be seventy-five percent (nationality at birth) and twenty-five percent Irish. Because of how people perceive me, seventy five percent would be (nationality at birth) but I would perceive myself seventy five percent Irish. It's what you look like and how you react to people, the majority of people would look at looks. (Young woman, 26, A)

Three young adults felt that they had multiple cultural identities. One young woman rejected being fully Irish due to racist bullying she had been subjected to. She felt that she would rather identify more strongly with the heritage of her country of birth and with European standards than with Irish people who showed intolerance and prejudice towards her:

I don't like the same things as Irish, most Irish people do. My socialising way is different, I don't go out, I don't really like going out drinking or any of these kind of things. I know that's not really, but I don't know, I just don't feel my identity is Irish and I think some of that is after the racism I totally didn't want to be associated with Ireland after that. (Young woman, 22, O)

Another young woman embraced her country of birth and the part of her identity connected with it after travelling to meet her birth family. Many contacts with peers adopted from her country of birth also allowed her to notice that she shared many temperamental traits with them and that there was a part of her that belonged to the place where she was born. She felt that having a dual cultural identity was a positive feature and that the experience of discovering its meaning had enriched her life:

I think its kind of cool, because I have two families and two different, two different lives. Like its different completely, (birth country) is completely different to Ireland. (Young woman, 19, EE)

Another young woman spoke about her search for her identity as a journey, which took her from joining an Asian association in Ireland to trekking across the Asian continent. As she had been brought up in Ireland by Irish parents, she did not feel similar to other members of the association, who were mostly first and second-generation immigrants. Within her country of birth, due to cultural differences, she also felt out of place in South East Asia where she had been born:

They are from the same country as me, but they look nothing like me, they acted nothing like me, they had no views that were similar to mine.

The waiter would not serve me because I was a woman, and the man has to you know, order for women, and I said: "Get over here right now I like to order this and this", you know, and he looked at (my friend) for approval. (Young woman, 26, A)

This young woman described how, at the end of her journey she felt she was in a limbo. In Ireland, she was constantly reminded of her "otherness" because she did not look like the general population, even though she shared the upbringing and mentality. In South East Asia, due to her Irish way of behaving and thinking, and her Irish nationality, she was a foreigner, regardless of her appearance. The following quote illustrates her confusion:

When I was over there, there was no sense of identity but yet, I have an identity here, but yeah I wouldn't fit in, so I wouldn't fit in either way. (Young woman, 26, A)

Country and Culture of Birth

- **What do you know about the country where you were born?**

The questions in this section were designed to explore the knowledge of and feelings of children, teenagers and young adults about their country of birth. Answers varied considerably: some participants knew nothing at all about their country of birth and others knew a lot. Likewise some participants had very positive feelings, but some had negative ones.

5 to 7 year olds

In the 5 to 7 year old group (n=54), the children's knowledge about their country of birth varied. Some claimed not to know anything. Where the children were able or willing to offer information, it was usually very limited and occasionally the information appeared to be somewhat distorted. It is important to remember that children of this age have a poor understanding of geography and that their descriptions of Ireland are likely to be similarly partial and fraught with error. A few of the children clearly did not want to talk about this topic:

[Ok so what do you know about EE?]

No, we'll make this (puzzle)

[Huh?]

We'll make this first and then we'll go out on the swings (Boy, 5, EE)

A small number of the 5 to 7 year olds (n=54) claimed to have little or no information. A few children were clearly very confused about the subject:

[And what else can you tell me about EE?]

Do you know about EE?

[No, can you tell me about that?]

Are you my birth mammy?

No

Oh, I thought you were (Boy, 5, EE)

Some children were very unclear about where they had lived before joining their adoptive family and created fantasy stories with which to answer the interviewer:

[Do you know where you lived before you came to live with your mummy and daddy?]

Yeah, in a pub.

[In a pub? You lived in a pub? A real pub? Was that a pub in Ireland?]

No in A. (Girl, 5, A)

Often children had just one or two pieces of information about the country:

[Can you tell me any things about A?]

Ehm, they eat loads of rice.

[They eat loads of rice?]

And they grow rice

[And they grow rice. Wow. And do you like rice?]

Yeah.

[And is there anything else you know about A?]

No. (Girl, 6, A)

A small number of children had information about the country which may or may not be true:

[And do you know anything about the food in EE?]

They didn't have food

[They didn't have food?]

They only had drinks

[Right so tell me about the drinks.]

And I had to eat flies. (Girl, 5, EE)

A substantial minority of the children in the 5 to 7 year old group expected to go to their country of birth at some point. Some of them wanted to go to see their birth mother or their birth family:

[Have you ever been back to EE since then (when adopted)?]

No

[Would you like to go back?]

When I'm getting bigger I want to see my other mum. (Girl, 5, EE)

Some children saw travelling to their country of birth as another holiday they take with their family:

[What do you imagine EE is like?]

Sun

[A lot of sun. OK. And would you like to go for a holiday to EE?]

Yes

[Yes. And what would you like to do when you go there?]

Go to swimming pools. (Girl, 6, EE)

For some of the 5 to 7 year olds (n=54), it was the baby home which they were hoping to visit:

[What would you like to do when you get there?]

I'd like to go and see, ehm, go and see the baby home so I would remember what it's like.

(Girl, 5, EE)

A few children had a negative attitude to the country where they were born:

Don't like EE

[You don't like EE?]

Yeah

[Why not?]

Because, ehm. (Pause). I don't know, I just don't really like it (Boy, 7, EE)

8 to 12 year olds

In the 8 to 12 years age group, all 35 children talked about their countries of birth.

As some of the children's answers were ambiguous, it was sometimes difficult to make sense of them or quantify them.

The children's comments about their countries of birth usually revolved around a combination of stereotypical perceptions, mixed with adoptive parents' memories and experiences from their visit in the child's country during the adoption process.

Therefore, Russia was usually snowy and cold and there were many children living in orphanages. Romania was an extremely poor place, full of castles, but it had good prospects due to EU accession. China was a densely populated place where people ate rice and spicy food, and the Great Wall of China was the dominating feature. Vietnam was usually poor and hot but also had "good quality hotels" (as one child told the researcher). South American countries were poor, hot, and "old" but had great football.

Ehm, the Great Wall.

[Great Wall, very good.]

And that's it. (Girl, 9, A)

That it is a popular place.

[A popular place? What do you mean by that?]

That loads of people live there.

[Very good, it is a populated place isn't it?] (Girl, 8, A)

Nice place, good playgrounds, good shops, good hotels, good quality hotels, that's all.

(Girl, 8, A)

It is sometimes cold.

[Ok.]

And, what else, ehm, there's probably loads of children in there and, and probably loads of them in orphanages and stuff. (Girl, 11, EE)

I know that reptiles live there, snakes and stuff, that it's tropical

[Uh huh]

Eh, ehm, it's a poor country and that's all I know. (Boy, 11, SA)

Hot and loads of palm trees everywhere, loads of big buildings. Loads of people going around selling stuff. Like all kart racing, jeeps, and stuff like that. Forests, jungles and stuff like that. (Boy, 10, SA)

Five children (14%) (n=35) seemed to have very little information, or perhaps just very little interest:

Oh, I wouldn't really know, ask Mum (Boy, 9, EE)

A small number of children did not want to talk about their birth countries:

[Do you know anything about (birth country) and what kind of place it is?]

Yeah.

[Tell me a little bit about it 'cause I don't know anything about it.]

I'm going to wipe the floor.

[You don't want to talk about (birth country)?]

No. (Boy, 8, EE)

Five or six children mentioned their memories from their birth country. Two or three children seemed disorientated about either their memories or the questions researchers asked:

[And have you ever been back to (birth country) then on holiday?]

No. My Mum said maybe sometime we'll go back and see the people.

[Would you like to go back?]

'Cause then, know everybody knows me. Nearly everybody in (birth country) knows me because you see, we always went everywhere. We didn't have a car but – yeah we had a small one but we had to all squash up each other 'cause it was very small but we did get a big car I think. Maybe they got a big one when I went. They didn't have enough money so they were cheap cars.

[I know this is a very hard question, but if you closed your eyes and imagined you were in (birth country), what do you think it would be like?]

(Pause)

[Any ideas about what it would be like?]

It might be kinda wet and all like that. Because it is sometimes windy and sometimes there's really, really bad wind and it blows everything down. (Girl, 10, EE)

Five children (14%) (n=35) expressed a great interest in their birth countries. They were interested in the language, wanted to learn about the country's history as well as culture and people. One boy was also curious about children who lived in his birth country:

I would like to see the people there, and well, we'd probably have to hire, have a translator, so that we could tell what they're saying, and what we were saying. And I would love to see what the people there were like, and what the kids were like, and that I could try a new sport if like, if they played different games, I could play them as well. (Boy, 9, SA)

When asked about going to their country of birth for a visit or a holiday, 21 children (60%) (n=35) said that they would like to do it one day. The children usually said that they would go swimming, skiing, shopping and generally imagined the visit as an ordinary holiday:

Just watch TV and get out to shops to buy stuff like playstation games. (Girl, 9, A)

Mmm well, we might swim, we might go to shops, go to playgrounds, mmm, that's probably, go to dinner, that's all. (Girl, 8, A)

In this group, twelve children (34%) (n=35) also talked about wanting to find their birth parents or siblings and about visiting the children's home from where they had been adopted. Five children said that they would like to find their birth families, three talked about going to the children's home, and four children said that they wanted to do both:

My Mam said I might be going. I might be going, just me and my Mam, with my Mam's friend and sister. Just to go back to visit the orphanage. (Girl, 9, A)

[And what would you like to do when you get there?]

Visit my own mother. (Boy, 11, SA)

Yeah I'd like to go over for a holiday to find my mam and my dad. (Boy, 12, EE)

Seven children (20%) (n=35) had returned to visit their country of birth since their adoption. The reactions to those visits varied from not remembering the visit at all, to having painful memories brought back by the trip, to having a lot of fun whilst in the country and wanting to travel there again:

I didn't really like it

[You didn't like it]

No

[Why not?]

I don't know it just brought back memories and stuff

[And would you like to go back?]

No (Girl, 12, EE)

[And how did you feel when you were in (birth country)?]

Ehm, happy

[You were happy. 'Cos you were having fun there?]

[(nods)] (Boy, 8, A)

Four children (11%) (n=35) had no interest in visiting their birth country and two were unsure whether they wanted to go there:

[Would you like to go for a holiday to (birth country)?]

No

[No. Why not?]

I don't know

[So you wouldn't like to go to (birth country)?]

No. (Boy, 9, EE)

Two children in this group expressed that they would be afraid to travel to the country where they were born and spent the first years of their lives, as it may bring back painful memories.

[Would you like to go back do you think?]

No.

[No. Why not?]

Because there's a girl with a slipper and she used to slap my leg. (Girl, 8, EE)

One child said that he would not want to go for a visit or a holiday, as he felt it would be "too cold" for him.

[And, so would you ever like to go to (birth country)?]

No.

[You wouldn't. Why would you never want to go to (birth country)?]

It's too cold. (Boy, 8, EE)

Teenagers

All the teenagers interviewed for the study were born in Romania, and therefore it is the only country referred to in this analysis.

All seventeen teenagers said that they did not have a lot of information about Romania. Very few of them had actively sought information about Romania, although most knew a little about its geographical position, climate and recent history. The teenagers' knowledge of their birth country was usually fragmented. It was a mixture of what their adoptive parents had said about their trips during the adoption process, media reports, stereotypes, and scraps of information the teenagers had found themselves. The teenagers had heard about the Ceausescu regime from their parents and the poverty and oppression which had been present. They had also been told about the five-child policy of the government at the time. They had been informed that these were possible factors which had led to their adoptions:

There was this evil dictator Cau (trying to pronounce)

[Ceausescu]

Yeah, and he wanted all his citizens to reproduce children, a lot. And they couldn't afford that many children. And that they didn't want to, couldn't afford it and he wasn't doing anything to help them. (Girl, 16)

Well, I don't know much. It was a poor place and that it just wasn't wealthy, it wasn't like Ireland today, it was just not a place for children. (Girl, 15)

Two teenagers knew that Romania had applied to become a member of the European Union. Two teenagers did not know what language was spoken in Romania and one of them did not know where it was. All teenagers thought that it was still a very poor country and that the living conditions were "appalling":

It's not a very well off country, it's poor, and that's basically all I know. (Girl, 15)

Not much about it actually, because I don't ask my parents about it much. So I don't really know. I just don't know anything about it. (Girl, 16)

Five teenagers (29%) (n=17) had actively sought information about Romania. They had sought information on the Internet, read books, and looked for TV documentaries. They showed a lot of interest in the country:

I would go in the Encarta and look up Romania. And I would look up what sort of music they have, what sort of language they speak, what sort of food they would eat, what sort of habitat or vegetation or climate they have. I do that in my free time if I'm not, if it's raining because I'd be out most of the time playing tennis because I love to play it.

[And what do you think when you're looking Romania up?]

I don't really feel if it's my own country. I just feel that I'm just looking up a normal country, like every other country I look up. I don't really feel as if I'm from there.

It doesn't really enter my head when I go on the computer and look it up. Or if I see the word Romania, it doesn't really enter my head that I'm from the country, or if we talk about the country in school I don't really think about it, you know, it wouldn't be the first thing that comes into my head. (Girl, 17)

There was a strong theme in the interviews with the teenagers that they did not feel connected to Romania. There were just two exceptions, notably one girl who was old enough when adopted to have formed memories. She spoke about searching her Romanian memories and trying to fit them in with her Irish family and way of life.

Is there anything that you would like to learn about Romania?

(Laughs) I don't know, it's difficult like, to learn about one country and then get into the other one. Well, I suppose you kinda have to go back and see what you left behind, and learn from it. (Girl, 15)

Almost all of the teenagers had seen photographs of Romania, usually in the context of adoption. Two teenagers had artefacts from Romania, such as a Romanian flute similar to the pan-flute:

When mum was over there adopting us, she brought back these whistles, and they were kind of type of recorder, but I don't know what they were, they were types of whistles anyway. (Girl, 16)

Two teenagers also had CDs or cassettes with Romanian music which they said they enjoyed listening to:

She (mum) saw this tape, Romanian songs, and she brought it out and gave it to me. And I think we still have it (laughs) somewhere in the house, so, it's actually good to listen to. (Girl, 15)

Some of the teenagers knew about Romanian sports. Most of them had an awareness of the strengths of Romanian athletes:

I know that the Romanian gymnastics team is very good. And that's about it. (Girl, 15)

The runner you know, she beat Sonia O'Sullivan in the Olympics there a couple of years ago. She's a very talented runner. That's another sport, running. (Boy, 16)

The teenagers who were interested in football had heard about Romanian footballers playing in various clubs but they all said that if Romania played against Ireland, they would support Ireland:

I wouldn't, I wouldn't be like religious about it, and you know kind of like "Go on Romania!"
(Girl, 16)

One teenager had changed allegiances, from supporting Romania to having a preference for the Irish team.

I used to like the idea of following the Romanian football team, and they were playing Ireland one year and we held up the Romanian flag and whatever. But I would now, I would now, like if Ireland were playing Romania I'd go for Ireland, it seems, it seems very back stabbing but... (Boy, 17)

None of the teenagers interviewed spoke the language of their country of birth and only two teenagers mentioned that they would like to learn a few words of it. One teenager, who had been adopted five years prior to having been interviewed for the study, said she remembered how to read Romanian, but she could not speak it anymore. Another teenager said that he would like to be able to speak Romanian, as he saw it as a connection to his country of birth, and a way of becoming a part of the country and the culture again:

I'd learn its language. I'd like to get its language back into my speaking, because since I was a part of Romania, I'd like to have something to remember it by. (Boy, 14)

None of the teenagers interviewed had ever visited Romania. Nine teenagers (53%) (n=17) said that they would like to go to their country of birth for a holiday. They talked about wanting to learn more about the people, to observe the culture, taste the food, and experience the place from where they had come. One teenager mentioned that he was curious about where he would live if he had not been adopted:

I'd like to go back to the place I was born. Like, see what it's like now (Boy, 16)

For some teenagers, this desire seemed linked to identification with the country, and perhaps a wish to understand it better.

Just go for a holiday, you know, just enjoy the holiday, and try to bring in, try to think like, this is where I was born. (Boy, 16)

Six teenagers (35%) (n=17) were unsure about travelling to Romania but still said that perhaps they would consider doing so in the future, although only to experience the country generally and not necessarily search for their roots:

I suppose, maybe when I'm older, I would like to go back and just see, you know, more about the culture and, well, just learn more about the culture really. (Girl, 16)

Well I don't know. Like not just to go back to see where I was from, but just go for like, like, for a skiing holiday maybe. (Girl, 16)

However, some teenagers also associated travelling to their country of birth with searching for and meeting their birth family:

Go and see my birth mother, and maybe just have a taste of their life over in Romania, and how they live and stuff like that. (Girl, 15)

Well I'd like to go back there someday and try find my parents, just with my mam and dad now. I don't know, I'd like to just visit it someday to be honest, to see what it's like now and see could I find my birth parents. That'd be nice to do, you know. (Girl, 15)

Eight teenagers (47%) (n=17) said that they had very little or no interest in Romania. Two teenagers in this group (12%) (n=17) said that they were not interested in travelling to their country of birth, neither did they wish to have any more information about it. Six teenagers in the group above (35%) (n=17) were undecided. Most teenagers did not know why they had limited interest. The young people just said that Romania was rarely on their minds. However, one teenager did specify that going to Romania would entail a lot of work and preparation.

Young Adults

A number of young adults had made trips to their countries of birth and were able to talk about their experiences of having done so. Some young adults have not yet had the chance, or they did not want to travel. The young adults talked about their reasons and motivations around whether they would visit. They also talked about the languages of their countries of birth, what they understood their cultural heritage to be, and about the advantages and disadvantages of being in touch with other people from their countries of birth.

Four young adults (21%) (n=19) expressed that they had good knowledge about their countries of birth. Twelve young adults (63%) (n=19) did not have much information about where they originally came from. When asked whether she knew much about her birth country, one young adult replied:

Not in particular, no. My mum said it's very nice, and anyone who I've talked to, who has actually gone to (birth country) has said it's a lovely place. (Young woman, 19, EE)

The knowledge of the young adults was based mostly on the information they had been given from their parents and also on media reports. Six of the young adults (31%) (n=19) also said that they used to have an active interest in their country of birth when they were younger, they sought out information on television, in books or on the Internet. They also watched documentaries, and prepared school projects about their birth country.

One young man referred back to his school project when asked about his knowledge of his birth country:

I wouldn't really know too much now. I meant to look at that project again, you know, just to kind of familiarise myself, but... It was a good idea to do that, and the only reason I did it, was to kind of find out more, obviously, for myself. (Young man, 20, EE)

Two young adults (10%) (n=19) said that their interest in their country of birth dissipated over time and that now they had no real interest in it. The main reasons given for this were: were "lack of time" and "getting on with life". Five young adults (26%) (n=19) talked about how their interest had changed over time. Four young adults described that as having come about as a result of a visit to the country of birth. One young adult said that she became interested in her heritage through friends from her country of birth.

Five young adults (26%) (n=19) said that their cultural heritage had always been a part of their lives. One young man said that it was a part of his life "because it was a part of [him], because it was the place where [he] was born and because it had always been present in family life" as a topic of conversation. He saw his cultural heritage as embedded in his life as a result of his personal history – being born in a different country to people from that country. He also said that he would like to maintain the connection with his heritage by adopting a child from his country of birth.

Because, because I'm from there, I want to adopt from there. So, I'm going to try and keep it up in the family. (Young man, 19, EE)

One young woman said that she felt that her heritage was important and present in the family because her adoptive parents had traced and contacted her birth parents. This had enabled her to meet her birth family and to learn about her personal history as well as about her country of birth. Another young woman talked about the effort her adoptive parents put into maintaining the connection with her birth country through celebrating its holidays, following the sports, and encouraging her to be proud of where she came from. One young woman felt that her physique and her ethnic heritage could not be separated. She said that everything about her, her voice, her looks, the way she moves, even her food preferences, gave clues as to her heritage. At the same time she (along with some other young adults) thought that adoptive parents should not force the heritage of the country of birth on their children. She said they should allow the children to make choices about how much and when they are going to learn about their past:

People have adopted children and they ram it down their throats: "This is your culture, this is your heritage, this is where you come from" and you know, "We're going to go and get Chinese, Mandarin dancing" or whatever. They think that because they have taken that child out of that country, it's almost a guilt trip, they're denying they're not right, it's up to that child if they want to do it or not. (Young woman, 26, EE)

Another young man similarly felt that he did not want constant reminding of where he was born:

Why do I think not? Because you don't want to be reminded every single day like, with a big picture up there of Romania, and a bloody flag up the top. You just don't want to, obviously, you know. It is there, you don't need reminding, you know what I mean? You don't need it flashed in your face every time you walk through the door. (Young man, 20, EE)

Twelve young adults (63%) (n=19) said that the heritage had never been a part of their family life. One young woman put it thus:

I think it was probably just, you know, my parents didn't want that kind of thing, they probably didn't think it would be healthy in a sense. And, also, it might kind of have had an

effect on my brothers if, you know, "Why has she got that up there just for her?" that could also have been the case, I don't know. (Young woman, 25, O)

The young adults gave a variety of reasons for the heritage of their birth country not being part of their lives:

- Regard for other children in the family who were birth children of adoptive parents, or children who had been adopted in Ireland or from another country;
- The fact that it would complicate family life;
- Not wanting to be reminded of one's origin;
- Their feelings about "being Irish" which meant that there was no point in maintaining a link with the cultural heritage of the country of birth.

One young man emphasised that it would be too complicated to try to maintain the customs and traditions of his birth country in order to keep in touch with its heritage.

Because it would be complicated, trying to, you know, do their way of Christmas, and then go round and see other families have their way of Christmas. It would be very, very complicated. So, I think they're best off, probably to stick with one than the other. Obviously Easter and Halloween, all those sort of times, we all went the same ways, the Irish ways. (Young man, 19, EE)

Only four young adults (21%) (n=19) said they thought their cultural heritage would be a part of their future. A young man, who has never visited his country of birth, said that as he was planning to adopt a child from his country of birth, he would like to reconnect with the place where he was born. Two other young adults, who had travelled to their birth countries, said that they would learn more about the culture and society, as it would enable them to travel around those countries independently and interact with people there.

Of the 19 young adults interviewed none spoke the language of their birth country. Only three young women adopted in late childhood remembered some words from their original languages but both said that they only spoke English at present. In the case of the young people adopted shortly after birth or in the first year of their life, English has become their first language. However, some young adults had been adopted at a later age. At the time of adoption, many understood only the language of their country of birth and some of them were already fluently speaking it. Some young adults talked about how difficult it was in the initial transition period from their native language to English. The difficulties related to the children's inability to express thoughts, feelings and needs, and to a lack of understanding of what was happening and why. The difficulties were compounded by the fact that adoptive parents did not speak any of the language of their adopted children.

I was actually speaking the language when I came back to Ireland, (...) so I found it very hard to speak English here.(...) At the age of three or three and a half, I picked up a bit of the language, so the parents had no idea what I was talking about, but (laughs) it could be anything that I was saying to them. (Young man, 19, EE)

One young man spoke of the time it took to learn English saying:

Possibly, maybe just a few months, but it took an awful lot of work really. (Young man, 19, EE)

English is now the first language of all these young adults.

The parents and schools of the young adults usually actively supported the learning of English with remedial classes at school. Many had also received Speech and Language Therapy, which was primarily intended to help the young people with various speech and language difficulties:

The speech and language therapy was taking place when I was in primary school. (Young man, 19, EE)

Yeah, I had speech therapy. I've always had a problem with speech. I used to have a lisp, and I had eight years of training and I don't have a lisp anymore, it's gone. But I used to have a severe lisp, like I used to go to a clinic. It was every Friday, I think, I'd go for an hour for speech therapy. And they really, really did train me. (Young woman, 19, EE)

Most young adults said that they usually started communicating in English within a few weeks after their arrival in Ireland:

*I was speaking fluent (language) when I was over and it took me six weeks to learn, but I completely lost the (language).
[So you don't have any of it left?]
No. (Young woman, 19, EE)*

With one exception of a young woman who regretted losing her native language, the young adults did not appear to consider the loss of their native language to be an issue or a problem:

*[Is it still there, or is it gone?]
It's gone, thank God. There are actually Romanian people in our town. I hear them speaking Romanian to each other, like you know, and I just say "How the hell did I ever manage to even speak it?" (Young man, 19, EE)*

Some of the young adults had attended language classes when they were children, to learn the language of their countries, presumably encouraged by their parents. Some had tried to learn on their own later in life. However none of the young adults managed to learn the language. Ten young adults (52%) (n=19) declared that they had no interest (or that they did not feel the need) to learn the language of their country of birth. They most often said that they found it too difficult and time consuming. When asked whether she spoke any of the language one young woman replied:

*[You don't speak any of the language.]
No, I'd love to but I couldn't be bothered! (laughs)
[Are you going to learn?]
No, no, I'm not going to learn.*

[Why not?]

Hey I'm not going live in the country, what's the point like? (Young woman, 19, EE)

Another young man also stated that he did not intend to learn the language for various reasons:

No it is too difficult to learn. Especially when, you know, you are brought up like, it is easier for them to learn English than it is for English or Irish people to learn (their language).

(Young man, 19, EE)

However, there were four young adults who wanted to learn the language of their birth country and had plans to do so in the future:

Ah, I'll learn it a bit, yea, it's nice to be able to talk to somebody. (Young man, 19, EE)

Those who had met their birth families usually used an interpreter and reported that it was a satisfying means of communication. They felt similarly satisfied with the translating of letters.

Six young adults (31%) (n=19) had visited their country of birth as teenagers, and their adoptive parents had accompanied them during the trips, with one exception. The trips had not always been taken with the intention of meeting the birth family; usually the goal had been tourism and education. Only one young adult travelled to her birth country solely with the intention of tracing information concerning her birth mother. The young adults reported that such educational trips had allowed them to experience where they had come from. They were able to get a glimpse of what life "over there" was like and to see people who looked like them. They also had an opportunity to listen again to the language that surrounded them as babies. The young adults were also able to gain some insight into what it was like to live there and what it might have been like had they not been adopted.

The first trips were usually the outcome of the young person's desire to find out about where they came from and the parent's need to help their child answer questions and understand their background. However, the young adults said that the need to visit the country of birth came at different stages of their lives – some young people said that they always wanted to go and some said that they only developed the desire in their teens.

I've always wanted to go back myself. I was always like "I want to go to Romania, I want to see what I have been through, I want to see my family, I want to see where my orphanage was" and I had so many things going through my head, what it would be like... (Young woman, 19, EE)

It wasn't something that I have always wanted to do. I wouldn't have said at 4 years of age that I wanted to go back to Romania do you know what I mean? But obviously, as you got older, thirteen or fourteen, fifteen, you started wondering more, started asking more questions. And when you are old enough, sixteen, seventeen, over you go. That is the way it was. (Young man, 20, EE)

One young man said that his first trip was organised by his parents and that it was something they wanted to do from the moment they adopted him. As his parents were reaching their elderly years, this first trip was an important opportunity to bring his past to him and to allow him to gain interest in his cultural and ethnic heritage. He had been pursuing it actively ever since and has embraced his cultural and ethnic heritage.

[Was it something that you always wanted to do?]

No. My parents wanted it. They're quite old, so they wanted to kind of go back and show us where we came from while they were still around (Young man, 25, SA)

Four young adults visited the orphanages or children's homes in which they spent the first months or years of their lives. They usually reacted with shock and disbelief at the conditions in which they had lived before their adoptions. Their reactions were a mixture of relief and anger. They were relieved that they did not share the fate of children who had not been adopted. They felt angry that there were still children in those institutions, who had to endure the difficult conditions:

I went into the place and I just, I couldn't even see 'cause I actually bogged down, cause I couldn't look, I couldn't look at five month old baby with a head nearly the size of a football. It was just horrific. I didn't want to go back there again. (Young woman, 19, EE)

Emotions? Like, this is where I was, this is where I sat, and this is like, disgraceful like, where they put me... The way they treated the children in it! I was like "Did they treat me like that?" do you know what I mean? Like a question mark on top of my head saying "Yeah, were they treating me like that?" (Young woman, 19, EE)

The young adults also spoke of anger and astonishment at the poverty and living conditions in some places. They sometimes mentioned feelings of confusion over memories which emerged for them through returning to the place where they had lived. They also spoke about developing an emotional connection and personal ties with the country and the people:

I don't know. Strange, in the sense that you are going back and seeing some of your past, that you kind of like, had shadowy memories of, but at the same time you hadn't got a clue, you know what I mean? And then, just seeing it for real, I suppose, is just different as opposed to just having something by memory. (Young man, 20, EE)

The young adults described their visits as crucial to their understanding of themselves, of their past and their circumstances. Some of them also said that it was a life-changing experience and an "eye-opener":

It changed a lot of things. It changed how I think. It changed how I feel. It changed not to be thinking of yourself a lot, think of other people as well, like suffering, a lot of problems, like. There are people ten times worse than me or you, do you know what I mean? (Young woman, 19, EE)

A few young adults developed a strong sense of social responsibility as a result of the visit and declared that they would like to go back and do charity or voluntary work in the children's homes as a way of "giving back":

I'd love to go back and do something, voluntary work. (Young man, 25, SA)

Ah no, I will go back. I would like, I would like to do a bit of social work for a year or so, and give back a little. (Young man, 20, EE)

Those who visited their country of birth as teenagers usually went again after completing their secondary education. They also declared that they were definitely going to travel again. The young people who had only gone once also said that they were going to make the trip again.

Thirteen young adults (68%) (n=19) had never visited their birth countries, and they offered a variety of reasons why this might have happened. In the case of South East Asia or some South American countries the reasons which the young adults gave were mainly related to safety. Many of the areas the young adults had come from were described by them as war zones or there were security issues related to terrorist activity. Five young adults (26%) (n=19) said that they never had interest in travelling to their birth country as they always felt that it was too far away, too expensive or too troublesome. Two young adults also mentioned feeling no connection with their birth country. One young adult talked about having negative feelings towards the birth country. A few young people mentioned that the thought of visiting their country of birth made them uncomfortable and evoked fear:

I don't think I'd like to go back there exactly, I don't know whether it's like I'm afraid or whatever. (Young woman, 19, EE)

I think it's a fear, there's an awful lot of, you know, obviously, I've seen the news and occasionally you get shots of (Country of Birth) but it looks very poor, lovely country and all that, but you just kind of wonder what life would have been like if you hadn't of been adopted. And I can actually imagine it wouldn't have been very good, so you know, I just don't want to go back, I've no desire, you know that's something that happened in my life, an experience that I moved from. (Young woman, 25, O)

Six of the young adults who never visited their country of birth said that they would like to do it, but had no definite plans to travel to their country of birth.

• ***Do you ever meet up with others adopted from or who have come from the same country as you?***
8 to 12 year olds

In the 8 to 12 year olds' group, thirty-one (88%) of 35 children answered the question about contact with children adopted from their country of birth. Nine of 31 children (29%) said that they met others at especially organised parties and meetings. In this group the children usually said that during the meetings they play and interact socially together:

We just talk and play stuff. (Boy, 8, SA)

Some of the children mentioned that they talk about their birth countries and one child said that adoption is talked about. The children said that the biggest advantage is the opportunity to see others who are "like them", who are in the same situation and who share the experience:

*The good things are that you get to see other (nationality) faces and stuff like that.
(Boy, 10, SA)*

They know the same stuff as you. (Girl, 8, A)

Just meeting other people that were from (birth country), knowing that we're not the only ones from (birth country) in Ireland. (Boy, 10, SA)

These children said that other children are a possible source of information about their country of birth and adoption issues. They felt that the contact with other children through the groups allows the comparison of experiences, feelings and thoughts:

Well the good thing is that we get to play with them, and that like they might know stuff, like games that you don't know, and you can try out new games, and that they might know different types of food, and they might know more about (birth country) than you, and that you could ask them about it, and see what's, see what they know about it, and they might have the food from (birth country) and that you could try some, and see if you liked it. (Boy, 9, SA)

We get to like play with each other and play football and stuff and knowing who their parents were. (Boy, 11, SA)

Two children said that they used to go to parties and meetings but stopped. The children did not give a reason for doing so. Most of the 31 children who answered this question did not see any disadvantages in meeting up with others adopted from the same country but two children said that they do not get along with other adopted children they met.

*[And what kinds of things do you guys do together when you meet up?]
Nothing, because, as I said, we barely get along. (Girl, 9, A)*

Three children said that they met cousins adopted from the same country:

Yea, I have a few cousins that are adopted from (birth country) as well. (Boy, 8, EE)

Seven children (22%) said that they met with other children adopted from the same country by their parents' friends. Many parents had met during the adoption process and stayed in touch. The children talked about regular meetings organised at gatherings of family and friends.

*I meet them in a house
[You're meeting another girl, is it, in her house?]
All the girls that are adopted with me. (Girl, 9, A)*

Two children mentioned that they went to language lessons where they could meet other children adopted from the same country.

[Do you ever meet up with other children?]

Mmm not that much, well, not that much actually no.

[Well if you do meet them at all though.]

We used to meet them at Vietnamese lessons. (Girl, 8, A)

Four children (13%) said that they had never met or contacted other children adopted from the same country. Of these children, one girl said that she would like to have the opportunity to meet with others adopted from the same country. Four children gave apparently confused answers to this question. Two children talked about memories from their country of birth. One child said that she did not know whether she met others adopted from the same country, and another child was not sure about when, where and why they were meeting.

Teenagers

Eight teenagers (47%) out of 17 said that they did not know any other young people adopted from Romania. Two teenagers remembered going to adoption parties and some said that their parents were friends with other adoptive parents:

I remember when I was about three or four, there was this kinda party thing up in Dublin for all people who adopted children. I remember going to that and it was around Christmas time, I think. And that was when a load of people who adopted from. Like loads of places. Just met up and there was a huge party for that. (Girl, 16)

Years ago I did, but not any more. There's some sort of organisation. But I don't want to go any more.

[Why not?]

I don't know. (Boy, 16)

Nine teenagers had contact with other Romanian adopted children and five from this group maintained friendships with other adopted teenagers. The teenagers who managed to maintain friendships valued the peer support and understanding that came from the shared experience of adoption. However, teenagers said that being adopted or their birth country were not usually topics of conversation and rarely featured in their regular activities:

Oh, going to the pool, swimming pool, and really just hanging around and watching movies, and doing stuff that we like doing together. We formed a great friendship and we've known each other for like fourteen, fifteen years so... Ever since we were babies, yeah, just a good friendship. (Girl, 16)

But some teenagers also said that they found it very reassuring to know someone who had the same experience and who understood adoption-related feelings and questions they do not always discuss with their parents:

[What are the advantages of being in touch with them?]

If let's say, you couldn't talk to your mum and dad about the adoption and everything, we

could talk to each other about it 'cause we're in the same situation. And ... I suppose that's an advantage. And that we know like, we can understand each other, if they've got a problem about it and you might feel the same way about the problem or whatever. (Girl, 16)

Just talk to other people who are in the same boat as you. (Boy, 16)

The teenagers explained that having friends who were adopted from Romania (and therefore in the same situation as themselves) helped to deal with feelings of loneliness. It also seemed to assist them to feel more at ease with adoption-related issues:

You know that you're not alone, and that if you're feeling lonely or whatever, that they're there as well, and they probably had the same feeling as well, once before and stuff like that. And you know that you can always go and talk to them and see if they have the same feelings. I wouldn't go to, there'd be just one friend from Ireland that I would go to about the adoption but that's it. I wouldn't go to anyone else from Ireland. [But you would talk about it with someone who had been through the same?] Yeah. (Girl, 15)

Well, I guess it's just interesting. So it's not like "Oh, I'm the only one" or whatever. There's loads of people adopted, that's why it's kind of like, it's grand, 'cause most of my friends are adopted, and that's why I'm so open about it as well, 'cause you just talk about it. (Girl, 16)

Young Adults

The young adults adopted from Romania tended to make friends during their childhood and teenage years with other Romanian adopted children and teenagers. The young adults had this opportunity as a result of the existence of Parents of Adopted Romanian Children (PARC) and the close ties among adoptive parents. As their parents were often friends with other couples who had adopted from Romania, the young adults had the opportunity as children to meet with other children adopted from Romania. Some managed to maintain contact of varying degrees over the years.

The young adults adopted from other parts of the world did not seem to have as many possibilities to meet with others adopted from the same country as themselves. The young people adopted from South America and from South East Asia talked about having some contact with other families. However, there was no organising body like PARC to facilitate contact. One young man stated that:

Yes, at one stage we knew a few families. [So are you in touch with them at all?] Not as much, we used to be, they used to come down and visit us more, I think. But, we moved out of there, so not so much. I think mum and dad might be in touch with them over the phone, that's it. We don't really contact them. (Young man, 25, SA)

Some young adults had contact with immigrants from their birth countries, who had come to Ireland. While they said that it was a nice experience to have such contact they did not seem to attach great importance to it, as the interactions were usually coincidental and described as shallow in nature. However, one young man said that he felt there was a connection between him and the immigrants he occasionally met. One young

woman who had friends among immigrants from her birth country also said that she felt similarity with them. She felt that the friendships afforded a possibility to experience and learn about her heritage:

It's nice, I think it's nice to feel you have a similar like, from the same country, it's nice. And they understand me. They always try like, teach me things and, you know, help me, like they invite me to; they cook (the) food for me and stuff like this. (Young woman, 22, O)

The young adults who had been involved in meeting and contacting others adopted from the same countries talked about the importance of meeting people who were similar to them, and remarked on the closeness created through sharing experiences, circumstances, and personal histories. It was important to feel a part of a larger group, not to feel left out or different. It also gave them a sense of identity as people coming from the same place, with similar looks, temperaments, and histories:

We have a (...) party; we have a get together. We've a, like a picnic and everybody gets together and that's brilliant cause we're all alike. There's a great side of it because you all know about each other's life like. You're knowing what other experiences are like, you're all knowing what it's like going there, how did you feel in the country. And get to know each other, like a lot of (nationality at birth) are the same personality. (...) Like really bubbly, like to have fun, we're all like that, a lot of us are actually like that, we're all mad (laughs). (Young woman, 19, EE)

It was kind of, seeing a fellow South American, it was nice, there is not many of us in Ireland so it was, yeah, it was nice. (Young man, 25, SA)

The young adults also stressed that peer support played a major role when it came to answering questions, searching for roots, travelling to the birth country, meeting birth family or dealing with other adoption-related issues.

First of all, you wouldn't feel left out, you know, you're not the only person. And second of all, I'm able to chat to them and ask them questions, and we're able to hang around as well, and maybe they can give you some ideas, or give you some things about what happened to them, you know, when they were young and all that, and then you kind of realise yourself, you ask them questions as well, you just get information off each other that is very useful, that could be. You go back and then ask your parents later on, just have a chatting to. (Young man, 19, EE)

Five young adults were not interested in meeting or contacting other adopted people or immigrants from the same country. They usually said they did not see the point and they were busy enough with their lives.

Experiences of Prejudice

- ***Has anybody ever said or done anything to you just because you were adopted/born in a different country?***

Participants in all age groups were asked whether anybody has ever said or done anything to them because they were adopted and/or born in a different country.

5 to 7 year olds

In the 5 to 7 year old group (n=54) most children answered 'no' to these questions, it appeared that most did not see themselves as being different from other children either because of their adoptive status or because of their race.

A few of the younger children felt they had been treated differently:

Well loads of people I think they look at me like when I am walking.

[Right]

Look at me because I am brown. (Boy, 7, O)

Some children were aware of looking different. Skin colour was mentioned most often and was connected with different treatment from other children in a few cases.

(I know) somebody else who is adopted, that's my friend, X.

[OK and he's adopted]

He's brown

[OK]

Like me. (Girl, 5, A)

[If someone comes up to you and says "X where do you come from?", what do you tell them?]

A

[Right and do you feel different because you were born in A?]

Mmm... Yeah.

[Really, how do you feel different?]

Brown

[Brown, anything else?]

Mmm, not really

[OK and how does that make you feel?]

Mmm I don't know. (Boy, 5, A)

8 to 12 year olds

In the 8 to 12 year old group, 31 (88%) (n=35) children answered the questions about bias or instances of prejudice.

Seventeen out of 31 (55%) children who answered the questions said that they had never experienced bias or prejudice due to being adopted or being born in a different country. One child (aged 12 and adopted from Eastern Europe) mentioned experiencing adoption-related prejudice but none related to place of birth. It was an isolated incident, and she said she dealt with it immediately. She did not find it upsetting. Six out of 31 children (19%) reported experiences of prejudice related to their birth countries or skin colour. One child talked about experiencing both types of prejudice.

Eleven out of 31 children (35%) in the 8 to 12 years old group who answered the questions had had negative experiences. Where this happened, again (like the younger children) the experience usually involved the

child being singled out as different because of his or her skin colour. It also involved the child not being recognized as Irish by others. Quite a few of the children who had experienced what amounted to a bullying incident pointed out that it was one 'mean' or 'bold' peer who was the culprit and that such treatment was not common or widespread. There were a few who seemed troubled by bullying and exclusion:

*Well some people call me black
[Really? And what do you do when they do that?]
I keep telling them I am not black
[How do you feel about it?]
Angry (Boy, 10, SA)*

The children perceived the attention or comments of others as curiosity and occasionally envy:

They say "What's it like to be born in a different country?" (Boy, 8, EE)

Three children talked about receiving positive comments about their skin colour and birth country. One child mentioned positive comments about adoption:

*Some people think it's quite cool actually.
[Do you think it's cool, as well?]
Uhm, it's alright but you can get a wee bit upset sometimes over it
[And would you tell them that or do you leave them thinking that it's cool.]
Unless they really want to know what I feel like I just leave them thinking that it's cool (Girl,
11, SA)*

Two children refused to comment on the question or give examples of incidents of prejudice. One boy said that things were said to him but he did not want to talk about it. One girl said that nothing had ever been said to her because she never told anybody that she was adopted or where she was born.

Teenagers

Eight teenagers (47%) (n=17) interviewed experienced some form of prejudice and usually they were isolated incidents.

The young people who were affected, experienced prejudicial comments and attitudes and mostly talked about experiencing a mixture of adoption prejudice and racism. Nine teenagers (52%) said that they never experienced prejudice because they were adopted or born in a different country. One young teenager said that he never disclosed his status at school and that adoption and heritage were only discussed within the family:

*[Has anyone ever said or done anything to you, just because you were adopted?]
No, they don't know. I don't talk about it. It's confidential to myself, so I just keep it to myself. But if they find out you know, if they found out about it you know, I'd talk to them about it, but just to keep it to themselves you know, and whatever else, but I just keep it to myself the whole time*

[So has anybody ever said or done anything to you, just because you were born in a different country?]

They don't know

[They don't know that either?]

No, no, like the teachers, the odd teacher, you know. (Boy, 16)

Eight teenagers (47%) reported having experienced prejudice due to having been adopted from or born in Romania. Four of those young people experienced isolated incidents such as an anonymous threatening phone call or being told that their adoptive parents were not their "real" parents:

Well, I got a phone call one day; that was ages ago saying "Go back to where you came from".

[How did you feel?]

(Laughs) I didn't listen to it, sure that's, it's only words. It does hurt but... (Girl, 15)

Two young people said that they were told to go back to their "own country", to which they had replied that due to their Irish citizenship and passports, Ireland was their own country:

One time just, like it only happened once but one time one of the lads got a bit carried away and started going "Get out of my country, get out of the country, you, you foreigner" or whatever and I just said back "Well I've got an Irish passport so try and make me!" So that's about it, when I said that, they just kinda dropped it "Oh, right!", so you know, it was grand after that. (Girl, 16)

Four teenagers (23%) (n=17) had been subjected to bullying at school resulting from the fact that they were adopted and/or born in a different country. One teenager said that she had always been bullied by other children, except for a period during which her family lived abroad. She talked about being mistreated by her peers because of the fact that she had been adopted:

[And has anyone said or done anything to you just because you're adopted?]

Oh all the time

[What type of things?]

You get slagged and mocked and bullied, and made fun for being adopted. They have nicknames for being adopted or stuff like that. It's always happened, except when we lived in (name of country), it didn't happen then but it's happened a lot in Ireland. I don't think people really understand, like, adoption and stuff like that, and how serious it is and whatever. They just think it's a bit of a joke or whatever.

[And what would you do when they'd say something to you?]

I'd just never mind them, I don't listen to them; there's no point. They don't know what they're talking about so

[And would the teachers be aware?]

You tell, you tell the teachers but they wouldn't really care, they'd sort of, you know say "Get over it", well they wouldn't say, "Get over it" but they'd say it in that type of way.

[And would your parents be aware of it?]

Oh yeah, they don't like when children get mocked about being adopted and stuff. (Girl, 15)

She was also bullied because of the fact that she was born in a different country:

[Ok, and would anyone have ever said or done anything to you just because you were born in a different country, so leaving aside the fact that you are adopted?]

Yes. Sometimes it's just: "You're from a different country and you're living here and you're not really from here so why are you living here", that type of thing. And like "Go back to your own country"; that's what they say a lot.

[Would you just ignore them or what?]

Yeah, it's hard when they say that because you sort of, you feel unwanted. (Girl, 15)

She found it very difficult to deal with these comments, especially because she did not feel she received enough support from adults.

Another teenager spoke about the constant intrusion of questions, comments, and "slagging" which made her feel helpless and exposed. She did not feel she had the means to deal with it:

People just ask me who is my birth mother and all of this but I don't, I don't give any personal reasons, I don't, I just say I don't wanna talk about it. I think that they're just sort of laughing you know, or making fun of me so I just don't say it. The whole gang would look at me, I am one person and I would say "Oh I don't really know what to say so", I just be like "Oh I don't wanna talk about it", and they be like "Oh, ok", so they always resume to what they were doing before.

[And how do you feel when they come up and ask you?]

I sort of feel, I don't know, I sort of feel kind of out of place because I don't want them to ask me stuff like that so, you know, for personal reasons only and I don't like people coming up and saying that, you know what I mean? It's like going up to someone and saying, "What sort of, you know, what sort of stuff is in your house?" or something like that. It's like saying something mean sort of in a way like, like "What happened to your nose?" or something like that, it's kind of something mean like that, and I don't like it. I sort of feel kind of down... (Girl, 17)

On the other hand, she drew strength from the fact that being adopted made her unique:

... but I sort of feel, I sort of feel kind of special in a way 'cause they are not adopted. Only I am. (Girl, 17)

One teenager said that after the bullying he had been subjected to in primary school, he decided not to tell anyone in secondary that he was adopted and where he was born:

In secondary school I told no one so it's only people that came in from primary school who knew because of past experiences in primary school.

[What happened?]

Just kind of being slagged.

[Would that be about the fact that you're adopted or the fact that you were born in Romania?]

The fact that I'm not Irish full stop, like.

[You made a deliberate decision not to tell people in your class?]

Yea. (Boy, 16)

Finally, another teenager said that he never experienced prejudice because he was adopted. However, he experienced prejudice based on the fact that he was born in Romania:

Well, no one ever would threaten me because I was adopted because they know that. The only part that does anger me, is if someone comes up to me and starts talking to me about "Go home to your own country", that's when I get angry with them and start, what do you say, saying to them to "Back off, leave me alone", that's the only way when I turn to retaliation. (Boy, 14)

Young Adults

Fourteen (74%) out of 19 young adults who were interviewed reported incidents of prejudice due to their adoptive status and/or being born in a different country at school. They reported experiences of racial prejudice later in life.

The young adults who experienced prejudice spoke about feelings of anger, resentment, and embarrassment and how self-conscious they often felt as a result of bullying. The young adults generally said that they have "moved on" but in some cases it was clear that it was a difficult, painful and often a lonely time in their lives:

I hated the fact that I was adopted. I hated the way I was being mocked over. I just, I don't know, I just hated everything. Everyone annoyed me and it just started building up and because I was a very quiet, not quiet person, but I wouldn't tell anyone anything, I always kept to myself, that's why I'm saying we never talked about adoption here. I wouldn't come home and say "mum this person said this about me" because I just kept everything to myself. (Young man, 19, EE)

Yeah, I had a lot of bullying and I just had a lot of ups and downs. I was silly as well and it's just... Now, like I forget about it now, I'm in college, I have friends, school's in the past, you've done school now, years now. Get on with your life. (Young woman, 19, EE)

Eight young adults reported experiencing more racist than adoption-related prejudice. Six young people endured a mixture of adoption-related and racist bullying. Three instances of adoption-related prejudice occurred at school and in the neighbourhood at the time when the young adults were children and

teenagers. The young adults reported that some children expressed their negative attitudes through spreading rumours about the adopted children. Other engaged in name-calling, or made very direct and insensitive comments:

Oh, "you don't have any parents". There were rumours going around when I was younger that my real parents died in an airplane crash.

[And people would say that to you?]

Oh yeah. (Young woman, 19, EE)

Eh, I remember, well my mum remembers me coming home one day, I was a little bit upset and a little bitch (laughs) called Kelly or someone like that had said: "You do know your parents aren't your real parents". (Young woman, 26, A)

Most young adults experienced racist bullying at school and while playing sports and six reported ongoing racist comments and incidents in the recent past. The young adults talked about their feelings of shock, upset, and helplessness while talking about their experiences of racism. They said that they felt very vulnerable and self-conscious as a result of racist remarks or even attacks and that they found it difficult to know how to react and how to defend themselves. They reported that these difficulties came from their own feelings of shame related to the negative stereotyping of certain foreigners in Ireland:

Pretty much the kids in the school. You know, the way like Romanians are begging on the streets and stuff, they be all: "Ah, you should be out there begging with them" kind of thing. (Young woman, 19, EE)

People don't have the knowledge here what those people are; that they wouldn't be the real Romanians, as in that's not what all their culture is like. Because I'm Romanian, everyone puts the picture of the people on the street and I hate it. I hate saying I'm from Romania. I'm embarrassed of saying I'm from Romania. I stall in saying I'm from Romania, because of those people, the way that's all people see. They'd be like: "Oh, look at the Romanians on the street!" That's all they think, they can't see beyond. Maybe that's not what they're actually like, do you know? I think it's just kind of hard that way. (Young woman, 19, EE)

The young adults said they did not want to be identified with this stereotyping, and also said that they felt anger both at the comments and at those who made them. One young man expressed fear that he might not be able to control his own anger and that this could escalate from a verbal to a physical reaction. Many of the young adults recalled getting into fights at school because of racist taunting:

I felt really, kind of angry. Cause I'm Irish, like. I know I'm from SA, but I am Irish. I'm the same as them basically. (Young man, 19, SA)

The young adults who experienced racism spoke about being called "black", "nigger", "refugee" or "Paki":

At school, it made an impact in primary school because some people would have called me names. I would have been called nigger. Children can say things that really hurt your feelings. (Young man, 19, SA)

One young woman recalled that she had been singled out by the Gardaí for random identification checks, and another young woman said that she is frequently singled out at train stations for ticket controls:

Oh yeah, where do I begin. I think it's more of a racism thing throughout Ireland, as much as Dublin. Just the sort of things, like people just not seeing you, do you know what I mean? Like, they do see you but they ignore you.

[Why is that?]

I've absolutely no idea. They're just being rude quite honestly. Another thing is also occasionally getting stopped by guards and asked for ID. This particular time, I was on a train from (name) to Dublin and the guards got on at (name), and I heard over the intercom or something about "Please have your passports" and whatever. I was asked for ID, I was the only one in the whole carriage. Then, I looked out the window and I saw two Nigerians, I presumed, being escorted down the platform. (Young woman, 25, O)

The young adults also recalled incidents where they were expected to undertake low skilled work; in some instances they were teased about their "foreign sounding" names; in others they were accused of stealing jobs; and finally there was a comment made about overpopulating the world:

I used to be working in (name) in my town when I was in fourth year, so I must have been like sixteen. And I remember when I was at the check-out, the cashier one day came and asked me where I was from. And when I told him, he said to tell my parents to stop having children, that I was over populating the world (laughs). And he was really aggressive about it, and I was feeling really helpless behind the desk. Like, I didn't know what to do, so that was kind of upsetting. (Young woman, 22, O)

The young adults who had experienced racial prejudice reported incidents where they were told to "go home", to "go back to where they came from" and that they had "no right to be in Ireland". They were also subjected to very insensitive and personal comments:

They'd be like, oh, about my kids, no one is going to want to marry me because my kids are going to be a different colour. (Young woman, 19, EE)

Four young adults said that it became easier to cope when they entered adulthood. Two young men noticed that while they are met with uncertain or unfriendly attitudes when they come into contact with people for the first time, many people warm up to them when they hear a familiar accent, and forget about their foreign appearance:

But when they hear me speaking and stuff and then, when I'm actually working with them, they get to know me. It's completely different, I'm just one of the lads. (Young man, 19, SA)

One young man reported that a positive attitude in some instances only lasts until a conflict develops, and then often racial or prejudicial comments are made as a means to offend:

If you're out on a night out, and you meet someone that, well let's say if you get into an argument with someone, it's all the racist stuff that comes out again. Yeah, like as in an

argument, if someone walks by me and ends up bumping into me, and they turn around like "Watch where you're going" and stuff, and then words begin flying and stuff like that.
(Young man, 19, SA)

The young adults reported that they have "tried to do their best" not to take personal umbrage from the racist comments, but they described the experience of having been subjected to such treatment as a "lonely experience". None of the young people recalled receiving professional help in relation to racist bullying. They sought support from their parents and sometimes from teachers, but noted that perhaps some form of professional support would have been beneficial to assist them in dealing with their own anger and shame which they felt as a result of being the subjects of racist remarks:

Well at times you do get fairly pissed off about it. Because, obviously, you have gone through things that they have never gone through, never will go through, and, in some sense, they have it a lot cushier than you have had. So, I don't know, it is just, yeah, it does get a bit annoying after a while, but what can you do, you know? As I said, it is life, it happens. What are you going to do? (Young man, 20, EE)

The young adults also reported that people sometimes felt that adoption was a 'lucky break' for the children. They noticed that people felt sorry for them. One young man talked about such a change in the attitude of his manager after he told him his story:

I was talking to him, having a little chat here and there, and he says: "Where are you from?" And I told him, and he goes: "Oh, right, yeah". And from that day on he was harsh on me now, but he was fair, you know what I mean, he wasn't as much as a dickhead anymore.
(Young man, 20, EE)

Feeling Different

- **Do you feel different because you were born in ...?**

5 to 7 year olds

Most of the children in the 5 to 7 year old group (n=54) said they did not feel different from their peers because of the fact that they were born in a different country:

[And do you feel different because you were born in O?]
No
[No]
Not even one bit
[Not even one bit, OK.] (Girl, 6, O)

But some did report feeling different. For the children this feeling seemed closely related to the colour of their skin:

[Do you feel any different because you were born in EE?]
Yeah
[How exactly?]

Because I have different skin. (Girl, 6, EE)
I'm the odd one out...I've very little friends
[You've very little friends in school and why is that do you think?]
Well I just have little friends because everyone thinks if you touch me you'll turn brown. (Girl, 7, A)

8 to 12 year olds

In the 8 to 12-year olds' group, thirty (86%) out of 35 children interviewed answered the question about feeling different.

Twenty children (67%) out of 30 who answered the question, said that they did not feel different to their peers and that they were not treated differently because they were born in a different country:

Everybody kind of knows I'm from EE but they don't treat me like somebody that, somebody who comes from a different country, they treat me as one, er, like a normal person. (Boy, 12, EE)

Two children in this group gave justifications. One boy said that he did not feel different, as he believed that there were no differences between 'people':

[Do you feel different because you were born in (birth country)?]
No. Because, like, everybody would be the same people, and there's no difference between everybody else. (Boy, 10, SA)

Another child said that he felt he was the same as others as he did not speak any of the language of his birth country but he spoke English and Irish:

No. Because I don't speak (language), I speak English, and Irish. (Boy, 8, A)

Two children were uncertain as to how to answer this question. One boy said he did not feel different but that he felt he "was from a different place":

I just don't cause ... I don't really... I do feel that I'm from a different place. I know that. And that ehm, that just a lot of things... you know? (Boy, 8, SA)

Another boy hesitated and eventually said that being born in a different country was "like being born in Ireland". One boy said that he used to feel different from others, but that it stopped when he realised that he spoke the same language, played the same games and sports as other children and that differences were not important, as long as there was mutual respect among people:

Eh, not really. I used to think different but now I just like think, like, everybody else. And if people respect me like, I just respect them. I feel the same as people in school because like, I can speak their language, I can play like they play. I play their sport so, I don't really feel that much different. (Boy, 12, EE)

Seven children (23%), out of 30 who answered the question, said that they felt different from others. One child said that it was not due to the place of birth, but to skin tone. Another child felt different and “strange”. This feeling of strangeness was related to the fact that he had to learn about himself, probably in terms of pre-adoption circumstances and history which he had to incorporate into his current life and identity:

[Strange, in what way strange?]

‘Cos I don’t really know myself then but I get used to myself then

[You wouldn’t really know yourself?]

No

[And that’s because you’re from (birth country) is it?]

Yea

[And you said you that you got to know yourself?]

Yea

[When did that happen or how did that happen? How did you get to know yourself?]

That I looked in my mirror and then I just recognised myself

[Right and before that when you were smaller did you recognise yourself?]

No

[And you said you felt kinda strange because you’re from (birth country)]

Yea

[Why do you feel this way?]

I don’t know. ‘Cos I wouldn’t really know about myself already ‘cos I was in an orphanage all the time I wasn’t in any place in (birth country) just in the orphanage with my Mammy. (Boy, 9, EE)

Another child said that she felt different because she was born in a country which was different to the country in which the other members of her family had been born. She also said that she was different because she spoke differently from other people. She explained that people who come from different countries speak English differently from Irish people. She seemed to believe that since she came from a different country, she too had to speak differently. One child said that she felt different as she was born somewhere different from everyone she knew. She also said she did not know many others who looked like her and she talked about feeling sad because of this:

Well, because like everyone can say “Oh, I’m from Sligo General Hospital” or “I’m from Belfast”. It’s just; I don’t really “really” know where I am from because I’m from (birth country).

[So how would that make you feel then to say “I’m from (birth country)”?]

Well, maybe very sad but I’ll just be ok

[And why do you feel this way? Why do you feel that you’re a little different?]

Because like I don’t know many people that are sort of a different shade or colour.

(Girl, 11, SA)

Two children related feeling different to physical differences between Ireland and their birth countries. One of the children said that he feels colder in Ireland than in his birth country and the other said that “the place looks different”:

*Just like I feel a bit cold here
[You feel a bit cold? Whys that?]
Just because I was kind of used to how hot it was and things here are a bit cold in Ireland.
(Boy, 8, EE)*

One of the girls had memories from her birth country and remembered the transition after her adoption. She has seen and experienced the differences between her birth country and Ireland:

Yeah, because when I just came I didn't even know what a plane was and I got really scared. And see everyone in (birth country) knew us, and if you saw somebody you could just go on and ask. You just say "Oh, go on let me have a wee ride, is that ok?" And my friend stopped me and she said "you can't just go out and ask". And at school, you see in (birth country), when they write it's kinda all funny because they're holding their pencils way low. They hold it like that and my Mum taught me to hold it like that. (Girl, 10, EE)

Teenagers

All seventeen teenagers answered this question.

Twelve teenagers (70%) said that they did not feel different because they were born in Romania. They felt a strong connection with the country and culture of Ireland where they had grown up. They often said that Romania was just a place where they happened to have been born:

*No, I don't feel any different, you know, I just, I regard myself as being Irish now, you know, I was born there, but I'm an Irish citizen now, that's the way I think about it.
[And why do you feel this way?]
Because I'm, because I've grown up here, I've grown up here like. (Boy, 16)*

I'm basically just like everyone else like I mean, I don't have a Romanian accent and I you know, if somebody saw me walking down the street it wouldn't be like "She's not Irish", you know, you couldn't really see the difference. (Girl, 16)

The teenagers also stressed that they felt close to their families and friends in Ireland and they had no personal ties with Romania:

I'm happy and I have a family and friends who love me and care about me, so to me it doesn't really matter where I was actually born. (Girl, 16)

However, one teenager said that he was aware that, while to him his birthplace did not matter, people could be biased and perceive him through the lens of adoption and Romania:

That's as important as it is to me, it's not really at all. But to other people it might be way more important, but for me personally... (Boy, 17)

One teenager stated that as a result of having been born in one country and growing up in another, her life was richer and her choices not limited to one place or culture:

Well, it's good because I've got like leads somewhere else, and 'cause to most people here just you know, it's Ireland. But now I've got Ireland and Romania. I can kind of choose where, if I'd like to go back and all. (Girl, 16)

Five teenagers (29%) said that they felt different because they were born in Romania. They were reminded about it because of their physical appearance, because it would be pointed out to them at school, or because they did not feel a connection with Ireland and their Irish peers. One teenager said that she felt different as she was constantly reminded about being adopted at school where she was afraid that people did not like her because she was adopted:

People in my school feel different about it, well here I just feel normal because I'm with other people as well who are adopted, but I don't know. I sort of feel out of place in school because maybe people don't like me because I am adopted. Maybe people you know, people like me but they be sort of look at me differently because I am adopted. (Girl, 17)

One teenager observed that he did not feel different, but that he did, on occasion, feel left out. He noticed that there were things about Ireland and Irish people that he did not understand, things about which Irish people seemed to have an innate knowledge. He also said that he had little in common with Irish-born teenagers. While he felt mostly Irish because of the culture he grew up in and the language he spoke, he said that he thought of himself as a foreigner because he was not born in Ireland. However, he stressed that he was not an immigrant, since he did not know or remember anything about his birth country:

*No different than you'd be if you were born in Ireland. No different. Sometimes, you just feel left out because they have all these great things, and you say, "I never heard of this". You think it's not really Irish, you wouldn't find it really interesting but the Irish themselves would find it interesting. It's just something that never catches on to, eh, foreigners.
[Would you see yourself as a foreigner?]
I would see myself more as a foreigner than an immigrant, much more.
[Why do you feel this way?]
I feel this way because, I guess, I'm from a different part of the world. (Boy, 14)*

Another teenager said while she understood that she was Irish because of her citizenship and upbringing, she felt she had more in common with immigrant children attending her school. She also mentioned that her appearance set her apart from her Irish peers:

*I probably get on better with them than the children in Ireland. I suppose like, it's weird, because for example in Irish, we'd say 'I'm from' And then they'd say 'I'm from Nigeria' or 'I'm from Romania' and then we sort of have a connection; we're from different countries and we've come to live in Ireland, we sort of get on better.
[And would any of them be adopted as well?]
No
[But you've the connection with them?]*

Yeah, I think it's 'cause they're from a different country. Because I don't look like an average Irish kid or whatever, I look like I'm from a different country and my background is different from all Irish children and stuff like that. (Girl, 15)

The comments of five teenagers (29%) indicated that they believed they were unique. Three of them also said they felt special because their adoptive parents had told them they had been chosen in preference to other children:

When I was little, my mum and dad they used to tell me: "Oh, you are a special girl, you're adopted". I remember, I used to be, like when we were flying or whatever on holidays, when I was like four, five, six I used to like run up to the pilot: "My name is special girl", hoping that they would let me fly the plane. (Girl, 16)

I sort of feel kind of special in a way, 'cause they are not adopted, only I am. I sort of feel strong about myself that I was adopted, because it sort of makes me feel that I am unique and that my parents chose me and not anyone else. (Girl, 17)

These teenagers also felt they received positive attention from their friends who enjoyed the dramatic stories of adoption. Also, "being one of a kind" played an important role in the teenagers feeling special:

Like with my friends I'm like, say, if I say I am adopted, everyone's like: "Oh my God!" And I just find myself like telling my life over and over again. But yes, like I actually sometimes, I don't think about being adopted but when I do, people are like "Oh my God!" And I was like: "Oh yeah, you know I am adopted". It is interesting when I say whatever, tell people like: "I am adopted", then tell my stories or whatever and they're like: "Oh my God, that's so cool". (Girl, 16)

However, one teenager said that being adopted meant that she was different from her peers because she could not talk about her family the way children who were not adopted were able to do. She saw herself as a stranger as she did not consider her parents to be her 'real parents' when she compared herself to her friends' families. Neither did she feel a connection to her adopted sister who was born to a different birth family:

It's different and weird because, like, there'd be kids that, in my class that would say: "Oh yeah, my mom and dad..." and then sometimes you might go "Well that's not really my mom and dad" or "That's not really my real sister" or stuff like that. (Girl, 15)

Another teenager felt that being adopted set him apart from his peers and that it was a lonely experience. He felt that people who are not adopted do not understand how being adopted feels and what it means. He was also concerned about the prejudice against children who have been adopted from outside Ireland:

It's a little bit lonesome sometimes. You go around, people are saying "He's this, he's not all", it's a little bit lonesome thinking if I was in my own country I would, wouldn't be getting this, so it's a little bit disturbing sometimes. (Boy, 14)

Three teenagers said that once a person is adopted it becomes a part of their life as much as anything else and should not interfere with their plans, achievements and with the future. They also felt that they should not be perceived through the lens of having been adopted, as adoption was not something that defined them:

I just want to say that I don't really, I don't really think about being adopted. I just think that I'm just, you know, I'm just a normal person. I don't feel the need for people to see me as someone different because I am adopted. It happened years ago when I was a baby. I'm seventeen years of age now so, I just don't, I don't think about it. (Girl, 17)

Young Adults

Almost all of the adopted young adults mentioned "feeling different from other people". Some of them talked about the fact that being adopted made them feel different and that it gave them a different outlook on life. The most important differences, however, were concerned with "not looking like everybody else".

The young adults reported that their looks were often pointed out to them, which they sometimes experienced as instances of racism and prejudice. The young adults said that the difficulties in relation to looking different were at their peak during childhood and adolescence. Fourteen young adults (73%) (n=19) had been subjected to incidents of racial bullying and what they termed as "slagging". The young people said that as a result they had felt ugly, self-conscious, that they wanted to be "whiter". They had felt that they would always "stick out" and felt they were under constant observation or that they were being stared at:

I'd say like, being a child, it was a bit worse, kind of standing out from the crowd, you know. You just felt more aware you're different, do you know what I mean, everyone else is Caucasian. (Young woman, 25, O)

Some of the young adults reported being badly affected emotionally by looking different (particularly during childhood and adolescence):

I really hated myself when I was a child. I really hated myself. I really was... I hated the look, who I am. (Young woman, 19, EE)

Really insecure, ugly, and vulnerable, but at the same time you know, I didn't think I was ugly. I knew I wasn't ugly but I just didn't feel happy with who I was or the way I looked. (Young woman, 26, A)

Most young adults said that they have accepted the fact that they do not look Irish and that their looks were no longer an issue. However, it was still noticeable that they considered their appearance as something that set them apart from Irish born friends, colleagues and the community at large. One young woman who spent most of her childhood abroad said that she had never felt different when she lived outside of Ireland and that the difference was only pointed out to her in Ireland. One young man talked about feeling embarrassed and hurt when his friends teased him about his looks:

I love when people tell me they don't notice anything. It's when people say it to me, so like...

[And people do say it to you?]

Mmm only teasing, only like taking the mess out of me, but it does hurt like. (Young man, 19, SA)

Three young adults talked about the positive aspects of having dark skin. The young women especially appreciated compliments and expressions of envy at their colour. Some of them also said that having positive feedback about their appearance helped to change the way they thought about themselves.

I'm very happy with my life at the moment, like, I know I went through a tough time when I was younger. Now people don't care and they'd be like "Oh, I'd love to have your skin colouring, you have it all year round. Wouldn't you love to be like (young adult's name)?" Do you know, even those things and you'd be like "Oh yeah, I am tanned" do you know, so you accept it. That's what I think anyway. I've accepted it. (Young woman, 19, EE)

On the other hand, some of the young people, although aware of the differences in appearance, never paid much attention to it. They felt they were a part of the society as much as anybody else. They had a strong sense of belonging regardless of having been born in a different country or having a different skin colour:

I get chatting to friends and everything, and I can ring up people no problem, and I can ask them, you know, they don't mind at all whatsoever, and whatever. A lot of times you wouldn't actually think I'm from (country of birth) at all like, they probably think just another lad from Ireland, just the colour of his skin like, you know, tanned. (Young man, 19, EE)

Importance of Adoption

- **Was the fact that you were adopted important to you when you were growing up?**
- **Looking forward 5/10 years do you think that being adopted will be important in/have an impact on your life?**

This section refers to young adults only. They were asked to talk about the impact adoption has had on their life. The young adults talked about the importance of adoption as they were growing up and its impact on various areas of their lives. They were also asked to assess whether adoption would still be important in the future and in what ways this could be possible.

When asked about whether being adopted was important to them and if it has had an impact on their lives, five young adults (26%) said that they saw adoption as an integral part of themselves; that it constituted "who they were". They also spoke about wondering "what their lives would have been like if they had not been adopted". Thinking about alternatives was often connected with visiting the country of birth and the possibility to see with their own eyes the reality of "what might have been". The young adults were very aware of the fact that through having been adopted to Ireland, they had been given the opportunity to lead a normal life, to become educated and to have opportunities that would not have been there had they stayed in their birth country. They talked about taking responsibility for oneself and for one's life. They spoke of a personal conviction that since they had been given this opportunity, it was solely up to themselves to make the best out of it.

Four young adults (21%) (n=19) said that even though they had experienced adoption related problems as they were growing up, they would not allow their lives to be affected negatively:

It wouldn't have very much of an impact, unless you let it.

[What do you mean, "Unless you let it"?)

Well, you could spend your whole life thinking about it, or you can just get on with your life.

(Young man, 19, EE)

The young adults also spoke about the emotional impact of being adopted. They were aware of some emotional impact as they were growing up but they did not always know what may have caused it. One young woman talked about the social impact of being adopted, the fact that it often attracted negative attention, and about feeling angry throughout her childhood:

I was never ashamed that I was adopted, I was just, didn't like the way people kind of went for me because I was adopted. I was a bit brazen when I was a bit younger. I was just a very angry child.

[And do you think that was partly to do with being adopted?]

Yeah, it was, it wasn't the adoption, it was the abuse coming from adoption. (Young woman, 20, EE)

Another young woman also talked about feeling angry when she was younger. She recalled fighting with her adoptive mother and said that for a long time she had not been able to understand what was causing her negative emotions and aggressive reactions:

I don't even know how to explain it now, but I think the reason I was fighting with my mother was because of my real mother, you know. I kind of looked at her like my real mother, that she was going to give me up, and she'd get sick of me and ... I don't know, confusing. (Young woman, 20, EE)

The young adults often mentioned that being adopted made them feel different from others. One of the young adults pointed out that it is only possible to assess and understand it now, from the perspective of having grown up as an internationally adopted child:

You know, you only really see it when you look back on things and you think about them. I suppose it would make an impact all right in a sense of you're just not quite the same as your other friends, you know, and as a child growing up, you feel that a wee bit. (Young woman, 25, O)

Those who arrived in Ireland at a later age had to learn English and usually started their education later than their Irish born peers. It made them aware of being a few years behind others in academic terms and they felt singled out in physical and emotional terms:

I started school very late, (...), so I was kind of a bit older than all the lads in the class then, very old now, but I didn't mind too much, really didn't mind. All the other lads were just, were messers, and I think I knew, I definitely stood out amongst them, definitely, you know

what I mean? I wasn't saying I was the Daddy of all of them, you know, but I just definitely noticed the difference all right. I kind of knew definitely I was that bit older than them, just at the age, just mature a bit, and they were kind of immature a bit. Even in primary school as well, that I was probably a bit bigger than all the rest of the kids (Young man, 19, EE)

Another aspect of feeling different was having a dissimilar life story to other people. This aspect was not perceived as negative but as an inherent part of their identity:

Well it makes me different. Everyone else's story is just like: "Oh yeah, yeah, this is my family blah, blah, blah". Me? It's just totally different. Yeah, never abnormal but I'm just different, I don't know really how to explain it. (Young woman, 19, EE)

The young adults also said that they often felt put on the spot and made uncomfortable because of the inquisitiveness of others about their feelings, history, and circumstances. School was identified as the place where most questions were asked both by peers and teachers. The young adults said that generally they did not mind questions and appeared very understanding of people's curiosity, but there were moments when they felt that it developed into intrusiveness:

Well I didn't like saying it in the front of the whole class like. I did it in a kind of one on one kind of smaller questions. (Young woman, 19, EE)

The young men spoke about a more humorous aspect of the impact which adoption may have on a person's social life, which was the "pulling factor". Many of them said that the fact that they were adopted from a different country made it easier for them to date. They talked about a mixture of fascination, pity and pride demonstrated by their Irish girlfriends at being seen with an unusual boyfriend, and they usually concluded that being adopted and looking "foreign" definitely helped in their relationships:

The girls in school thought it was cool to have a foreign looking guy in school and they always asked questions. I found it easier to make friends with girls than boys. I think it helped in some of my relationships (laughs). (Young man, 19, SA)

*That does the trick for pulling a woman (laughs)
[Really, how come?]
Usually so, they're always fascinated. (Young man, 19, EE)*

*It has been a bonus in my relationships.
[Right, in what way?]
'Cause you are different. You have a different past. Like some people, I don't know, or some women kind of, I don't know, they feel sorry for you sometimes even though I don't have, I don't want anyone to feel sorry for me, that is just the way they feel about it. Because they do know that you spent a few years in an orphanage and you didn't have a family and that you got adopted so it can work to your advantage. (Young man, 21, EE)*

On the other hand, two young women spoke about sexual harassment as a result of their physical features and the stereotypes attached to their birth. One of those young women was very adamant about the fact that adoptive parents should be very aware of the stereotyping that girls coming from Asian countries must endure:

*I say to any parents that are adopting, you have to be so careful, especially with a girl. Especially with a girl, about their sexuality, because men will look, you know, at girls, they will. I suppose now is not as bad as when I was growing up because like I could walk up and down Grafton Street and I would not see one Asian person. When I was growing up it wasn't so you really did stand out as a sore thumb but...
[So it seems to be an issue though, if that happened]
Oh it completely is and it's nothing to do with adoption. (Young woman, 26, A)*

She also said that she found it very difficult to deal with the attention her looks attracted and that it was still a problematic area of her life. She felt unsafe on the streets, suspicious of being watched, distrustful of men's intentions and lonely as she felt she did not receive appropriate support to cope with those issues:

I wished that I was given coping skills in school or by my parents. I hated when my mum said: "You can't change how people react to you but you can change the way you react to people, and you can never change a situation. If it's there, it's there". (Young woman, 26, A)

Only two young adults said that they never felt that adoption had had an impact on their lives and they did not consider it an important part of their lives:

*[Was the fact that you were adopted important to you when you were growing up?]
Was it important? No, it didn't bother me. (Young man, 21, EE)*

When asked about the future impact of adoption on their lives, the young adults gave different replies. Seven of them said that they did not see how it would still have an impact. Three young adults felt that as intercountry adoption was becoming more popular in Irish society and with the increasing number of foreign nationals in the country, that the risk of prejudice would diminish as people became accustomed to many different nationalities in the community. It was also their opinion that so-called "celebrity adoptions" create a more positive image of intercountry adoption:

It won't be as... important, say, as being adopted in the nineteen nineties or eighties because a lot more people will be adopted, you know, Madonna is adopting, you know, Angelina Jolie, Sharon Stone... Whereas back in eighties or nineties I couldn't name one person that was adopted. (Young woman, 26, A)

Twelve young adults (63%) (n=19) said that adoption would always be important to them and that it would always influence their lives. Some of them wanted to make sure it would always be present and one way in which they were planning to do this was making plans to adopt children themselves in the future:

In a way that made me kind fall in love with the whole aspect of adoption. Like, knowing that I can help some kid's life, 'cause when I'm that age, I'm definitely going to have one or

two adopted kids. On top of whatever kids I have of my own, if I have any. (Young man, 19, SA)

Other young adults said that adoption would always be a part of them as it was a natural element of their identities, their past, personal histories and experiences, and memories. They did not see how it could ever cease to be that way. They were also aware of the alternative that could have been had they not been adopted by their parents and they claimed that this awareness would never go away:

It has made me. It is this is who I am. It is part of what, I suppose it is part of what has made me, you know? Again, if I wasn't adopted, I wouldn't have met my family now and I wouldn't have been given any, you know, any opportunities that I have had to travel or, you know, to go to college. Well, I don't know, I am just assuming but... So yes, it will be important to me. I mean, it always will be, no matter what stage I am at. (Young woman, 25, A)

Key Findings

As the people whose lives had been entirely changed through adoption, the opinions of children, teenagers and young adults on intercountry adoption were central to the study. The key findings to emerge from their reflections were:

- All of the children and young adults who took part in the study knew that they had been adopted from another country and the vast majority expressed mostly positive feelings about having been adopted.
- Levels of understanding of what adoption actually meant and why it had happened varied with age and developmental level. Up to age twelve, most children expressed their understanding in concrete terms: the emphasis was on their story of having being brought from one country to another and from a care situation to a family. Teenagers and young adults mainly thought of adoption as a chance for a better life for children, and something which had happened to them because of the socio-economic situation of their birth family in their country of birth.
- The majority of children and teenagers believed that being adopted did not make a difference to their lives. Half of the teenagers said they never thought about adoption, the other half did so with various degrees of intensity. Most of the young adults said that being adopted did make a difference. This difference was mainly expressed as: feelings of being different from others both physically and emotionally, ongoing feelings of loss and grief, and not being related to adoptive family by blood. The reality of being adopted had become more significant for teenagers and young adults as they came to realise they were physically different from the Irish norm.
- Younger children were reluctant to talk about how and with whom they discussed being adopted. In the youngest group the children stressed that adoption was a private, family matter. The children in the older group were more relaxed about it but still highlighted that adoption was private. The children reported varied emotions related to talking about adoption, from deep sadness through being indifferent to the topic to feelings of happiness. The majority of teenagers and young adults discussed being adopted with their adoptive families. Results of the Brodzinsky Openness Questionnaire show that about half of the teenagers experience at least some difficulty in communicating with their parents about adoption. Most young adults said that they discussed adoption with people outside the family but did so in a limited fashion. They were concerned about other people's lack of knowledge and understanding of adoption.

- In all age groups there were varying amounts of information on birth families. Half of the younger children and two-thirds of the teenagers had some information, and most of the young adults also had information. Within all age groups there was a majority of participants who wanted to know more about their birth families, and this was expressed particularly in relation to the welfare of birth siblings and birth mothers. Among teenagers and young adults the idea of tracing birth family was not a priority. The impact of tracing was seen as potentially problematic. This was because of the emotional trauma it may involve for birth families, lack of a sense of connection with birth family, and concern for adoptive parents. A minority of young adults had established contact with birth family and this was generally progressing well.
- In all age groups, the majority of participants identified themselves as being integrated and feeling that they were 'fully Irish'. Being Irish meant having: Irish values, frame of mind, way of life and knowing Irish culture. The young adults expressed that they had experienced being thought of and referred to as 'foreigners or 'aliens'.
- In all age groups, the majority of participants had minimal knowledge of their countries of birth. It was generally based on stereotypical images and information relayed by adoptive parents. A majority of participants expressed an interest in visiting the country of birth, the numbers wishing to do so being higher in the young children and young adult categories.
- Contact with others who have also been internationally adopted was ongoing, through Family Support Groups, for a majority of participants. This contact was generally seen as positive. Young adults reported that contact with immigrants, (from countries of birth of the adopted person) was not important.
- Prejudice in relation to adoption, and racism had been experienced by a minority of participants in all age groups, but the numbers were markedly higher for the young adults. These experiences had brought feelings of anger, sadness, intimidation and frustration.



CHAPTER 9
PERSPECTIVES ON POST-ADOPTION SERVICES

Chapter 9: Perspectives on Post-Adoption Services

It is clear that children who have been internationally adopted often require similar services to Irish-born children. However, given the specific experiences of internationally adopted children, there may also be additional issues that arise during childhood and adolescence for this group. These issues can arise as a result of factors such as institutionalisation, introduction to the English language at a late stage, and through the experience of incorporating the reality of their adoption into their lives.

This chapter deals with services which were used or have been called for by the children and parents in relation to intercountry adoption. It draws primarily on the information given by parents in the parental interview. The first section of this chapter outlines the parental views and their experiences of the various services which they have accessed since they returned to Ireland. It includes their opinions on medical, speech and language, psychological, educational and social work services; and challenges they may have encountered when trying to access them. The latter part of the chapter reflects the perspectives of young adopted adults on services they experienced, or for which they expressed a need.

Because of the way in which responses were given to particular questions, quantification of responses was not always possible. As an example, 10% of parents spontaneously mentioned in the interview that an initial consultation with a medical consultant had been useful; however, this does not mean that the remaining parents did not find this useful. If they had been asked this specific question, they may well have answered yes. Furthermore, in this particular example, it was not always clear whether parents were referring to a General Practitioner or a Paediatric Consultant. Similar instances were present in relation to other aspects of services which parents discussed. For this reason, there will be a mixture of quantitative and qualitative results outlined. The quantitative results are to be considered approximate results, except for the sections 'Services Accessed Initially' and 'Services After the Initial Period', where the figures come from specific quantitative questions.

Services Accessed Upon Return to Ireland

Parents were asked whether they accessed services immediately upon returning home to Ireland. It was reported that:

- 86% of parents visited a General Practitioner.
- 69% of parents had their child examined by a Paediatrician.
- 26% of children were visited by a Public Health Nurse.
- 26% of children were visited by a Social Worker from the Adoption Agency.

Other services which were accessed initially included: osteopathy (11.7%), speech and language services (8%), physiotherapy (6%), nutrition specialists (4%), and occupational therapy (3%). Individual families reported accessing other services such as medical consultant, dentist, family therapist, homeopathy, and one family mentioned that they accessed the services of a priest.

Services Accessed After Transition Period

While the services accessed above refer specifically to the period immediately after the adoption, this section considers services that were used following the initial transition period. It may only be after this initial

transition period, or at particular stages in children's development that issues emerge, such as when the child enters school.

Table 9.1 Services used by Families after initial period

| Services Used | No. of Families |
|-----------------------------|-----------------|
| Medical Consultants | 82 |
| Speech and Language | 52 |
| Educational Assessment | 32 |
| Social Work/Family Support | 14 |
| Psychologist | 9 |
| Sensory Integration Therapy | 7 |
| Family Therapy | 7 |
| Psychotherapy | 4 |
| Counselling | 6 |
| Child Guidance | 3 |
| Osteopathy | 3 |
| Alternative Therapies | 3 |
| Other | 19 |

Other services which individual families said they used were: cranial massage, cranial sacral therapy, parent/child coach, faith healer, pharmacist with a particular knowledge of Asian skin conditions, listening therapy, orthodontist and speech and drama.

Positive & Negative Experiences of Post-Placement Services

Where parents had used services, they were asked to reflect upon whether the services had been useful. Over forty percent (40%) of the parents stated that one or more of the services they used had been helpful. Eight percent (8%) of parents had mixed opinions. Thus while some aspects of the services were considered to be positive, other aspects were poor. Two parents said that it was too early to tell if the services they were using had proved useful. Approximately one-quarter of parents stated that they had difficulty accessing services or that the services they had accessed had been inadequate.

Medical services

Eighty six (86%) percent of parents had brought their child to a General Practitioner on arrival in Ireland. Eight parents said that they had found "medical services" to be helpful. A full medical check-up of the child was considered to be useful, parents remarked that: "*Getting a complete medical was really reassuring*". Almost 10% of parents indicated that consultations with medical consultants, most frequently paediatricians, had been useful:

We found that going to the paediatrician was excellent. She did a thorough check on him and other assessments stemmed from there. (Parent of boy, 3y, EE)

One parent observed that a particular paediatrician was very meticulous and had a very good knowledge of the issues which could result from the background of her child. This, however, is in contrast to many comments from parents who felt that the consultants they had seen did not have a good knowledge of the issues children who have been internationally adopted may have.

Speech and Language Services

Fifty-two of the children had received speech and language therapy. Nineteen parents stated that they had found speech and language therapy useful for their children. One family said that, “*speech therapy was good, it helped him work on his sounds*”. Some parents emphasised that the provision of exercises to do at home with their children proved to be useful:

The speech and language therapist, she could pinpoint the very letters that [name of child] could not pronounce and gave us exercises to do with her. (Parent of girl, 5y, SA)

Two parents specifically mentioned the Hannan speech and language course as being a good service:

The Hannan course was excellent. It teaches you to teach your kid to speak. Once you get into the system, you should put your name down. (Parent of boy, 4y EE)

Almost all of the parents who gave positive feedback on the speech and language service accessed the service in the private sector. Those that did not access the service privately described lengthy waiting lists and patchy service-provision in relation to speech and language therapy. Approximately 20 parents felt that the speech and language service accessed had not been adequate or that more services are necessary. One parent stated that: “*the speech therapy was not great, there was only a tiny amount offered*”. Some parents were very critical of the services they had tried to access:

The speech and language services in the Health Board were absolutely useless. They didn't have a course for her and still have nothing! (Parent of girl, 6y, EE)

Three of these parents emphasised that the high turnover of staff had been a huge problem in the treatment of their children:

It's not great because of the high turnover of speech therapists. He has never had the same one twice and it's all only assessment, and no therapy. He needs speech therapy, not a new assessment every time, which it is at the moment, because the therapist changes each time. (Parent of boy, 12y, EE)

In general it wasn't helpful. The speech and language therapist went travelling to Australia and said that her replacement would be in touch with us, but she never contacted us, so he only had 3 sessions. (Parent of boy, 5y, EE)

Moreover, speech and language services were the most frequently cited service in relation to extremely long waiting times. Some parents mentioned a waiting list of three years for speech and language services:

Yes, it was helpful, but we had to wait three years for speech and language therapy and he was fine at that stage! (Parent of boy, 5y, EE)

Psychological Services

As outlined in Chapter 5, approximately 25-30% of children are experiencing socio-emotional difficulties, ranging from mild to severe. Twenty-nine families had accessed counselling, family therapy, psychology, child guidance or psychotherapy. A further 14 families mentioned that they had used social workers or family support, which may have involved some therapeutic element. Some parents reported that psychological services became necessary as their children got older, and issues emerged for them. Two parents praised the psychological assessment received by their children:

The psychological assessment was hard going time-wise, but it was very good and very detailed. (Parent of boy, 9y, SA)

Five parents mentioned that counselling or therapy had been useful, which in some instances referred to services taken up within the private sector. One of these psychological service providers was a school counsellor who helped the young person work through issues in relation to her father. Another parent outlined the usefulness of psychotherapy in relation to the problem behaviour of her child:

It helped. It was brilliant. It sorted out the issues where he was getting aggressive and moody. (Parent of boy, 16y, EE)

One of the parents who had accessed counselling outlined how the family had not found the first counselling service helpful. They tried another service which, "was helpful, but we're struggling with it recently". Another family emphasised that they had attempted to get family therapy, but the waiting list had been too long. One parent stated that a psychologist had been unsuccessful in diagnosing difficulties which were problematic for the parents:

It amounted to nothing. We believe he had something in the Autism Spectrum Disorder, like there was a cloud in his brain. Everyday things meant nothing, for example, not getting excited about Christmas. The psychologist wasn't getting it. (Parent of boy, 17y, EE)

Social Workers

As mentioned above, 14 families accessed social work or family support. Four parents noted that a social worker was helpful to them. One mother noted the emotional support that her social worker gave:

The social worker was very encouraging and made me feel like the best mother in the world. (Parent of girl, 9y, EE)

Another of these parents reported that the child had accessed services through the social worker, saying that *"the social worker referred us to services, which was very helpful."*

Educational Services

Thirty-two parents reported that their child had received an educational assessment. Two parents mentioned that an educational assessment had been useful for their children. One parent stated that, *"the educational assessment was good and gave him a start in school"*. However, another three parents felt that the educational assessment had not been useful. One of these parents said:

The assessment in school was not helpful, it did not identify the problems that were going on. (Parent of girl, 9y, SA)

Five parents stated that their child had benefited from school in some way. One of these parents stated that, *"the school is brilliant. He has fantastic sentences coming together. His reading is very good"*.

Four parents had children attending special schools, and were generally positive about the service. One parent had a child attending a school which was run by a non-governmental organisation providing services to children with disabilities. She reflected very positively on her experience with the organisation, saying that it:

...was very helpful. We hadn't a clue, they diagnosed his developmental level. He was kind of diagnosed with autism and it was confirmed then by a psychologist... school is very good, and has taken over from [the organisation].... (Parent of boy, 6y, SA)

However this parent also outlined that her child would no longer be eligible for services from this particular organisation when her child turned six. Many parents reported that they were experiencing problems accessing educational services.

Other Services

When asked about other services that they were finding useful, two parents mentioned that adoption groups had been of particular help. One parent said:

The support group the Irish Chinese Contact Group are brilliant. If you've any concerns, you can email them and someone who's had same problem or concern will get back to you. It feels like you've joined a family. I'd go to them before I'd go to a social worker. (Parent of girl, 2y, A)

Three parents mentioned that they had found Occupational Therapists useful for their child. Three more parents stated that they found a physiotherapist service helpful. One parent stated that the physiotherapy had been useful, *"because we didn't know what to do to help her exercise"*. One parent had found physiotherapy ineffective:

The physio wasn't good. The child's foot was turned in, but she didn't seem to have any information about the condition. (Parent of boy, 4y, EE)

Finally, it is important to consider that the need and demand for services was not expressed by all families. A number of parents emphasised that they had not felt a need for any services that would set them apart from families with birth children: "we relied on our GP and he would refer us on if we needed it". Another family stated:

Lots of people need help but we were very lucky that we got a child who just blended in and we didn't have any problems so we didn't need any services. (Parent of girl, 6y, A)

Seven parents emphasised that their children were no different from other children in Ireland who were not internationally adopted:

We dealt with everything ourselves. They were our children, they were no different because they were adopted. Any problems they had weren't specifically related to adoption. (Parent of boy, 8y, SA)

Three of these families were very determined that their children would not be treated differently in any way:

I don't think you should differentiate really, I think if you start having little adoption societies and things like that ...he blends in with the other children, he shouldn't really be any different. (Parent of boy, 2y, A)

Problems with Access to Services

This section considers difficulties that parents experienced when trying to access services. As indicated in the previous section, some families had negative experiences with the services they had accessed. The process of accessing an appropriate service for their child was another source of frustration mentioned by parents.

Cost of Services and the Public/Private Dichotomy

Many parents expressed frustration with their experiences of trying to access the services needed by their children. The source of the majority of the frustration was with the public system. As one parent stated: "the public system is slow and interspersed".

Despite initial attempts to access services through the public system, many parents eventually resorted to paying for a private service. One parent said that: "the services are needed and they're not there, if the parents can't put their hands in their pockets and pay for private services". Parents often expressed the opinion that speech and language services are vital for children who have been internationally adopted:

Speech therapy is a must for a child coming from a foreign country, so adopted children shouldn't have to go on a waiting list. Early intervention is important. (Parent of boy, 6y, EE)

One parent outlined the family's experience of trying to access public services. They found the public provision was not adequate:

The public speech therapist gave too little and was inflexible. There was no follow-up service. (Parent of girl, 3y, SA)

This family then accessed speech therapy privately. Parents who accessed services privately were severely critical of what was available in the public sphere:

There are contracts to services (Brothers/Daughters of Charity/Enable) and you're dealing with a service provider that's contracted to the Health Board. There are different people every few months, missed appointments, this wouldn't be tolerated in the private sector. Children are in need of early, timely intervention in the formative years. There has to be accountability, particularly to a child. Service providers have to be marked properly and they're not. (Parent of boy, 7y, EE)

A number of parents mentioned that they provided for the needs of their child through both the public and private services.

He went to the speech therapist for two and a half years, privately and publicly. It was just what he needed, so we got it for him. (Parent of boy, 5y, EE)

When asked whether they would need services in the future, one parent answered:

We're financially okay so if we want something we won't be on the waiting list to get it. (Parent of boy, 3y, EE)

There was awareness among parents who used private services about the cost of the services and that parents without the financial means may not be in a position to access this:

We spent a lot of money on his sister for private speech therapists and other families may not have the money for that. (Parent of boy, 5y, EE)

Some parents also felt that they were financially at a disadvantage when it came to accessing services, because of the expense of the adoption process. Three parents suggested that there should be tax-relief for parents accessing services:

If there had been severe behavioural problems, we might have needed help and you're effectively broke, because you've spent so much on adoption. (Parent of boy, 4y, EE)

Lack of Knowledge of Intercountry Adoption among Service Providers

The majority of parents reported that, in their experience, service providers did not have sufficient or necessary specialised knowledge about children who have been internationally adopted. For example, they

found that issues around post-institutionalisation were not fully understood or considered. Many parents felt that the services available lacked professionals, both in the public and private sphere, who had specific knowledge about children who had spent time in institutions:

It would have been nice to have people who have knowledge and expertise in post institutional children. (Parent of girl, 3y, EE)

Some parents felt that there was a lack of understanding that children who have been internationally adopted have unique needs. One parent reported that in his/her opinion it was not “appropriate practice” for a medical professional to prescribe medicine in the same manner as might be appropriate for an Irish child. Another mother felt that the public health nurse did not take into account the fact that her child had been internationally adopted:

The public health nurse had difficulties with him. She made no allowances for the fact that he was from a different country and adopted. (Parent of boy, 4y, EE)

Five parents felt that the service providers they accessed were non-committal in their opinions on what was problematic for their children:

We didn't really get any straight answers and we were looking for peace of mind, just in case there were problems. But they did not commit. (Parent of boy, 4y, EE)

Lack of Adoption-Specific Medical/Developmental Services

Parents emphasised the need for more services specific to the particular medical and developmental needs of internationally adopted children. The need for: “a developmental check which is racially and culturally appropriate” was referred to by many. Parents frequently highlighted that they felt that the medical needs of their children were different to those of Irish-born children:

There should be a paediatric service specifically for adopted children. The complaints that you are normally going to get about Irish children are very different from those in relation to adoptive children. [Child's name], for instance, does have certain ailments that Irish paediatricians don't necessarily understand. An assessment by a paediatrician who is used to dealing with adoption or adoptive countries like China or Russia, and who would have a knowledge of these ailments and issues, and could treat them as quickly as possible. (Parent of girl, 3y, A)

Parents often reflected concerns that in their experience medical professionals were not taking into account the particular issues that can potentially arise when a child is adopted from another country. One parent stated the need for:

...medical advice specifically aimed at adoption. They don't seem to realise that there can be extra issues in adoption. (Parent of girl, 6y, A)

Many felt that an assessment of the children shortly after their adoption would be very useful: *“a physical review a full assessment of their condition (i.e. nutritional status), specific to adoption”*. They called for this to be an interdisciplinary service that families would receive automatically on arrival home with their child, one “designed” for internationally adopted children:

All children should be assessed by a multi-disciplinary team as soon as they come home, should be done even if child is healthy to identify and cope with institutionalised issues. If it's done as part of a team you get a global picture. (Parent of girl, 6y, A)

Assessments by people who know something about adoption. Adopting an older child means a child who has abnormal behaviours. (Parent of boy, 14y, EE)

A common suggestion by parents was that a service for advising parents on issues relating to the development of their children should be made widely available. It was repeatedly emphasised that such a service should involve advisors with expertise in the area of intercountry adoption:

Advice for parents on stimulating children and play therapy is needed. So too are post-adoption sessions for parents on language development. (Parent of boy, 8y, SA)

Definitely a speech therapist with expertise and knowledge of intercountry adoption and the transition from one language to another. (Parent of girl, 4y, A)

Lack of Services in Relation to Family, Psychological and General Support

Parents reported that within family and psychological services there was a large gap when it came to services for families of children who have been internationally adopted. Many parents noted a lack of social work and family support services. Seventy-two (72) families indicated a need for psychological services, while a further 18 parents suggested that some form of developmental or behavioural assessment be made available to all internationally adopted children. In one case, a family had called a social worker to obtain advice on accessing family therapy, but said the social worker did not know where to send them.

A complete directory of services was often suggested as a way to avoid wasting time while searching for the relevant service. Six parents highlighted that there is so much scrutiny before parents adopt, yet families are then very much left alone by that same service following the adoption. One family said that they had been involved with the Health Board for a whole year before the adoption but it was subsequent to the adoption that they needed this time. Another parent said:

...follow-up to see how people are getting on, especially with bonding and attachment. The focus is all on preparation and assessment. (Parent of boy, 10y, EE)

Parents often expressed that they felt isolated and unsupported when they were worried about aspects of the development of their children; there was no way of checking whether their children were achieving the usual developmental milestones: *“there are no services for checking what is normal or not”*. They felt that there were no professionals to turn to in relation to the *specifics* of children who are adopted from another country:

Through the Health Board, if you'd a contact person you could phone...when we adopted [child's name] and came home, you come across a lot of things you weren't prepared for. (Parent of boy, 3y, EE)

The need for other psychological services was also frequently mentioned. One family stated that, "someone who is used to dealing with children like ours, a developmental psychologist" would be of great use to them. Another parent said that there are no "attachment specialists" and that such a service is necessary. A helpline for adoptive parents was another suggestion that many parents made, "like a Childline for adoptive parents," or "counselling, advice, someone to look to in times of stress". The majority of parents felt that they could call their social worker for advice, though they sometimes wondered if they would have the expertise necessary. On the other hand a number of parents believed that such a helpline should be independent of the social work service.

Problems with Educational Provision

Twelve parents stated that the education system had not provided adequately for their children and that this service needed to be improved. There were also some mixed descriptions of educational provisions for children, with some families experiencing both unhelpful services/professionals, and those which were of use.

A number of parents expressed frustration with waiting for educational assessments from the schools that their children were attending. One parent said that the public education system was "useless" as there was an eighteen month waiting list.

Parents frequently referred to the lack of understanding within the education system about the issues affecting children who have been internationally adopted:

The teacher says she is below average but we don't think so. But she is not prepared to try in school. Her teacher is of an older generation and would not be as sensitive to a child's needs. The teacher made her stand up in class once, and she said no. She is a very sensitive child. I think she lost confidence, because she can do things at home. (Parent of girl, 6y, A)

Another parent gave the example of how she felt that her child was somewhat neglected up until fifth class in primary school, because he was seen as being too difficult to teach, though his teachers in his final years of primary school made a big effort to work with him, "his fifth and sixth class teachers salvaged his primary school years". It was widely believed that teachers, "need to be educated regarding institutionalisation issues". Another parent outlined the need for:

...a better educational assessment. Recognition that when she came here at age four she would need help. That she would need a resource teacher. We had to go for private assessment, as in school they did not take into account her adoptive status. (Parent of girl, 8y, EE)

Parents also reported that they also needed guidance in relation to the education of their child and any difficulties that may arise. One parent stated that: *“you need help as a parent making decisions regarding suitable schools and things like that”*. Another mother outlined her frustration that nobody had alerted her to potential problems that her child may experience because of institutionalisation. She felt that she may have been able to do more for him had she known earlier:

They should give you things to look out for. Because he's at school age now, and he's learning to read and write, things are starting to show up that would have been there all along, but that we thought he'd grow out of but he never did. And now I'm thinking “Has he got this or that?”, so it would be good to have things to look out for. Because a lot of children have ADD and things like that and maybe if you knew things to look out for you could get early intervention. (Parent of boy, 5y, EE)

The problem of access to appropriate educational services for children with disabilities was also raised by parents. Again, it was frequently mentioned that professionals were not adequately informed about the ways in which intercountry adoption and institutionalisation can affect educational needs, with symptoms not being recognized and diagnosed appropriately. This was seen to have implications for children's entitlements to extra supports and services in schools.

One mother emphasised the need for early intervention and contrasted her experience of services in Ireland compared with those in Germany:

The problems magnify themselves as children get older. In Germany there is access to assistance within weeks. In Ireland, there is no access to services. You don't know what's available, there is no access, and the services are not run with any business-like sense. You try and get anything, but you are waiting months for someone to see you. Last year we had two different appointments cancelled and re-scheduled. (Parent of girl, 17y, EE)

In the end, this family paid for private services because of the problems in accessing services publicly. Another parent of a child in mainstream education worried that the child's needs were not being met by the school because the child's behaviour could not be easily categorised or defined.

Teachers say she has ADHD but it is attachment issues. (Parent of girl, 9y, A)

They are trying their best in the classroom, her needs are not being met. She does not fall into an easy category, there is not enough help. (Parent of girl, 9y, A)

One parent of a child diagnosed with autism described how she had hoped he would be able to attend the special class for children with autism in the local mainstream school. However, the child had not been on the waiting list long enough, and had to attend a special school instead.

Two families were concerned that as children got older it would become more difficult for them to access support services. One parent was worried about the child entering secondary school, as there appeared to be more support for children in primary schools, for example there is more access to Special Needs Assistants.

We haven't decided yet where he'll go next year. We were hoping he'd go to a mainstream school in (town) where they have a special class, but he wasn't on the waiting list long enough to get in. There are no special needs assistants in secondary schools, there are plenty in primary schools. (Parent of boy, 5y, SA)

Another parent highlighted the difficulty she had experienced trying to access various services to have her child correctly diagnosed in relation to problems he was having in school. She suspected he was autistic, but felt that the psychological assessments he was undergoing were not picking up on this:

At 14 we did an assessment (educational), and a clinical assessment. It was all the same again. He wasn't put on teams in school, because his teacher thought he was "too stupid." (Parent of boy, 17y, EE)

This mother outlined that her son was eventually appropriately diagnosed by a psychologist. She then outlined how he had been given just sporadic assistance from his school, until eventually he was provided with an educational assistance service:

He got one hour resource teaching per day in primary school. Last year he was granted a full time Personal Assistant for 75% of the day... There is a brilliant change in him. We advise him that what she says matters. It's the one thing that enables him to focus. Hopefully he will get Bs in his exams. Socially he could also be worse were it not for that. (Parent of boy, 17y, EE)

The cases outlined above point to a lack of early intervention for the children who are experiencing difficulties in school, particularly children with serious disabilities. As a large number of the children who took part in the study were not yet attending school, or had only just started school, it is likely that the degree of problems which may be experienced by schools are under-estimated in the above descriptions.

It is encouraging that in general both parents and teachers reported that the majority of the children in this sample are performing at an average or above average level in primary school subjects (see Chapter 6).

Despite this it is notable that:

- 30% of primary school children were receiving or had received learning support.
- Most of these children were receiving learning support for language difficulties.
- 46% of teachers expressed some concern in terms of the emotional, social and behavioural development of the child.

Services which will be required in the future

Counselling and Other Support Services

Parents (often of very young children) had a high level of awareness of the possibility of identity issues arising in the teenage years in relation to adoption. Many parents expressed a belief that their children would need counselling and also an information service in relation to adoption issues in the future. Seventy five percent (75%) identified a need for a service which would be of assistance to them in communicating difficult

information. Many parents stated that they needed help on how best to answer the questions they would face as the children matured and became more inquisitive about their birth and adoption history:

Probably as kids get older, the kids will ask questions and we'll need people to talk to, to tell you how to deal with these issues. It is very difficult to know how much is enough and how much is not enough when you are sharing information. That'll be difficult. (Parent of girl, 4y, A)

I can see questions in the future like "Why did you bring me here?", and I would like to be able to answer them the way they want to hear. (Parent of girl, 6y, A)

As mentioned above, counselling and other psychological services were referred to by a large number of parents as a service that would be required by their children in the future. It was also frequently noted that such a service does not yet exist and that nothing in relation to adoption issues in particular was available. One parent said that, "where children have difficulties with their adoption or racism, it's essential to have someone to talk to". Five parents highlighted their worries about abandonment issues and the need for counselling because of this. One mother said that she would need:

Help with explaining the child's history for us. That she has two siblings living with the mother I don't know how to explain that. (Parent of girl, 4y, A)

Some parents highlighted the need that the family as a whole may have in the future for family counselling:

She is doing very well. Maybe at the teenage stage we will need counselling for the whole family, when she is asking more questions. (Parent of girl, 3y, EE)

An advice line for children in relation to adoption issues was another suggestion. Many parents emphasised the need for impartial advice from outside of the family. This same need for impartial advice is echoed by the young people themselves. Parents stated that such a service would be very useful:

A contact person that he could phone, that's totally independent from his family, that he could pick up the phone and say 'Look I'm feeling these emotions, I can't tell my parents- are they the norm for an adopted child?' (Parent of boy, 3y, EE)

Someone that could talk to them about adoption besides yourself. They might have questions that they don't want to ask you. He is sensitive and would not want to hurt you, and might feel guilty for certain feelings. Counselling with someone neutral. (Parent of boy, 6y, SA)

However, families also expressed the need for information and support for their children at the present time, particularly in relation to teenagers. One family stated that there should definitely be, "services for children who are adopted from orphanages, and counselling sessions for kids are very necessary". Groups in which older children could address identity issues together was also a common suggestion:

When they are teens they should have a group with meetings set up for them. I think it's important for them to meet others. There is an "age 8 plus group" for children who have been intercountry adopted run by the Western Group of adoptive parents but there is no funding, there should be a grant given. There could be a video they could watch about "who am I?" - just a very casual introduction. It's very hard to bring it up at home. (Parent of girl, 3y, EE)

Forty-seven parents felt that some information services would be needed in the future. Many parents referred to the need for information on identity issues, "a seminar on how to answer questions properly about skin, background etc in a way that would give you real information". Other parents mentioned that they were struggling to keep the birth country of their children in their lives and that help with this would be very welcome:

We don't know where to turn, we are worried about this whole area for the future and not sure how we will handle it. (Parent of girl, 8y, EE)

Parents noted that other adoptive parents were coming together to talk about the issues which were problematic and what might be the best way to address them. Parents believed that the adoption support groups may be a good way to get advice on this, because there will be older members who may have gone through some of the issues they have to address:

There is nothing really, there is no recognised person that somebody could speak to. The only resource, if we needed help is our support group, we are a member and if I had problems I'd be looking to them. (Parent of girl, 15y, EE)

However, parents getting together casually to discuss these issues may not be a sufficient way of getting assistance. Many parents felt a professional service should be in place:

No, the only thing we have is our own organisation and individual conversation with other adoptive parents. It's the blind leading the blind. (Parent of boy, 5y, EE)

A small number of parents said that they believe they will not need any services to support or assist them in this area in the future. These parents believe they will be able to handle any issues that come up within the family:

No because we are open and honest, we have been able to answer questions ourselves. (Parent of boy, 8y, SA)

Parents suggested that the services could be provided through a number of different mediums, namely: other adoptive parents, adopted people, support groups, organisations like Barnardos, social workers with the Health Service Executive, books, and services in the country of birth of the children.

A number of parents outlined that they were already in receipt of such services. Ten parents had accessed a course run by a social worker from Barnardos, which had been sponsored by the International Adoption Association. The parents received the course well and considered it to be up to date, and of great benefit as it addressed very specific issues and the realities involved in telling about adoption and birth families. It also gave guidance around ways of telling and when to tell, which was much appreciated by parents.

Twenty-three of 170 families expressed the belief that they can access a service, which will give them information and advice in relation to conversations about birth family or other adoption issues, from the social workers at the Health Service Executive or adoption agency, with whom they were involved at the assessment stage. The parents believed that these agencies have the expertise and resources available to offer this service, especially if they were having problems. One parent said that, *“if it were extreme I wouldn't hesitate to ring the social worker”*.

Information and Tracing Services in the Future

Parents indicated that a tracing service may be necessary for when their children are older, *“a decent tracing service if they want to go down that road”*. They made reference to the possibility of children being interested in tracing in the future, and the psychological services that would be needed to prepare for this:

We will access a private adoption counsellor before we go back to EE, if the girls want to go back and meet their mothers. (Parent of girl, 15y, EE)

Other parents were concerned about the practical aspects of tracing, such as the language barrier and the assistance that may be needed in relation to this. Some parents were aware of a need for official assistance and co-operation in this regard:

Tracing issues are something that may face all of us. While we might encourage it, with foreign adoption in particular, he may come across closed doors. At an inter-government level, maybe there is something should be put in place there. (Parent of boy, 4y, EE)

One family expressed their worry that no counselling service would be able to provide for the experience of tracing in the future:

When the time comes that he wants to go back home, if his feelings are anything like mine when I went there (i.e. I thought it was a third world city), then guilt may be a very big feeling when he sees how little his siblings or his birth mother have, but what kind of service will be able to provide a solution to that? (Parent of boy, 6y, EE)

Post-Adoption Services for Parents

The majority of parents indicated that they had not accessed post-adoption services specifically for parents: *“No, we educated ourselves as we went along”*. However, fifteen parents stated that they considered their intercountry adoption parent groups to be a *“post-adoption service for parents”*.

We're members of IAA, and they run information meetings and workshops with adoption related matters, and we're in touch with them. We attend when it's of relevance to us. (Parent of boy, 6y, EE)

The fact that these groups were being used by parents because of a lack of more formal structures came through strongly. A majority of parents made positive comments in relation to adoption support groups, and some parents felt confident that they would be useful for future issues that may arise:

The best support is the groups. They're a resource to go to and get help from and talk through different issues that may arise as the children grow up. (Parent of boy, 2y, EE)

Parents referred to other parents being of great help, particularly given the lack of services, as they perceived it:

If there were any services available, we would have accessed them. But short of having friends who have been through intercountry adoption, that's the only service there is. (Parent of girl, 4y, EE)

Contact with other adoptive parents and involvement in support groups also represented an outlet through which children could get to know other children. Forty parents believed that it was important for their children to be in contact with peers who had also been adopted from another country.

However, the importance of more formal support structures was also emphasised. It was stated that support groups should not be seen as an alternative to professional services: *"support groups are good, but depend on voluntary effort, so it needs more than that"*. A small number of parents had also accessed support for themselves by other means. Two parents had accessed post-adoption advice from Barnardos and another couple had done a parenting course. Another family had subscribed to a US adoptive family magazine, and considered this to be a "post-adoption service for parents".

Services Used by Internationally Adopted Young Adults

This section considers the services that were accessed by the group of adopted young adults that were interviewed (n = 19). Seven of the young people had accessed psychological services when they were younger, for a variety of difficulties such as bullying and behavioural problems at school, feelings of anger, difficulties communicating, and sexual harassment. Feedback on the usefulness of the psychological services varied among the participants. While some found it a positive experience, others indicated that it was not helpful:

It just helped me sort out problems, myself with my own family about my temper and do you know made me realise like, I don't have to be so angry like. They made me realise how to work with my parents and how to get on better with them. So they did, they helped me in that situation you know. (YP, 19, EE)

I felt; "what a load of shit", you know, they have me drawing things the age of fifteen you know for your thoughts and I'm like; "Come on, give me a break". (YP, 19, A)

It did help- he did give me some answers eh, and then he obviously kept the door open so like if you need any more help then that would be good, you know you can come back basically yeah. (YP, 19, EE)

Perceived Need for Services among Young Adults

Approximately half of the young adults highlighted a need for more services. Some young adults felt that there was a distinct lack of services targeted towards the needs of children who have been adopted through international adoption when they were growing up:

I wouldn't know where to be looking for a start, because it's not like, it's not there, as far as I can see anyway. (YP, 25, A).

However, some young adults said that they did not feel they needed services. Three young people emphasised that they did not need help but would seek it if it were necessary:

Well I wouldn't need any support at the moment, I'm ok, I wouldn't need any, I'm happy enough as I am, as I said if I was interested in looking out for more information, I would seek it. (YP, 20, EE)

Psychological Services

Some of the young adults emphasised the need for a service to discuss issues around adoption:

Just about what's going on in your head, you know, yeah just an outside person who doesn't really know you at all (YP, 25, A).

Another young person indicated that she had needed a support service in relation to talking about adoption issues:

I think there should have been more when I was growing up, I think there should have been even like, not even a Childline but do you know somewhere where people could have rung up or could have gone somewhere to talk about issues. (YP, 19, EE)

She highlighted that teenagers need someone to talk to apart from their parents. This perspective was also reflected by parents themselves:

I think it would be better if there were places, where people could go and talk, because a lot of people don't want to talk to their parents. (YP, 19, EE)

This young person also reflected that such service should be created specifically for children who have been internationally adopted. She also suggested that the service should be informal (i.e. a teenager could just call in any time) and that one should not need parental permission to use it. Many of the young people felt that they were not in need of any psychological service:

At the end of the day you're still gonna be adopted, you know that kind of way, it's not gonna go away. (YP, 22, A).

A number of young people referred to family and friends as a source of support that they could always avail of. For example, one young person indicated that her family was very open in relation to talking about adoption, and she did not need services in relation to this:

No it was always kind of open and talked about all the time in the family, so there was nothing really hidden from us. (YP, 20, A)

Support Networks with other Adopted Young People

The importance of developing a support network with other adopted young people was emphasised. Such networks were seen as providing the young people with opportunities to meet and exchange ideas and experiences:

There is a support network, there is probably a meeting once, every two months, while there is gatherings you know? You can go off and have your little barbeques in the summer and get, to you know, meet other children who you know. From maybe the same country as you or you know, same agency even. (YP, 25, A)

Meeting other young people in a similar position and seeing how their lives were going was of interest to some of the young adults. Their support groups were reported to be providing them with this opportunity:

I suppose other stories, em, I know you can't really get that information. But definitely, to see how other people's lives have turned out. You know I would be interested in say, an older child being adopted, and what their life was like before hand and what it is like now. Have they settled in? It is some of these questions like, you know, how other people react to them- that kind of thing. (YP, 25, A)

One young adult suggested that the internet would be a suitable forum for such a network, because she would be reluctant to formally join a group.

Tracing & Information Services

A number of young adults suggested that a tracing service would be useful for those who have been internationally adopted:

...for them to be able to trace their parents if they want to because I know some people do, and I don't think there is any service which helps them, so just for them to have the option I think that would be good. (YP, 22, O)

General information services around intercountry adoption were something that the young adults may have needed as teenagers, “at that point that’s what I needed...for somebody to give me answers” One young adult said that she would like service in place, where she could access information about her country:

I think they should open a building somewhere, like one or two buildings, where you can like learn about your own country, learn about...where you get to go to your own country once and learn more about its food, that’s what I’d like. (YP, 20, EE)

It was also highlighted that children are at a disadvantage compared to adults when it comes to accessing information. Thus, information services directly targeted at children and young people could be developed:

The parents do need support. But they’re more knowledgeable than children. Children need answers, so like even something as simple as, say, there is Chinese children, to have some Chinese woman come in and, you know, maybe talk to them about certain things, you know? It has nothing to do with their parents...not to try and brainwash them with their culture, but if they do have questions, that someone from their country can answer that question. (YP, 24, O)

Emphasising Difference?

The theme of “difference” emerged in the interviews with parents, teenagers and young adults. A number of the young people highlighted that internationally adopted children are sometimes considered “different” to Irish born children. They suggested that an initiative to promote awareness of the fact that internationally adopted children are Irish children would be useful. Another young adult indicated that psychologists and teachers were generally unaware of intercountry adoption and the nature of issues which adopted young people experience.

Yeah, just to make it known, so then maybe a psychologist could be kind of a bit more aware of it, they can educate that. And teachers, or you know, people whose kids would be...you know in contact with them. (YP, 24, O)

However, another young person indicated that one’s status as an adopted person was private, and therefore any initiative to promote awareness would only promote a sense of difference:

It shouldn’t be anybody’s business what you’re doing. It should be only yourself and whoever’s helping you out... they shouldn’t know about it. And they shouldn’t tell anyone about it, because that’ll just get onto television, newspapers, radio and I think you shouldn’t tell anybody anything. (Teenager, 16y, EE)

In a similar vein, a small number of couples were reluctant to get involved with adoption support groups. They felt determined that their children would not be different in any way from Irish-born children, and indicated that involvement in such groups would set their children too much apart from the general population, and that this was undesirable:

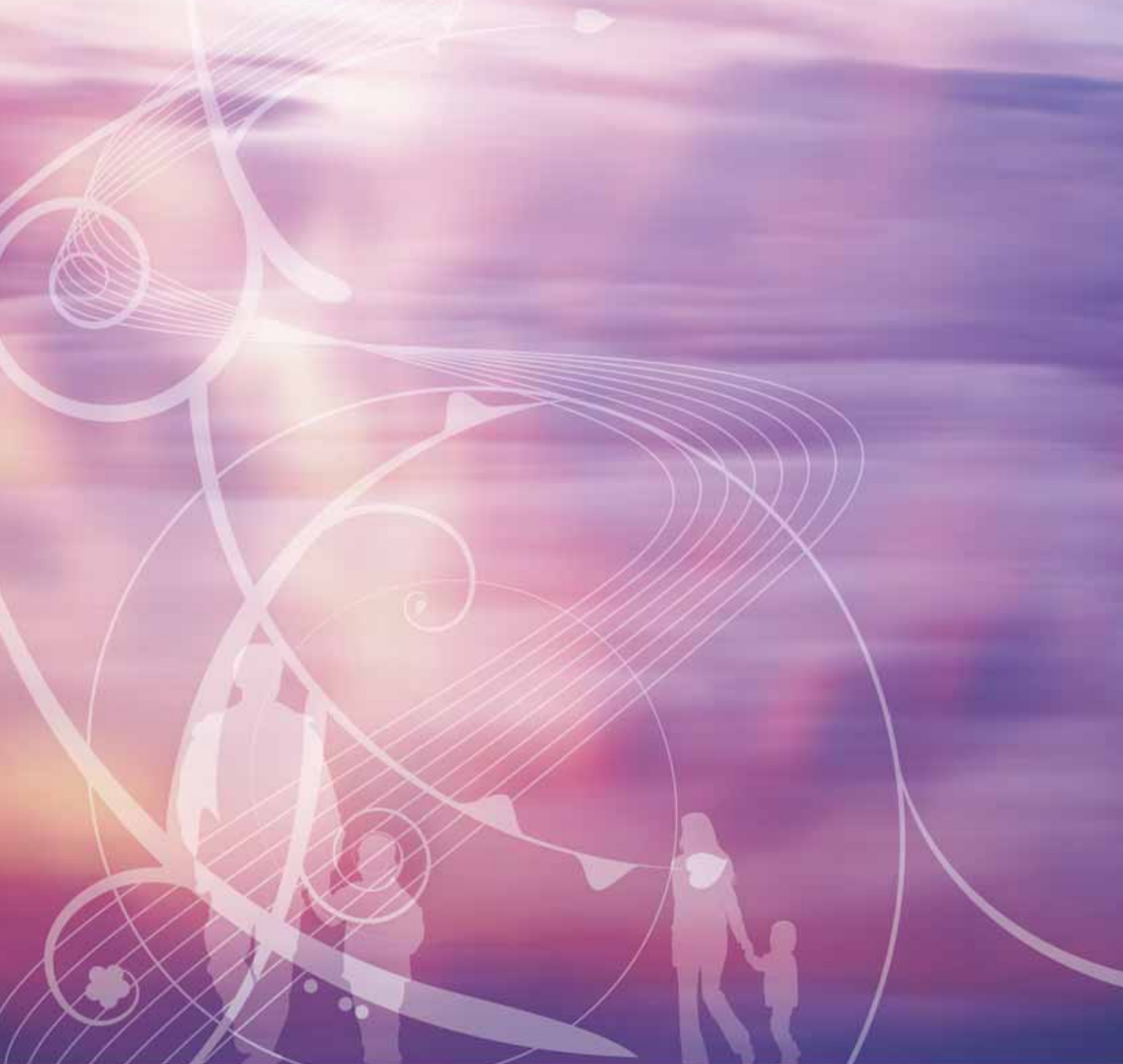
I don't think you should differentiate really, I think if you start having little adoption societies and things like that ...he blends in with the other children, he shouldn't really be any different. (Parent of boy, 2y, A)

This was in contrast to the majority of parents who are members of adoption support groups and other groups and activities related to adoption. This highlights the variety of experiences and outlooks of the families that took part in the study.

Key Findings

Parents in the study had accessed a number of different medical, health, social, psychological and educational services for their children. The key findings in relation to these services were:

- Upon returning to Ireland with their child, a majority of parents consulted with both a General Practitioner and a Paediatrician. Just 26% of parents said they were offered the services of a Public Health Nurse.
- In the years post-adoption a number of parents had also accessed other services for their children: Speech and Language (29%), Educational Assessment (18%), Psychological Services (16%) and Social Work or Family Support (10%).
- Just over 40% of couples stated that one or more of the services had been helpful, though approximately 25% said that they had difficulty accessing services, or that the services had been inadequate. The most frequently mentioned reason for dissatisfaction with services was that professionals, in *all* services, did not have a satisfactory knowledge of the issues or problems which are present for internationally adopted children. In addition, for many services, but particularly Speech and Language Therapy, waiting lists and patchy service provision were problematic.
- There is a need for a well-resourced post-adoption service, to be staffed by professionals with full and up to date knowledge of all the pertinent issues in intercountry adoption. It will be important for this service to include specialist medical, health, psychological and social services for adoption issues. It would be of particular benefit if this service were to offer immediate assessment of children upon arrival in Ireland.
- An Information and Tracing Service, which will address the specific needs of internationally adopted children and their families, is required. The need for this service was identified both by young adults and adoptive parents.



**CHAPTER 10:
VIEWS OF ADOPTION SERVICE PROVIDERS & SUPPORT GROUPS**

Chapter 10: Views of Adoption Service Providers & Support Groups

This chapter outlines the views and opinions of both the Adoption Service Providers and the Adoptive Parent Support Groups. One of the aims of the study was to identify the factors relating to pre-placement, placement and post-placement procedures and practices which contribute to successful intercountry adoption outcomes. The information gathered in the main part of the study, from adoptive parents and their children, recorded how they had experienced the services provided over the past number of years. In order to gain a more complete picture, however, it was important to gather the views of these adoption service providers, whose role it is to deliver the state funded adoption services.

Additional information was also sought from a sample of Adoptive Parent Support Groups which have been established by adoptive parents. All of these groups are involved in a “helping capacity” with adoptive parents during all stages of the pre-placement, placement and post placement stages of the adoption process, they therefore had opinions to offer on the delivery and implementation of services.

Information from Adoption Service Providers

The views and opinions of adoption service providers were obtained in the following way:

- A focus group meeting with Principal Social Workers who are managers of Adoption Services/Departments within each Health Service Executive area;
- A focus group meeting with a representative group of social work practitioners from each Health Service Executive area. This group consisted of practitioners who are currently facilitating Preparation and Information Courses, and who undertake the completion of Assessments and Post Placement Reports;
- A follow-up questionnaire to Principal Social Workers (Health Service Executive) to elicit further information about the structure of services in their areas, and improvements which may have been introduced since the introduction of the Standardised Framework for Assessment;
- A meeting with Principal Social Workers from the two voluntary Adoption Agencies who provide intercountry adoption assessment services.

Information from both of the service provider groups was requested in relation to the *management* and the *delivery* of intercountry adoption services.

Views & Information from Principal Social Workers (Health Service Executive & Voluntary Adoption Agencies)

Principal Social Workers have responsibility for the management of the Adoption Departments in the various Health Service Executive areas and in the Voluntary Adoption Agencies. The Adoption Departments provide services to all aspects of adoption, including intercountry adoption, domestic adoption, fostering to adoption and information and tracing services²⁶. The management function includes the administration and delivery of the service, the supervision of social work staff, the implementation of standards and policies issued by the Adoption Board, the compilation of local policies and standards, and in some instances responsibility for the budgets of the Adoption Department.

26 Just one Adoption Team in the Health Service Executive (Dublin area) provides only intercountry adoption services, other Information and Tracing and Child Care Teams in the area provide the remainder of adoption services.

General Issues

Principal Social Workers initially identified a number of general issues which were of significance and which impacted upon the delivery of intercountry adoption services in Ireland.

- The system, as it currently operates, applies different standards for the assessment of an intercountry adoptive applicant and a parent who is applying to adopt in Ireland. This practice was believed to be unfair to applicants under the principles of equality of access for those wishing to form their families through adoption.
- The pressure in Health Service Executive areas to undertake assessments continues to be intense – under the 1991 Adoption Act, applicants for intercountry adoption have a statutory right to assessment. In no other part of the child care service is there a statutory right to a service.
- The intercountry adoption service is dominated by the provision of assessment services. Within the service delivered in Ireland Adoption Departments have no function in other placement tasks. For example, there is no matching of a child with potential adopters; there is no guarantee offered that assessment and counselling of the birth mother has taken place by another agency, there is no guarantee (of the testing) of the consent of the birth mother to adoption. Although post placement reports are undertaken on behalf of most countries of birth of the children adopted, currently there are no designated resources to post-adoption services for children or parents
- Children adopted from other countries come to Ireland with a range of unknown health and welfare needs and there is no requirement for mandatory health checks or follow up visiting from health/social services professionals to establish the circumstances and welfare of the child adopted.
- Most of the children adopted overseas have, by the time they arrive in Ireland, been legally adopted by the parents in their country of birth. As a result, even if there were post-placement services available for adopted children, these post placement services would not be in a position to ensure access to the child to guarantee the best interests of the child were being met.
- When local Health Service Adoption Committees give a negative recommendation to an assessment, this can, and most often is, not accepted by the Adoption Board^{27/28}. Whether the best interests of the child can always be protected within such a system was questioned by Principal Social Workers.
- There is a different approach to adoption as a permanency option for children born in Ireland and those born in other countries. Currently in Ireland, adoption is not considered as a permanency option for children who are in care due, as a rule, to the marital status of their parents²⁹. When children are adopted from abroad however, there is no verification of their parents' marital situation at the time of adoption, which implies different standards for Irish born children than those adopted from other countries.
- It has been the experience to date that the recommendations made in assessment reports, particularly in relation to the capacity to parent particular children, are often ignored in the matching process in different countries. This has happened particularly in relation to age and number of children adopted.
- In practically all countries from which children are being adopted, the procedures followed when children are being transferred to the care of their adoptive parents are of concern.
- The Five Standards as outlined in the Standardised Framework for Assessment (Appendix A), and against which assessments undertaken by the Health Service Executive and Adoption Agencies are measured do not currently have a statutory basis. In the interests of best child care practice, the legislation needs to be updated to ensure that the criteria outlined in these Standards has a legal framework.

27 The Adoption Board is the body which has the statutory power to issue or decline a Declaration of Eligibility and Suitability to applicants wishing to adopt. It is not bound by the recommendation of Local Adoption Committees.

28 The actual number of failed recommendations was thought to be small, probably less than 5%.

29 The Irish Constitution provides special protection to the family of marriage (Article 42).

- Currently, the internal organisational structures within the Health Service Executive in relation to adoption services are poor. The problems differ from area to area, but in many cases the organisational structures are unwieldy and inefficient. This has been particularly the case in the distribution of resources: for example, monies which were specifically targeted for intercountry adoption have often been difficult to access and have not filtered through to Adoption Departments.

There was a strong belief among Principal Social Workers that intercountry adoption in Ireland was being driven by the applicants' agenda and that they were a vocal and a politically influential group in Irish society. Overall there was a belief that the current structures are not geared to protecting the child adopted from abroad, and neither are the current procedures sufficiently robust to ensure that the welfare of the child to be adopted is promoted at all times.

Application Process

Principal Social Workers reported that there are now nationally agreed structures in each Health Services Executive area which are followed in the application process. This process is broadly similar in the Voluntary sector. The processes followed are those recommended in the Standardised Framework (O'Brien and Richardson, 1999) with the addition of Information Meetings which, prior to application, give factual and detailed information about the process of applying for intercountry adoption. For all applicants, the steps of the application process are as follows:

- Applicants express interest and are invited to attend an Information Session on the process of applying for intercountry adoption.
- Applicants attend an Information Session. In one area this is done through a direct meeting with a social worker as the numbers of applicants for intercountry adoption is small.
- A formal application is made in writing to the Adoption Service.
- The Adoption Agency completes the preliminary assessment process. This consists of verification that all documentation (marriage certificates, divorce certificates, medical evidence, criminal record checks, child protection checks) is in order, and that the application can proceed.
- Applicants are placed on a waiting list.
- Applicants are invited to attend a Preparation and Information Course.
- Assessment commences (following the completion of the Preparation and Information Course).
- Completed assessments reports are considered by the Adoption Committees/Panels of Adoption Agencies.
- Assessment reports and all documentation are reviewed by the Adoption Board and, if satisfactory, a Declaration of Eligibility and Suitability to Adopt is issued. This Declaration is valid for two years.
- Prospective Adopters travel to the country of birth of the child and effect the adoption.
- Upon return to Ireland, under a voluntary agreement signed between the adoptive parents and the Adoption Agency, post placement reports are completed by the Agency. These reports are then submitted, through the Adoption Board, to the countries of birth of the children who have been adopted. At this stage also, parents choose if they wish to enter their child into the Foreign Adoption Register, which is held by the Adoption Board. It is believed that the vast majority of parents do enter the adoption of their child but, under current adoption legislation, it is not mandatory to do so.

Assessment Process

Principal Social Workers reported that waiting lists for assessment vary in different areas, but currently they are between one month and twenty-two months. They believe that such lengthy waiting times are a difficulty within the delivery of the service, but drew attention to the fact that the reasons for such waiting lists are complex. Some of the reasons behind lengthy waiting lists were:

- Adoption Departments in all areas are now providing post placement services to families who are experiencing problems post adoption. Because of its importance to children and families, this area of service is prioritised and the amount of social work hours it absorbs is hard to quantify. The delivery of this service impacts on resources available to undertake new assessments.
- The continuing growth in the numbers of parents adopting from abroad has led to increased demand for assessments, including second and third assessments which are generally prioritised. As a direct result of the number of children adopted there has been a large increase in the numbers of post placement reports required for the countries of birth of the children³⁰.
- Increasing numbers of preliminary assessment checks are displaying serious medical issues or other problems which take time to clarify before the full assessment can proceed.
- Adoption Departments are experiencing ongoing delays in receipt of essential certificates and documentation from applicants. In many instances this is because couples, who have placed themselves on adoption waiting lists, are undergoing fertility treatments and are in fact not ready to proceed with their adoption application.
- The Health Service Executive's ceiling on staff numbers has impacted on recruitment. In addition, some Departments have noted difficulties both in the retention and recruitment of staff. Feedback has been that the work is seen or experienced as an area where there is on-going conflict between the client group and Adoption Departments³¹.

Assessment Process

An assessment normally consists of five or six sessions with the prospective adopters and a social worker. The assessment is carried out using the norms outlined in the Standardised Framework for Assessment and according to the principles of the Five Standards (see Appendix A).

The issues noted by Principal Social Workers which generally emerge as contentious within the assessment process are: alcohol and drug abuse; parents' own experiences of being parented; child protection issues in the wider family and abuse issues in the applicants' histories. A key problem in assessment is non-disclosure of information which is relevant to the future welfare of the child. Principal Social Workers offered the opinion that applicants appear to have been advised not to disclose issues in their past which may be seen as adversely affecting their application³². The use of expert witnesses (other professionals) to comment on particular issues which arise in assessment was criticised as often not yielding much new information. Also

30 Post placement requirements differ for all countries from which parents are adopting. For example, under the bi-lateral agreement between the Irish Government and the Government of Vietnam, post placement reports are required on an annual basis for all children up to the age of 18; the Russian authorities require a total of four reports in the first three years of adoption and the Chinese authorities require two reports over the first year of adoption. The situation for children adopted from Ethiopia is such that there is no State to State agreement, but adoptive parents reported that *they* had signed agreements with the Ethiopian authorities to provide reports for children up to the age of 18. The Adoptive Parent Support Group reported that some parents were experiencing difficulties with their local Adoption Departments having these reports completed. They have been informed by Principal Social Workers that as they are not a mandatory requirement of their service, they are not completed.

31 The Report of the Implementation Group on the Standardised Framework for Adoption (2000) also noted that demands for priority to be given to other adoption services (such as Information and Tracing Services), and Child Protection Services also impacts on resources to intercountry adoption.

32 For example: Irish Chinese Contact Group Newsletter, Summer Edition, 2006.

there appeared to be no standardised procedures as to how payment for these reports would be made with different Health Service Executive Areas having different systems.

A further area where some concern was expressed was on the quality of medical advice which is currently available to local Adoption Panels/Committees. The Principal Social Workers reported that the medical advisors have said they felt poorly qualified to question the advice of the consultants' reports provided by applicants. They believe that the recommendations in these reports are rarely framed with the long term needs of the adopted child as their priority.

A number of Agencies expressed concern in relation to the fact that there is no upper age limit for prospective adopters. Just one of the Voluntary Adoption Agencies imposes an age limit but the imposition of this standard is an agency as opposed to a national policy. This again raises issues in relation to the standardisation of procedures across the intercountry adoption service.

Before being submitted to the Adoption Board, assessment reports are presented for approval to local adoption panels or committees. Principal Social Workers reported that there is a huge variation in the composition of local adoption panels/committees across the various Health Service Executive Areas and that as a result inconsistencies arise. The Voluntary Agencies noted that it can be extremely difficult to recruit people with a sufficient variety of expertise to sit on their panels. The standardisation of the membership of these committees was recommended.

Post Placement

As noted above, the requirement for Adoption Service Providers to undertake post placement reports increases significantly year on year as the numbers of children adopted rises. The most substantial amount of work undertaken in the post placement arena is therefore the completion of these reports. This has implications for the distribution of resources within the service and will continue to impact considerably in the foreseeable future: for example, as the numbers of parents adopting from Vietnam or Ethiopia continue to increase (Adoption Board, 2004), the commitment to the completion of post placement reports will also increase.

Through the information gathered from post placement reports, and as a direct result of adoptive parents requesting services, all Adoption Service Departments are now providing some post placement support services. These services range from services to families who are experiencing difficulties and who need assistance, to Adoption Departments who are pro-actively providing workshops for parents in relation to adoptive parenting tasks and issues (e.g. telling and racism) which are becoming significant for them. These are specialised and extremely important areas of work, but they demand significant resources, training and expertise.

A concern which is currently emerging for Adoption Agencies is that some adoptive parents are not following through on the commitments they made during assessments. This was particularly noticeable in relation to plans for child-care post adoption. In the best interests of children who are adopted at different ages, agencies have been recommending that one parent care for the child full time in the first year. Whereas parents are making this commitment during the assessment process, agencies note when undertaking post placement reports that it is often not followed through.

Issues in relation to the Adoption Board

The Principal Social Workers noted a number of issues which impact on the delivery of services which arise out of their reporting relationship to, and communication structures with the Adoption Board. Some of these issues may pertain to governance arrangements within the Adoption Board:

- In relation to the formation of policies and the allocation of resources, the experience to date has been that the Adoption Board and the Health Service Executive have, as two separate organisations, operated independently of each other. This has been particularly significant since the introduction of the Standardised Framework for Assessment which has required the implementation of many new or altered policies within intercountry adoption. Changing policies within domestic adoption have also impacted on services to intercountry adoption. One of the consequences of this lack of communication and co-operation has been, for example, that it has been extremely difficult for Adoption Departments within Health Service Executive areas to standardise procedures and policies as required by the Adoption Board. This has mainly been due to different operational and budgetary procedures which exist in each area. Principal Social Workers welcomed the recent development of structured communications in relation to the implementation of policies which have begun between the Adoption Board and the Health Service Executive.
- There is a need for a better flow of information between the Adoption Board and the local Adoption Panels/Committees. It was reported that information and directives to different Adoption Departments and Voluntary Adoption Agencies have not, in the past, always been consistent.
- The Health Service Executive Adoption Departments are frustrated at having to meet the changing needs of individual sending countries. The procedures and paperwork demanded in the various countries from which couples are adopting are not standardised and change regularly, both within and between countries, and these changes impact significantly on resources at local level. These procedures are not currently mediated by the Adoption Board. It would be of assistance to the delivery of services if the Adoption Board were to take on the role of asserting the validity of the Irish process and were to set common standards.
- There is a need for adoption legislation to be amended to provide the Adoption Board with the power to provide control over the countries from which intercountry adoption is sanctioned. The range of countries has changed continually over the past ten years and it is likely that this will have considerable implications for post placement services for the future.

Concerns in Relation to Various Placing Countries

Principal Social Workers had a number of concerns about issues which have arisen in specific sending countries. Many of these issues have come to light as a result of their having been observed by and reported to adoption service providers by parents who have adopted internationally. Of specific concern are the following:

- Having traveled to the country of birth of their child, some parents reported having been asked to 'choose' a child from a room full of waiting children. They have also been asked to meet with a number of children and then to choose which child is most suitable to them. In a number of instances, parents who had a Declaration of Eligibility and Suitability to adopt one child have been requested by the authorities in the country from which they are adopting, to take two children.

- Children from some countries are being placed at less than two weeks of age.
- Post placement reports: the requirements are different for all the countries from which intercountry adoptions are taking place, with some countries asking for reports up to the child reaching the age of majority. The question was posed as to whether children will, as they grow older, have a right, on their own behalf, to say “No” to the completion of these reports.
- A further issue in relation to post placement reports was that reporting requirements, as they are currently structured, imply an assessment of the child’s development, progress and integration into the adoptive family. The resource allocation of one home visit by a social worker does not offer sufficient time to make such an assessment.
- In a number of instances, in order to adopt a particular child, Irish couples have procured a medical visa for a child, brought the child to Ireland and then applied to adopt the child. It has proved to be the case that some of these children have not, in fact, been eligible for adoption, which has resulted in the child being in a “legal limbo”.
- It has been reported by parents that the authorities in some countries, in order to protect the anonymity of the birth family, consider that the records of the child who has been adopted should be destroyed, and they believe this to be happening.

Outcomes for Children and Families

Principal Social Workers offered a number of views on their perceptions of how the children who have been adopted were faring in their new Irish families. Many thought that most of the children were as yet too young for issues or problems to have emerged.

Principal Social Workers noted that the Adoption Board is currently in the process of gathering statistics in relation to how many breakdowns have occurred in families who have been formed through intercountry adoption. Currently these breakdowns are not monitored by the Adoption Board. As a matter of urgency these disruptions need to be monitored within the Adoption Board and adoption services so that specialised services may be given to children and families. Information shared with the Study Team in relation to four different Health Service Executive areas pointed to the fact that there have been breakdowns, and that there are a number of children who have been taken into care by the Child Protection Services. There are also a number of children known to be apart from their adoptive parents, but not necessarily in care. Principal Social Workers stated that there is an urgent need for information in relation to adoption breakdowns to be available in order to assist in understanding the issues both for the child and the parents which may have caused a breakdown. There is a need for specialised post adoption services to be provided both to these children and families. It had also come to the attention of a number of Adoption Departments that there are a number of marriages which broke down subsequent to international adoption.

Finally, from their experience to date, it was the opinion of Principal Social Workers that many adoptive parents would be unlikely to request assistance, if required, from Adoption Departments or other state funded agencies. They believe that there is a perception that seeking assistance could negatively influence an application to adopt another child.

Views & Information from Social Work Practitioners (Health Service Executive)

Social Work Practitioners are members of Adoption Teams within the four Health Service Executive areas. In most areas, these teams provide both intercountry and domestic adoption services³³. Practitioners indicated that from their experience, the expertise which has been gained as a result of the provision of services within all stages of the adoption lifecycle (i.e. placement through to reunion and beyond) has been of great benefit in the delivery of intercountry adoption services. Whereas intercountry adoption has brought new challenges, many of the issues, which have been the experience of those who have been through domestic adoption, are similar to those which will be the experience of families formed through intercountry adoption.

For the purposes of this study, practitioners were asked for their views on a number of areas. Specifically information was sought on the delivery of: Information Sessions, Preparation and Information Courses, Assessment Procedures, Post Placement Reports and any Post Placement Services being provided. Practitioners were also asked for their comments on any issues of interest or concern which have impacted on their delivery of the service or on their professional practice.

Information Sessions

Information sessions for potential adopters considering intercountry adoption are now running in most Health Service Executive areas. In general these meetings consist of one 3-hour session which is held during the day or in the evening and attended by between 20-60 potential applicants for intercountry adoption.

The general impression of practitioners has been that the introduction of these Information Sessions has been of benefit³⁴. One Health Service Executive Service area offers a one-to-one meeting with all potential applicants, both because they do not have high numbers of applicants for intercountry adoption and because they have found potential applicants hesitant about going to a public meeting. It was noted that the Standardised Framework for Assessment does not identify a need for these sessions, which have consequences for caseload management³⁵.

Preparation and Information Courses

Overall, the impression of social work practitioners was that the Information and Preparation Courses were working well. They stated that feedback from parents has been positive^{36,37}. They also noted that since these courses became mandatory as a result of the introduction of the Standardised Framework for Assessment, there has been a noticeable difference in the level of preparation which has been undertaken by parents prior to the commencement of assessment. This has impacted positively on the experience of assessment.

33 Services are provided to all parties in relation to adoptions which have taken place since 1952, and which are currently taking place, these include: the placement of Irish children for adoption; children who are in foster care who are to be adopted; birth mother and birth family counselling in relation to relinquishment; assessment of couples for Irish adoption; Information and Tracing services for those adopted since 1952 including cases matched through the Voluntary Contact Register which is operated by the Adoption Board. Services to step parents wishing to adopt are provided by the Social Work Department of the Adoption Board and there are currently plans in place to devolve this service to Adoption Agencies.

34 Chapter 3 of this report which gives the comments of adoptive parents on the process of application and assessment does not contain any comments on Information Sessions as they are a new service offered in recent years.

35 Information from Principal Social Workers noted that subsequent to potential applicants attending Information meetings, in some HSE areas there is a drop out rate of over 50% and in other areas there is almost a zero drop out rate. Further research is required to understand why this is the case.

36 Information from social work practitioners who facilitate Preparation and Information Courses included improvements which have come about within the courses up to, and including, courses run in 2006. As parents participating in the study had to have effected their adoption at least one year prior to taking part in the study, information gathered from adoptive parents in relation to Preparation and Information Courses and Assessments was based on experiences of Preparation and Information Courses and Assessments only up to the end of 2002.

37 At the end of each course, potential adopters complete an evaluation sheet with their comments on the course. In recent years, though no systematic analysis has taken place throughout the country, individual HSE areas have noted that the feedback has been overwhelmingly positive. One HSE area had a social work student conduct a small survey on satisfaction rates, and the vast majority of evaluations were extremely positive.

Practitioners noted that for operational and resource reasons, some of the recommendations of the Standardised Framework for Assessment in relation to Preparation and Information courses have had to be adjusted. For instance, a recommendation of the Standardised Framework for Assessment was that social workers who facilitate Preparation and Information courses should not undertake assessments with the same potential adopters who attended the course which they facilitated. The rationale behind this recommendation appeared to be that the education and assessment elements of the process should be kept completely separate. Practitioners noted that they have had feedback from parents who are applying to adopt who have reported that it has been beneficial to know the social worker prior to assessment.

A further area in which the operation of these courses varies among Health Service Executive areas is the time frame in which the courses are delivered. Social Workers noted that different time frames appeared to suit different areas and teams and that the ability to be flexible resulted in positive feedback from potential adopters.

Since 2004 a number of the Health Service Executive areas have been presenting the Preparation and Information Courses in a co-facilitation model with adoptive parents³⁸. Social workers who are currently running these courses in conjunction with adoptive parents reported that both the system and the courses are working extremely well. They were of the opinion that the courses have been much improved by the addition of adoptive parents as facilitators, noting that prospective adopters have also remarked that they have found it particularly interesting and helpful. Social workers reported that the problems which have arisen with this co-facilitation programme to date are:

- Lack of finance from some Health Service Executive areas to compensate adoptive parents³⁹.
- There is no national structure or plan to recruit and train a further group of adoptive parents who are required to continue the operation of the programme.

In relation to the content of courses, practitioners stated that the content as outlined in the Guide for Practitioners⁴⁰ is what forms the basis of the courses. They also reported that significant adjustments have had to be undertaken with this Guide in order to include issues which are directly relevant to intercountry adoption in an Irish context. Currently the Preparation and Information Courses need to be updated, particularly in relation to:

- Videos and other aids for the courses which reflect what is happening in intercountry adoption in Ireland.
- Information on medical issues which are directly pertinent to all of the countries from which Irish people are adopting.
- The amount of information on racism and cultural issues included on the courses needs to be significantly increased.

38 In 2004, a series of "Train the Trainers" courses were offered for social workers and adoptive parents to begin the implementation of this method of running courses. Out of the eight Health Boards in existence at the time, six Health Boards undertook to run their courses with adoptive parents as co-facilitators, two chose not to do so. This was identified as a further area in which standards differ across Health Service Executive areas.

39 When the co-facilitation programme was introduced a rate of financial compensation was agreed between the South West Area Health Board and the adoptive parents from all over the country. A commitment to the continuation of the programme (mostly it would appear for financial reasons) was not made by all local Health Board areas. This decision was generally outside the control of the Adoption Departments.

40 Subsequent to the adoption of the Standardised Framework for Intercountry Adoption, a Guide for Practitioners was commissioned and issued by the Department of Health Children. This Guide was compiled by Gill Haworth (Overseas Adoption Helpline, Great Britain) and John Simmonds (British Association of Fostering and Adoption). Included in the Guide were *Five Standards for Intercountry Adoption* against which all assessments were to be measured, and also an outline of the content and subjects to be covered in the Education and Preparation Stage.

- Ongoing training for social workers and adoptive parents who are facilitating courses and induction training for those newly recruited to facilitating the programme.

In conclusion, there is an urgent need to review and consolidate the content of courses as they have developed within different Adoption Departments. The current content, which was suggested as a result of the Standardised Framework for Assessment, has been in operation for nearly six years without evaluation.

Assessments

Practitioners reported that having had the Five Standards for Assessment (see Appendix A) as a benchmark against which they are compelled to make recommendations in relation to the capacity to parent an internationally adopted child has been of great benefit.

Within the assessment process, attention was drawn to a number of issues which are problematic with the current operation of the Five Standards for Assessment and also with the Self Assessment Model which is promoted by the Standardised Framework for Assessment:

- In practice, Standard 3 (in relation to a child's original nationality and race)⁴¹ is not given sufficient emphasis. This is due to the fact that when other parts of the Framework are taken into account, the bias is largely towards Standard 2⁴².
- The "Self Assessment Model" which is promoted in the Framework as the model under which assessments should be undertaken is often not sufficiently robust for assessments. This is because assessments, if they are to attempt to guarantee that the best interests of the child be met, are increasingly required to be evidence based and the self assessment model does not allow for this standard. This is a further area in which there is a particularly urgent need for a review of the Standardised Framework for Assessment.
- As research and practice knowledge about intercountry adoption in Ireland and worldwide increases, there is an ongoing requirement for skills training to be provided on new areas of interest and knowledge to adoption service providers. In order to carry out thorough assessments there is also a need for adoption practitioners to be skilled and knowledgeable in areas of child protection, risk assessment, child development and other complex issues which relate directly to the best interests of adopted children.
- In a number of Preliminary Assessments and Full Assessments it has been difficult to ensure that the information gathered for the assessment process is complete, there is a need for more rigorous and robust structures. Examples of this are: time periods missing in criminal record checks, acceptance of medical history from General Practitioners who do not have a complete medical or psychiatric history for applicants.
- When a negative assessment which has been given by a social worker is being reviewed by the Adoption Board there is a need for a Guardian ad Litem to represent the interests of the child, particularly where there is dispute or conflict as to how the best interests of the child can be met.

Post Placement Services

Based on their experience of meeting families in order to complete post placement reports, social workers have observed that there is an urgent need for a structured and well-resourced post placement service.

41 Standard 3 refers to the capacity of the parents to provide an environment where the child's original nationality, race, culture, language and religion will be valued and appropriately promoted throughout childhood. This includes the capacity of parents to recognise the differences between themselves and their child within these areas and to recognise and try to combat racism and other institutional and personal oppressive forces within society.

42 Standard 2 relates to the capacity of the parents to provide the child with family life that will promote his or her development and pay due regard to their physical, emotional, social, health, educational, cultural and spiritual well-being.

Issues or problems which they have noted and which are of concern are: indiscriminate attachment, speech and language delay, feeding disorders, hyperactivity, lack of concentration and behavioural problems such as aggressive behaviours. They also noted that currently when parents have sought services, there is a severe shortage of expertise available. Social workers concurred with the view of Principal Social Workers that many families are not sharing problems which they may be experiencing as they seem to believe that by doing so they may compromise their application for a second adoption assessment.

Practitioners suggested the possibility that Early Intervention Teams (which are currently in place in all Health Service Executive areas) offer a full assessment to all children who are adopted internationally. This service would be most usefully offered immediately upon the child arriving to Ireland. They also suggested that there is an urgent need for a further service (such as a telephone helpline) to which parents could direct queries, especially in the immediate period post- adoption.

Currently, the information compiled for post placement reports is different for each country and there is a need for this to be standardised. Not all countries require post placement reports, but it was the opinion of social workers that it would be in the best interests of children if they were to be required for all children who had been internationally adopted, whether they be a requirement of the sending country or not.

Practitioners noted that post placement reports have yielded an enormous amount of information to adoptive service providers, adoptive parents and other professionals in relation to how children are faring post adoption. They suggest that it would be timely to gather information from these reports so that further learning can take place. A further suggestion was that reports from Public Health Nurses, who have contact with families in relation to children's development, should form part of the post placement report. This would help to increase the validity of the evidence concerning the child's well being.

Finally, in the area of post placement services, practitioners noted that the need for services for children and parents in relation to adoption issues will change as children mature. They suggested that the planning for, and the provision of such services (such as counselling and information and tracing services), needs to begin immediately as there are already many children who are of an age to be requesting such services.

Other Issues

Social workers expressed opinions in relation to a number of further issues many of which have already been recorded as concerns of the Principal Social Workers. In addition, they noted:

- There is a need for each internationally adopted child to be issued with a document such as an "evidence statement" from their country of birth. This would include: information as to the reasons why the child was placed for adoption, documentation proving that the consent of the birth mother was obtained or a copy of a court order dispensing with this consent. The consequences of not having this type information for children in the future are already well known and documented in relation to Irish adoptions.
- Concern was expressed in relation to the payments made by parents to adoption or other agencies in various countries of birth from which children are adopted.
- There is a need to collect detailed information and statistics from other agencies and professionals (such as Child Guidance Clinics, Child Protection Services, Speech and Language Services) who are currently

providing post adoption services to children and families. This information will give a more comprehensive understanding of the issues which are currently problematic for parents and children.

Finally, social work practitioners noted that, in Ireland, there is every reason to be confident that intercountry adoption practices and services can be improved. They drew attention to the fact that because Ireland has had over 40,000 domestic adoptions within the last fifty years, there is a tremendous amount of information and learning which has been gained from adoption practices of the past. Current adoption practice, particularly through the implementation of the Contact Preference Register by the Adoption Board and the Information and Tracing Services offered by Adoption Agencies continue to be informed through the data gathered in these services. All of this information is relevant and could be immediately applied to intercountry adoption practice.

Views of Stakeholder & Support Groups

As described in Chapter 7, just over 70% of the families who participated in the study stated that they were members of a support group. Some families were members of groups which are country specific and others were members of either a local or a national group which represent families who have adopted from many different countries. Some of the groups had been established for over five years or more and had quite sophisticated support systems; others described being in the early stages of development and are offering support and information on a more informal basis. As these groups were all involved in providing information and services to adoptive parents, it was important to obtain their views on the current issues in intercountry adoption.

The views and opinions of the Support Groups were obtained through direct meetings with representatives of the various groups. Invitations to meet with the Study Team were issued and the members of the Study Team travelled to many different parts of the country to meet with these parents⁴³. These groups represented most of the countries from which children have been adopted into Irish families⁴⁴.

Within these meetings specific information was gathered on the following key areas:

- Reasons for the establishment of the support groups;
- Services currently offered by support groups;
- Services required for those wishing to apply to adopt;
- Services required for children and parents subsequent to adoption.

Formation of Support Groups

The first two intercountry adoptive parent support groups to be formed in Ireland (Parents of Adopted Romanian Children and the Irish Foreign Adoption Group) came together for the specific purpose of lobbying for legislation on intercountry adoption, the result of this lobbying being the enactment of the 1991 Adoption Act. Other support groups were subsequently set up with the purpose of: 1) providing information and assistance to prospective adopters who were beginning the adoption process and 2) to offer support to families post adoption through cultural and social events. In addition, most of the support groups who took part in the study reported that, within the last few years, they have also had to take on the function of being

43 During the period of the study, members of the research team met and/or corresponded with: The International Adoption Association, The Irish Chinese Contact Group; Belarusian Support Group, VietIrish, Vietnamese Irish Network of Adoptive Families, Ethiopian Support Group, Parents of Adopted Romanian Children and the Thai Adoption Group.

44 Not all countries from which children have been adopted have a "country specific" support group, and not all parents are involved in support groups.

spokespersons to the media in relation to intercountry adoption. The groups drew attention to the fact that in recent times (particularly during the period 2003-2006) there has been considerable coverage of intercountry adoption in the various media, and that much of this coverage has been negative. Except in one instance where there is a part time Administrator, all of the services offered by the support groups are run by volunteers.

Services offered by support groups

The support groups currently offer services in three main areas:

1. Information and support to parents who are enquiring about intercountry adoption. This is done through telephone help-lines, websites, newsletters, libraries, internet chat rooms and individual parent-to-parent contact. The groups reported that potential adopters seek information which is specific to adopting from particular countries, the costs involved in the adoption process, the waiting periods and delays, the completion of documentation and the steps involved in applying to the Health Services Executive for an adoption assessment.
2. Ongoing support and information to potential adopters throughout the process of adopting, including paperwork and travelling to the countries of birth of the children. Practical information is also offered around the experience of being in the country from where parents will adopt, issues for adopters to consider when meeting the adopted child for the first time, medical and health concerns, the importance of gathering history and information about the child when in the country of birth, issues in relation to institutionalisation and other general parenting issues.
3. Post placement support is offered through cultural and social events specific to the countries of birth of the children. In all groups, children and parents gather to celebrate festivals and also to enable children and parents to get to know each other. Advice and support is also offered particularly in the adjustment to parenting stage, and as children mature, information is shared in relation to adoptive parenting tasks. This type of post-placement support is again offered through telephone helplines, newsletters, internet chat rooms and parent-to-parent contact. In groups where the children are now in their teens, some teenagers are offering support to each other on the phone and in one-to-one contact about adoption issues.

One of the areas in which the support groups appear to be particularly well organised is in relation to celebrating specific festivals of the countries of birth of the children. Picnics, parties and outings where families gather in large groups to celebrate such festivals as Tet for children from Vietnam, Russian Christmas, Ethiopian New Year and Loy Krathong for children from Thailand are commonly well supported. One support group is part of a Nativeland trip every four years to the country of birth of the adopted children. This Nativeland trip is organised at the instigation of the Government of the country of birth of the children.

A number of groups have also organised language and cultural education classes for their members. These were also reported as being well attended. Information meetings at which speakers offer specialised knowledge on issues such as telling, childhood development, and medical and health issues for children coming from specific countries are also common and generally well-supported. Groups have also had speakers who were themselves internationally adopted (to the U.S.A for example) and who have come to speak about the experience of growing up as an internationally adopted child.

A number of the support groups reported that part of their mandate was to maintain contacts with the countries of birth of their children. This contact was being made through communication with the embassies and/or direct contact with people involved in adoption in the various countries. As a rule, the communication lines had been opened to different countries by groups of parents in Ireland. However, in some instances the authorities in the countries of birth of the children have become pro-active in maintaining contact, or indeed actively checking that the adopted children are safe and faring well in their new families in Ireland⁴⁵. A number of groups also maintain contact with the children's homes from where their children were adopted and regular correspondence passes between families in Ireland and the children's homes. Some groups are involved in fund raising for children's homes in different countries.

The support groups also noted that there is a very large informal social network among families who have adopted internationally, who meet regularly for ordinary family events. Through these groups children and parents have become friends, and parents stated that they believe this kind of contact is and will continue to be of particular benefit to children in the future.

Service needs of children and parents for the future

All of the support groups who took part in the study were quite clear that there is an urgent need for many different kinds of post-placement services. Some of the groups had carried out surveys internal to their groups in order to identify what are the issues and services which are needed now and in the future⁴⁶. They also pointed to the fact that there is research evidence from other countries as to what the needs of internationally adopted children and families will be into the future.

A direct comment from one of the support groups captured the opinions expressed by all the groups in relation to many of their experiences of intercountry adoption services:

Professionals (medical, health and Counselling professionals) do not appear to understand the issues that the children have, i.e. they don't understand or know about the circumstances and background history of these children, nor do they seem to be knowledgeable about general adoption and intercountry adoption issues.

As a result of their experiences to date, all of the groups were clear in their demands for services for the future and called for:

- Increased resources to intercountry adoption to reduce waiting lists for assessment. Reducing waiting lists would also assist in ensuring that adoptive parents were adopting at a younger age.
- A dedicated post adoption assessment service staffed by a professional multi-disciplinary team with a thorough knowledge of all areas of intercountry adoption. There is a need for this service to be available to families immediately upon their return to Ireland and it must be in a position to offer a complete assessment of medical, health, social and developmental needs of children.
- A state sponsored professional counselling service which could also incorporate information sessions and support groups for children in the teen and pre-teen age groups. Children in the age groups 5 to 7 years were particularly identified as beginning to ask questions which parents were finding difficult to answer.
- A dedicated Speech and Language Service for internationally adopted children

45 The Adoption Authorities and Governments of Thailand and Belarus have undertaken this task.

46 The International Adoption Association submitted their proposals to the Department of Health and Children in 2004; surveys have also been done by the Thai Adoption Group and the Irish Chinese Contact Group.

- Information services (in the form of telephone help-lines and information meetings) for parents, which can be accessed locally, and which are in a position to give up to date information and advice in relation to specific and general adoptive parenting issues.
- Education campaigns about adoption and intercountry adoption, with particular emphasis on information being made available to Teachers, General Practitioners and other professionals who interact with internationally adopted children on a daily basis. Emphasis needs to be given to the issues which are arising for children who have been adopted transracially.
- A State sponsored facility which will provide information and tracing services for internationally adopted children both now and in the future. Again representatives from the support groups indicated that children who are in the pre-teen years are already requesting information on tracing possibilities and about making connections with birth families and countries of birth. One suggestion made was that the Adoption Board could liaise with the various countries in which children were born to ensure that the archives for children who have been adopted internationally are safe and accessible.
- State funding for the support groups so that services can be enhanced.
- Review and simplification of the documents needed for intercountry adoption and of the registration process to the Foreign Adoption Register.
- A review of intercountry adoption procedures to ensure that there is an rational flow within the process, e.g. much of the documentation submitted at the application stage is out of date before the Declaration of Suitability and Eligibility is issued.

Key Findings

Social Work Managers and Practitioners

The information gathered from adoption service providers suggests that many of the structures and services for intercountry adoption are now working well. This is due to improvements which have been implemented particularly since the introduction of the Standardised Framework for Assessment. There are, however, a number of core issues which continue to be of concern in relation to some of the policies and practices currently in place for intercountry adoption. There is also an urgent need for a comprehensive post-placement service for both children and parents.

The key findings from the information gathered from adoption service providers were:

- The standards and policies applied to intercountry adoption differ significantly from those applied to domestic adoption, particularly in relation to: parental age, matching of children to parents, evidence of birth mother consent and transfer of care procedures. As a result, current intercountry adoption practice is not, on many fronts, meeting the standards required to meet the best interests of children.
 - The reasons for long waiting lists for assessment, which adoption practitioners agree are unacceptably long, are complex and include: post placement services to families who are experiencing difficulties being given priority on social work case loads; domestic adoption placement being given priority; HSE ceilings on employment of staff, and increasing numbers of problems presenting at preliminary assessment level.
 - Information and Preparation courses for intercountry adopters are now working well and feedback from potential adopters is positive. These courses have been particularly enhanced by the inclusion of adoptive parents as co-facilitators.
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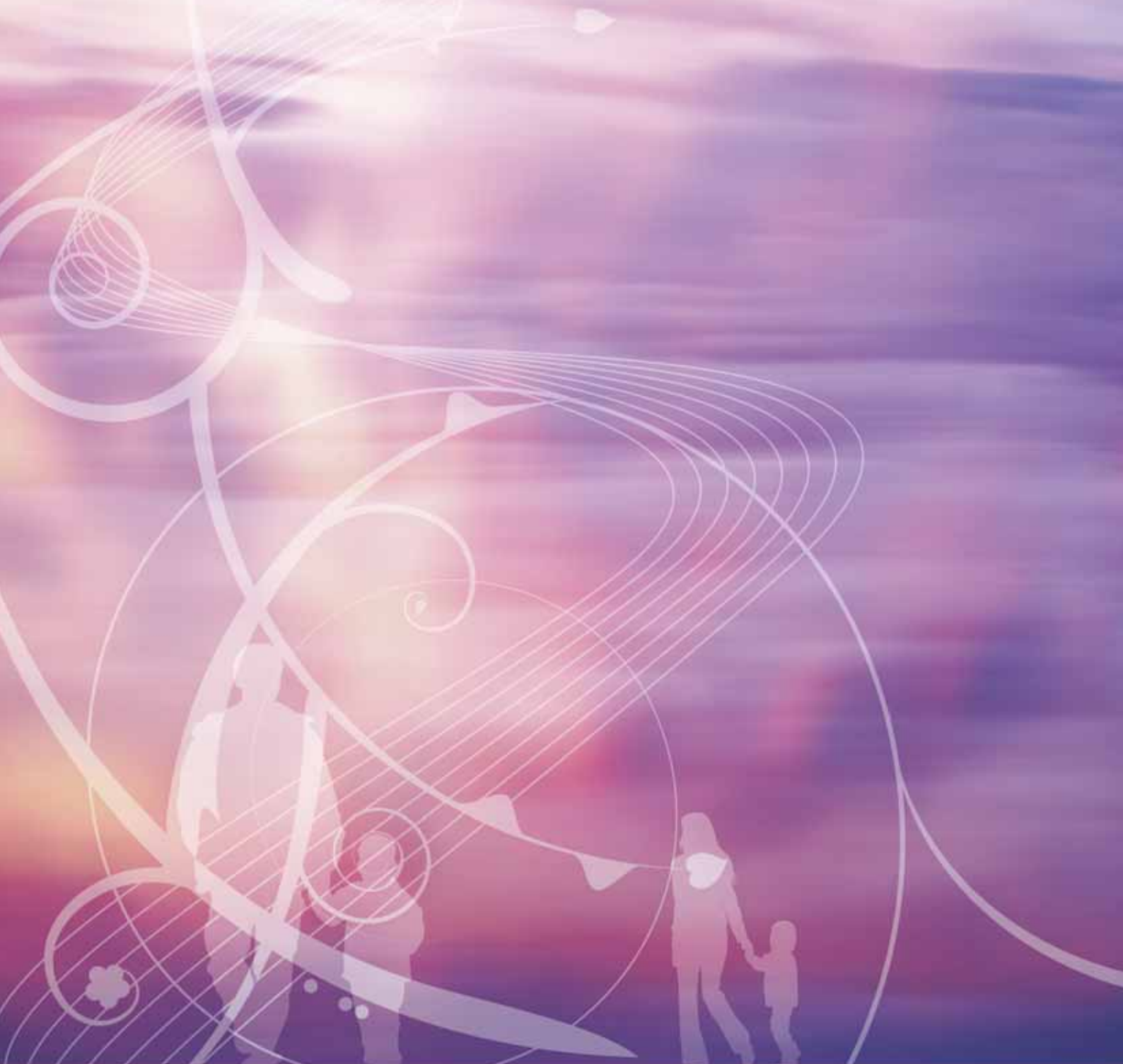
- The adoption of the Five Standards for Assessment have enabled assessment procedures to be standardised and improved. However, the current need for assessments to be evidence based means that the model of assessment in the Standardised Framework for Assessment is not sufficiently robust.
- There is an urgent need for an evaluation of the Standardised Framework for Assessment, particularly in the light of newly published research on intercountry adoption. In addition the expertise which has been gained by professionals as a result of the large numbers of children adopted into Ireland also needs to be integrated into current intercountry adoption practice, policies and procedures.
- Many of the issues and problems which have arisen within the delivery of services have been due to an absence of consultative procedures between the Adoption Board (which regulates standards and issues policy directives) and the Health Service Executive (which delivers adoption services). Negotiations and contacts between the two organizations, with the specific purpose of improving communication and co-operation have just recently been initiated.
- There continues to be a need for improved communication structures between local Adoption Departments, including Local Adoption Committees and the Adoption Board.
- Within the various Health Service Executive areas there continue to be inconsistencies and lack of standardisation in the delivery of services. Whereas some of these are required in order for there to be some flexibility in the service, others result in there being inequality of access to services for adoptive parents.
- Through ongoing contact with children and parents, adoption service providers have noted that some families are experiencing difficulties post-placement and this is of concern. The fact that a number of internationally adopted children have been taken into care is also of concern, particularly as these children and the reasons why they are in care are not being tracked by the authorities.
- There is an urgent need for a comprehensive post-placement service which should encompass: a range of professional expertise for children and parents already experiencing problems; a service which is proactive in providing assistance in relation to normal adoptive parenting tasks and an information and tracing service for children who have been internationally adopted. More research is needed to determine how best and by whom this service can best be provided.

Support/Stakeholder Groups

Support Groups for families who have adopted internationally are now an integral part of the intercountry adoption arena in Ireland. The key findings from the information gathered from these groups are:

- There is a large amount of work being undertaken by Adoptive Parents' Support Groups in all parts of the country, with many of them providing well organised and sophisticated services. The services provided include: information to potential adopters; assistance with the process of intercountry adoption; post-placement support for parents adjusting to adoptive parenting; social and cultural events particular to the different countries, and ongoing contact with state agencies in countries of birth of the adopted children.
- The challenge for the future for Support Groups is to continue to offer services which will be relevant and of interest to adopted children as they mature. Both the state and the support groups need to be creative in their approach to planning for the future.

- As a matter of urgency, the support groups are calling for a comprehensive post-placement service which needs to include access to: a full medical and developmental assessment for children upon adoption; therapeutic services for families who are experiencing difficulties; professionals with expertise in all areas of post placement support and an Information and Tracing Service for children.
- Support groups called for the current waiting lists for intercountry adoption to be tackled and for more resources so that the service can operate at a satisfactory level. In order to ensure equality of access for all potential adopters across the country, more effort is required to standardise services.



**CHAPTER 11
DISCUSSION**

Chapter 11: Discussion

The study described in this report is complex and many interesting issues arise from it. This chapter will discuss the key findings, as outlined at the end of the preceding chapters, drawing out the significance of the findings, how the findings from different domains inter-relate and how they relate to the international literature on intercountry adoption, as summarised in Chapter 1.

Methodological issues

Every empirical study has both strengths and weaknesses and it is important, before examining the findings, to highlight those methodological characteristics of the study which need to be borne in mind as the study findings are examined and interpreted.

First, one of the main strengths of the study is the fact that the main sample of 180 children and 170 families was drawn so as to be representative of the population of children adopted from foreign jurisdictions into Ireland from 1980 until September 2004. This approach permits generalisation from the findings in the study sample to the population of internationally adopted children as a whole. However the initial response rate, 52%, was not as high as it should be to maintain representativeness in the achieved sample. Fewer teenagers, and thus fewer Romanian children, were present in the final sample than would be expected if the sample had succeeded in being truly random. The factors which were associated with non-response are likely to have skewed the final sample so that it did not represent the total population on all important parameters.

As reported, we did attempt to find out why parents had decided not to participate and out of the 68 parents who responded to our enquiry, lack of time was the main reason offered by 20 people, followed by 19 who stated that they did not want their child to be involved in the research and 17 who said the family was currently experiencing too much stress or difficulty. Of course the parents' stated reasons must be seen as merely indicative and there were still a number who chose not to communicate with us at all. It is still necessary to explain why the typical non-responder was the parent of a teen-aged child adopted from Romania (currently, being a teenager and being adopted from Romania are almost totally confounded in the Irish situation because of the high proportion of adoptions from Romania in the early nineties). Non-response is a problem for researchers because we do not know if these families were faring better or worse than the families who chose to take part. If the children in the non-responding families were not getting on well, the broadly positive outcomes of this report have to be seen as presenting an overly optimistic picture and, conversely, if they were getting on very well, the study findings may be underestimating the extent of good outcomes.

The average age of the children in the achieved sample was young - 6.85 years - so the study has more data on the early development of internationally adopted children. It would be extremely important to track the later development of the children in this study to see how they cope with the challenges posed by the transition to second level school and the other developmental challenges and changes associated with middle childhood and the teenage years. It has been noted that the Adoption Board has signaled its intention to carry out a further study in 5 to 7 years time.

By opting to select a sample which was representative of the total population of children adopted from foreign jurisdictions, the study sample was inevitably going to be very heterogeneous in terms of the age range of the children and their countries of birth. Other international studies have often chosen to focus on homogeneous groups of children in terms of country of birth, e.g. all from China (Bagley et al, 1993) or all

from Romania (as with the ERA study in the UK and Ames, Canada). This has the advantage of ensuring some degree of commonality of experience in the study of participants but at the same time a mixed sample such as in the present study can highlight important differences between different types of experience and the considerable heterogeneity that does exist in both parent and child experiences of intercountry adoption in this state. However, the diversity in this sample means that, once a decision is made to stratify the sample by age or by the country of birth of the children or by the character of their pre-adoption experience, cell sizes become small and there is diminishing confidence in the results of statistical analysis.

The study employed both quantitative and qualitative methods and this we would see as a particular strength. The results derived by each method complement each other and the fact that there is considerable emphasis in the study on accessing the experience and voice of children marks it out from the generality of studies in this field, where the typical focus has been on quantifiable outcomes.

The findings derived from the children in the comparison group of school age children assist the Study Team and the reader in interpreting the results of the standardised tests used with the school age children in the main study, and again, such comparison groups are not always employed in comparable studies.

Another unusual feature of this study is that we have managed to secure the participation of almost all of the adoptive fathers; very often the only parent interviewed is the mother. The parental experiences reported thus reflect the views of both parents. For the most part the two parents interviewed had a shared perspective on their experience and on their child, although some differences in attitude and approach were also noted.

An additional positive feature of the study is the extension of the study to interviews with 19 young adults. At this age they have typically made some significant life choices in terms of third level education and current or future employment. They also have a slight distance from their own childhood experience and can reflect on it more easily than the younger child or teenager.

The study has also incorporated the views of social workers, the profession most closely involved with intercountry adoption. Their views provide an important complement and counter-weight to the views of parents and children. They have also made many important suggestions in relation to policy and practice in this field. In line with the perceived need to access multiple perspectives on how the children were faring, teachers were contacted also and 70 of them completed questionnaires on the children's progress and behaviour in school.

The Study Team took many steps, as described in Chapter 2, to enhance the credibility of the study, for example all the measures and schedules were carefully piloted. The study also benefited from being strongly consultative. Helpful advice and input on the study at all stages was received from the Adoption Board Implementation Group, the study's own Advisory Group, the parent support groups and other key stakeholders.

In retrospect there is probably little that we would have done differently within our time-frame and allocated budget. Since the study was the first major study of the outcomes of intercountry adoption in Ireland it was important to be comprehensive and the approach is primarily descriptive rather than hypothesis driven. It is to be hoped that the results reported here will stimulate further studies, which will be able to research

questions raised here in more depth. A longitudinal study would be very important in examining the life trajectories of these children and their later adjustment. There are some aspects of the study which could have been improved, although in the case of one of the major problems, the relatively low initial response rate, it was hard to see what else could have been done to maximise the response rate. The amount of time spent with families was sometimes very long - as much as three hours, where best practice would suggest no more than one and a half. However the longer time spent in the home often resulted from the hospitality of the families and their enthusiasm for the topic. Conducting assessments in the home is sometimes not ideal since there will inevitably be interruptions from time to time from other family members, especially other children. Some of the children found one or two of the measures employed tedious to complete. Some questions were more ambiguous than they should have been and some unhelpfully open-ended, where they might more productively have offered the respondents a fixed list of options. For example, it was difficult to calculate the number of children exposed to racist comments precisely because, although we asked about racism, we did it in a very open-ended fashion, which was not conducive to quantification. Sometimes we realised in retrospect that we should have asked a direct question rather than wait for information to emerge. For example 10% of parents spontaneously mentioned that they had found an early post-adoption consultation with a medical consultant useful but this does not mean that other parents did not have similar helpful encounters.

Most of the children and young adults responded well to the open-ended qualitative interviews and this shows in the richness of the qualitative data. But adoption is a sensitive and private matter and some of the children, naturally enough, did find it difficult to talk to a stranger about issues, that they typically did not discuss outside the home. Perhaps, if we had been able to meet the children more than once, increased rapport and trust would have helped the more reticent children to reveal their thoughts and feelings.

Diverse stories

The children in this study were adopted from 15 different countries. The sending countries have changed from 1980 to the present time. In 1990 most children were adopted from Romania but by 2004 most children were from Russia. The practices surrounding the care of children and pre-adoption and adoption practices varied from country to country and within country they could vary from region to region and from one time to another. Also practices in relation to intercountry adoption in Ireland have changed over the historical period encompassed by this study. For example, the Standardised Framework for Assessment used in the assessment of prospective adoptive parents was introduced in 2000, so some parents in the study had the experience of being assessed with the new procedure and some did not.

The average age of the children in the main study at adoption was 16.93 months with a very wide range, from 1 month to 10.75 years. The nature of the children's pre-adoption experience was also very varied in terms of its duration, but also in terms of its quality, as far as this can be judged. We have only very rough indices of quality and so this is an issue which militates against drawing precise causal associations between the children's early pre-adoption experience and later outcomes. For example we had to use length of time in institutional care as a marker of early adversity, knowing that institutional care can potentially vary from excellent to appalling. For the purposes of this study we assume that institutional care is never ideal for a young child. Lack of information on just about every area of the child's early development, from the health and pre-natal history of the child's birth mother and the child's father, to events surrounding pregnancy, to the child's health status at birth, to his or her history of illnesses, to the quality of early care in terms of

nutrition, hygiene, and stimulation, to his or her opportunity to form lasting relationships, is a major impediment to understanding the factors contributing to good or poor developmental outcomes for these children. Even where parents have some information there is a huge question mark over its reliability.

Diversity is evident also in the characteristics of the adoptive families. Parents' age ranged from 35 to 69 years at the time of interview. Families lived all over Ireland, so the children were growing up in very different neighbourhoods, some in isolated farmhouses, some in inner city Dublin. There was diversity in the parents approach to handling adoption, as can be seen in the variation in the kind of adoption stories told to the children, parents' openness, and the extent to which they sought support from state agencies or affiliation with other adoptive parents.

There were nonetheless some strong commonalities. As would be expected in an Irish sample, 90% of the families identified themselves as Roman Catholic. The majority of parents stated that their main motivation to adopt was childlessness, although a substantial minority of the children (21.7%) joined families where there was one or more existing birth children. Most children were adopted into households that could be labelled as middle class. Only 14.4 % of the main earners in the sample fell into social classes categorised as semi-skilled or manual. None of the fathers was unemployed.

The outcomes for the children will be discussed below, but diversity is a striking feature of both children's outcomes, their experience and their understanding of their ethnic and adoptive status. The qualitative interviews allowed children to express their own beliefs and feelings in a way which emphasises their individuality of response. Children of similar age and in very similar circumstances will react differently according to their own temperament, coping strategies and way of engaging with the world.

One of the strongest general conclusions that can be drawn from the findings of this study is that intercountry adoption is a phenomenon about which it is not easy to generalise, given the fact that the phenomenon is constantly changing and that families, children and professionals all engage with intercountry adoption in their own very distinctive manner.

Children's developmental outcomes

Whether adoption is associated with good or poor outcomes for children has been a very longstanding focus of interest from both a policy and a research perspective, as outlined in Chapter 1. Most published research addressing these issues, until recently, has drawn on data from domestic adoptions, but there is an increasing number of studies of intercountry adoption. Questions about adoption outcomes, whether domestic or international, only make sense if outcomes are compared to a reference point. In the case of the children in this sample, we can, hypothetically, compare their development and outcomes to what might have been their outcomes had they not been adopted. Alternately, we can compare their outcomes to norms for children of their age or we can compare their outcomes to what we might expect from children growing up in families who have the social class status and educational qualifications of their adoptive families.

In terms of how the children might have progressed had they been left in their original circumstances pre-adoption, we can only speculate. The minimal available data and unsystematic early observations that parents have on their children's health and development at the time they were adopted indicate that many of the children were small for their age and developmentally delayed. For example, work published recently

by Sparling et al. (2005) confirms that on the Denver Developmental Screening Test (which was used in this study) Romanian children in orphanages in the 1990s were significantly delayed in terms of US norms and dropped further behind the longer they stayed in the institution. Had they not been adopted it is highly probable that many of the children in this study would have suffered from compromised health and well-being later in their childhood and would not have progressed as well as they have done since adoption.

Cognitive outcomes

In this section the focus will be on intellectual and language development and school performance.

The outcome data on the 180 children in the main study indicate that, on some of the key measures of intellectual functioning, the majority of the children are performing at an average level for their age. This judgement is made with reference to the norms for these tests. The children under 5 are generally doing well, with 60% exhibiting no developmental delays on the Denver Scale. However the results for 22% of the younger children, who have 3 or more areas showing delay, do give some cause for concern. The older children are also doing well on the whole. The average score on the test of word recognition, a good rough index of general ability, was 97.9 (100 being the normative average score). On parental report, 13% of the children had persisting problems with language, many early language problems having diminished with time.

Given the educational level and socio-economic standing of the adoptive parents in the main sample, it is likely that the birth children of these parents would perform at a higher level than average on the tests administered in this study. In this sample, it was not possible to compare the adoptive children with matched birth children from the same families (most families did not have birth children). However, data from the comparison group of children living in Ireland of the same age and gender and from the equivalent socio-economic backgrounds indicate that the adopted children's level of performance is on average lower than the performance of the children in the comparison group on a measure of language competence although there was no statistical difference between the groups on a measure of non-verbal reasoning. The mean score for the study children over 5 years old on the British Picture Vocabulary Scales is 97.9, which is lower than the mean score for the comparison group (103.8). The difference is statistically significant but it is not large. A similar discrepancy between adopted children and birth children of adoptive parents was reported in the major study of 6000 internationally adopted children in Sweden (Lingblad et al 2003). It should be pointed out, however, that the mean score for the children in this Irish sample was average and a number of children were performing at an above average level or higher.

Problems with distractibility and hyperactivity, reported in the next section, undoubtedly serve to impede the educational performance of some of the children. The results on the SDQ for the seventy teachers confirmed that inattention and hyperactivity were major issues and that this was the problem most evident in the school setting.

Teachers' reports also confirmed that the children were doing well in general, particularly in primary school. Nonetheless 30% had received some form of learning support. The picture in secondary school was less positive.

It is also important to appreciate that many of the children were on an upward trajectory developmentally, as

far as could be judged. Some may still be recovering from the effects of their early adverse situations and may reach a higher ranking vis a vis their peers in the future. On the other hand it may be that some new problems will emerge or existing problems will become more salient at a later stage in the children's development. At the moment we can only speculate, but a follow-up study could provide answers.

Socio-emotional outcomes

This section examines the children's social development, their attachment to their parents and their behaviour.

Previous research has identified attachment problems as an issue in the later development of children adopted from institutional care. The capacity to form close and secure attachments to their primary caretakers is known to be an important factor for children's healthy development (Bowlby, 1969). Problems with poor eye contact, clinging and indiscriminate friendliness are predictable consequences of institutional care and the associated multiple, and constantly changing caretakers (Rutter et al, 1998). In the main study, half of the children had displayed behaviours post-adoption that are associated with problematic attachments, such as indiscriminate friendliness, but many of these early problems had resolved. According to their parents, approximately 20% of the sample had persistent problems with indiscriminate friendliness, 14% with poor eye contact and 10% with clinginess. These are issues which present challenges for the parents of these children and for the children themselves and which could possibly be ameliorated by therapeutic interventions. One quarter of the children were reported as having ongoing problems with distractibility and sustaining attention. Again this is a finding which has been reported in other studies. Sensory problems, such as over-sensitivity to sound and dislike of physical contact, were found in a small minority of the children. Not liking being touched or held presents an obvious problem in terms of attachment since affection and intimacy are often expressed through physical contact.

On the standardised measure of behavioural strengths and difficulties (SDQ), which was completed by both fathers and mothers, hyperactivity emerged as the most typical and significant problem. In general however the parents rated their children as having problems which were no different in intensity from that found in other studies of the general population. Problems with hyperactivity were also identified by the teachers.

The teachers and the parents seemed relatively unaware of the kind of bullying experiences and negativity about adoption, race and ethnicity which had been experienced by the children from time to time. It is important not to over-state the extent of bullying and racism since the children were often well able to put incidents they had encountered in context - but adults are very capable of ignoring aspects of their children's experience which they do not want to recognise or face. Children are motivated also to protect their parents from unpleasantness or simply to avoid parental fuss and 'hassle'.

In general, the children are doing well and this finding is in line with the international literature. For example, Dalen's 2001 review of Scandinavian studies found that 75% of foreign adoptees did not show signs of major problems, which is roughly comparable to the findings here in Ireland. In this sample approximately 25-30% of children are experiencing difficulties, ranging from mild to severe. The rate clearly varies from domain to domain and also depends on the measure or index employed. We do not have national norms to inform us about what percentage of children we might expect to have problems, but the data we do have on

reasonably representative groups of children, suggest that this rate of problems is higher than that expected in Irish children generally. For example, in a recent study of 3,374 children aged 6-18 in Clonmel, 17.5% were found to have mental health and behaviour problems as detected by the Child Behavior Checklist (Martin et al, 2006).

Factors associated with child outcomes

Understanding causal processes in this area is fraught with difficulties. The main problem is lack of information on children's early development. This extends in many instances to lack of any information on their birth mother's and father's health status and on the course of their mother's pregnancy and delivery. There is typically no way of knowing if a detected early developmental disorder is genetic or constitutional or environmental in its origins. Potentially, given the extent of adversity confronting mothers who relinquish or whose children are taken into care, any problem detected in the child could be a product of a combination of such factors. Given the lack of information on the early experience of the children in this study, it has been possible to use only one or two relatively robust indicators of early adversity. Thus whether or not the child was in institutional care and for how long became two key indicators. Although it is apparent that the quality of institutional care varied from institution to institution, one chosen indicator of early adversity, i.e. whether or not the child had spent six months or more in an institution, should stand as a strong indicator. The English and Romanian Adoptees study (Rutter et al, 1998) found that the six-month cut-off distinguished between the children who were more likely to have problems and those who were similar to the English (domestically adopted) children.

In this study, length of time in institutional care and age at adoption were not found to be associated with the outcomes that were measured on the standardised scales, with the one exception of mother's ratings of hyperactivity on the SDQ. Children who had been adopted after the age of 18 months were rated by their mothers as having more problems with hyperactivity.

As mentioned, length of time in institutional care had emerged very strongly as a predictor in the ERA study but unlike the ERA study where all the children were from Romania, this study's children were from 15 different jurisdictions. It may be that in some of the countries where children were in institutional care the quality of care may not have been as damaging as that which occurred in Romania in the late 1980s and early 1990s.

However a rather different picture does emerge from the report given by the children's parents. First, it is clear that where parents report problems in early adjustment, higher levels of problems are associated with the child having spent more than six months in an institution. As stated earlier, many of these early problems resolved. Where they did not resolve, children who had spent longer than six months in an institution were more likely to have ongoing difficulties. For example children who had spent more than 18 months in institutions were significantly more likely to have the problem of not listening when being spoken to directly.

Age at adoption was examined separately, but clearly age at adoption and length of time in institutional care can be connected, given that 70% of the children had been in institutions. Children adopted after 18 months of age had more post-placement adjustment problems than those adopted earlier. More of the children adopted after 18 months of age had persistent difficulties, as reported by parents and these difficulties centred on indiscriminate friendliness, difficulties in saying words clearly and problems with distractibility.

In conclusion, in terms of measurable and specifiable outcomes, most of the children appear to be doing well. Even when they had problems on arrival in Ireland, most children responded well to their new parents and new homes and showed remarkable powers of recovery. A minority of children had persisting problems and some but not all of these problems are more frequent where the child spent longer than six months in institutional care or was adopted when he or she was older than 18 months. Some of these ongoing problems are troubling but not disabling, but for a small number of children there are multiple problems or problems which are very severe in nature. Six of the children had received formal diagnoses from health professionals: two children in the study had severe neurological disorders; three children were diagnosed with disorders on the Autistic Spectrum; one child was diagnosed with a specific language difficulty. Five of these children were attending special schools. Such problems often have genetic or constitutional roots. It is not clear to what extent the children's early life experience caused, contributed to or exacerbated these disabling conditions.

On a note of caution, the children, on average, are still young. Older children in the sample were found to have more problems. One explanation for this is that the older children in this sample had suffered from more adversity or had more problems at birth; another is that it is possible that mild or latent problems become more salient for children as they grow older and encounter new challenges. For example, a problem with distractibility may become a serious difficulty as the child moves through primary school and into secondary. Studies of adoption, conducted in the past and cited in Chapter 1, suggest that many adopted children demonstrate problems for the first time in middle childhood or adolescence.

Parents' experience

Almost all the adoptive parents (80%) came to adoption primarily to meet their need for a child or children. Many had endured the disappointments of long years of trying to have a child by birth and numerous unsuccessful medical procedures. They choose intercountry adoption because there are very few Irish children available for adoption. While many considered foster care they decided against pursuing it since they considered that fostering could not provide sufficient security for them or for the child.

The prospective adopters are very highly motivated and this is reflected in their persistence with the lengthy assessment process, the journeys to distant and foreign lands and the sacrifices, not least financial, that they are prepared to make. They selected a particular country often because they had personal contacts with one or more people who had successfully adopted from that country or because they saw children from that country as more obtainable. One quarter of the families gave the race of the child as the reason for choosing a particular country.

The adoptive parents' reactions to the success of receiving a child to adopt at the end of this journey are predominantly those of joy and relief but often tinged with a sense of unreality. Many were encouraged in believing they were doing the right thing for their child by the poor conditions that they witnessed and experienced in the child's country of birth but others were pleasantly surprised at the standards of care children were receiving.

For many, the early days and months were all that they had wished for and they were encouraged by the support of their family and friends and, if they had other children, by the positive reactions of the other

children in their family. But for others there were worries about their child's health and behavior. Nearly 40% of the children had significant health problems on arrival in Ireland. Some had expected more problems than they experienced and some were clearly not prepared for the specific problems that they faced. Many of the early problems children exhibited seemed to be adjustment problems, which faded with time. The child's adjustment problems were seen as significant by only one third of the parents. A significant number of the problems did persist however, as outlined above.

One lasting source of continuity between the child's pre and post adoption experience is their name. Eighty percent of parents kept the child's name but usually as second name rather than a first name.

The circumstances of the children's backgrounds coupled with the kinds of adoption practice in the sending countries are such that many parents return with very little information about their child's birth family or their life before placement. Most do not remain in contact with anyone in their child's country of birth. This lack of information must be a concern in terms of the children's need for information at a later stage and for parents' wish to be able to give them a sense of history. As the interviews with the children indicate, many of the children have a desire for information which has not been met, whether because the parents do not tell them what they know or, very probably, because the adoptive parents have very little information to share.

At the moment parents typically tell their children about their adoption and give them a story which encompasses both why they were adopted and how they were adopted. This story often seems to become ritualised and is frequently repeated. Sometimes it seems to be a little romanticised, which is a concern since some of the harsher realities surrounding intercountry adoption may be being obscured but may emerge as a shock for the child at a later stage. Parents, for the most part, made an effort to inform their children about the culture of their country of birth and they seem to consider that their children have quite a lot of this kind of information and exposure. It is interesting here to consider the children's own understanding of their adoption stories. Inevitably children will distort the information they are given, particularly when they are young. The children's stories, as told to us, may well come as a surprise to their parents, however, in terms of their partial nature and the extent of the children's misunderstanding or, perhaps, the forgetting, of what they had been told. Our interviews with the children suggest that parents may well be over-estimating the level of children's knowledge and understanding. It has long been recognised in domestic adoption that children need to be told the facts about their adoption more than once and with different and more complex information being added as they grow older (Rowe, 1982). Children vary in their need for information and in the extent to which they will ask for it. It was striking in the interviews with children that some children did not want to discuss their adoption or their country of birth with anyone. However, a child's current lack of interest or even resistance cannot be taken as a fixed state of mind, which is never going to change, it is something which may change significantly in the future.

The parents' responses clearly indicate that the vast majority are trying to raise their children in a spirit of openness both in relation to their adoption and to their country of birth, although the extent of this and the parents' comfort with the child's origins varies considerably. Many parents are struggling with aspects of the adoption 'story', particularly in relation to the birth family and why their child was placed for adoption. For example, whereas quite a few children mentioned curiosity about or concern for siblings still living in their country of birth, this did not seem to be a topic parents discussed with them and was one with which they were having difficulty.

In the vast majority of cases, children's identification was with Ireland, their adopted country. Most have had very positive experiences in the wider Irish community but there is a worrying number who report incidents of racist or prejudiced remarks and attitudes. Parents seemed disinclined to accept the extent to which their children might be struggling with issues of difference, for example, making comments about how they did not notice their child's skin colour any more or that they forget that they were adopted. This contrasted with an acute awareness of difference on the part of many of the children. Parents themselves may be prone to a kind of racial stereotyping. We noted for example that many of the little girls were described as 'precious' or 'a little doll' or 'a little flower'. Such epithets might be difficult for these children to live up to when they get a bit older and could also operate as a psychological straight jacket. That said, most parents - adoptive or not - use pet names with children, to no ill effect.

Parents' experiences with services are outlined in the next section but the extent to which parents relied on informal, non-professional supports was very striking. As mentioned, the vast majority received wholehearted support, instrumental and psychological, from their own families. Other parents of adopted children were a further major source of support at all stages of the intercountry adoption process. They were seen as the only other group of people who really knew what they, the parents, were going through. Additionally, many parents connected with or were members of support groups of parents of children adopted from abroad. Many of these groups are specific to one sending country. They provide advice to prospective adopters and to parents who have successfully adopted. They also provide social contacts and friendships for the parents and the children.

Parents were in general very positive about their experience of intercountry adoption, even when their child had problems. 'Go for it' was their most typical response when asked what they would say to others contemplating adopting a child from abroad.

Children's experience

Children's understanding of what it means to be adopted changes over time and this is to be expected. Younger children would not be expected to understand the full significance of adoption. However, they are capable of understanding the basic facts and quite often the children in the study had not understood the very basic fact of having been born to someone other than the woman who was bringing them up. The 8 to 12 year olds had a better understanding of what being adopted means but showed some confusion. Some seemed to emphasise being born in one country and moving to another as central to adoption rather than understanding adoption per se. At this point we note that not only the children but also parents and other people important to the children often focus on and talk about their country of birth more than their adoptive status. Thus it is not surprising that many of the children see adoption in terms of being transferred from one country to another rather than in terms of becoming the legal child of parents who are not genetically related to them. The fact that the birth mother, birth father and siblings in intercountry adoption are often very shadowy figures reinforces this focus on taking the child from the country rather than taking the child from their birth parents.

Children varied in their capacity to talk about adoption and their willingness to talk about adoption. It was clear that for many of them being adopted and being adopted from another country are private issues. It is not always clear whether this is something they have been taught or this is a strategy they have adopted because they find it more comfortable than being totally open. It is understandable when children do not

want to talk about a personal issue which is complex and emotional and which singles them out as different from their peers. Children often distinguished between talking about adoption at home and talking about adoption in public settings or with peers. One source of reluctance may have been fear of bullying since episodes of bullying were reported by a number of children. On the other hand, less than half the 8 to 12 year olds said that they discussed being adopted within their families. Either, children have many more important things on their mind or they feel uncomfortable talking about and/or thinking about adoption under any circumstances. The interviews with the children do suggest that many of them find thinking about adoption and their country of birth difficult. The children reported varied emotions related to talking about adoption, from deep sadness through being indifferent to the topic to feelings of happiness. A reluctance to talk may not be associated with a lack of interest or curiosity as many children indicated. For example most of the 8 to 12 year olds said they would like to visit the country where they were born. However for all age groups, knowledge about the country was typically fragmented and often stereotyped. Very few of the children interviewed had learned the language of their country of birth and by the teenage years half stated that they had no interest in their birth country or in visiting it.

The results of the Brodzinsky Openness Questionnaire showed that about half of the teenagers experience some difficulty in communicating with their parents about adoption. Considering the families with teenagers who had decided not to participate in the study, a question arises whether it was the teenagers in those families who expressed a reluctance to talk to strange researchers about being adopted. Young adults also asserted that adoption was a private subject and recalled that when they were children it was their parents who typically raised the topic in conversation. When young adults discussed adoption with people outside the family they only did so occasionally and with a few trusted friends. They were concerned about other people's lack of knowledge and understanding of adoption.

In general the children felt very positive about being adopted. The younger children sometimes saw this in terms of being 'special' but we did not find strong evidence of the children feeling gratitude to their parents for having been adopted. They seemed in general pleased to be part of their current family and perhaps conscious of having been fortunate in having been rescued from an unhappy situation. They did not feel conscious of being different most of the time. A few of the teenagers in particular were troubled by feelings of not belonging, to their family or to the culture. Some of the young adults had experienced emotional crises relating to their adoption and a minority had sought professional help.

Although some younger children had an obvious curiosity about the facts pertaining to their adoption or their country of birth, it was typically in the teenage years that they started to wonder about 'what might have been'. Theories such as Piaget's theory of cognitive development would suggest that this kind of hypothetical thinking only becomes possible in older children. The teenaged children and the young adults were more likely to wonder about what their life would have been like if they had not been adopted and also to wonder about the lives of siblings and birth parents 'left behind'.

Although, when asked the direct question 'Where are you from?' it seems that many children would volunteer the name of the country they were born in, this did not seem to be a good indicator of their sense of national identity. It may simply be that in the context of our interview's focus on intercountry adoption, this was what they were primed to say. Deeper enquiry revealed that most of the children identified themselves as Irish. Some had a reluctance to reveal their country of birth because they felt it was perceived negatively,

but for most it was because that country was not the place they identified as home. Teenagers were able to distinguish 'coming from' somewhere in the sense of geographical origin and 'coming from' somewhere in an emotional and cultural sense. They also said that they would say, with their current location in mind, that they 'come from' wherever they are currently living.

Most children like to fit in and not to be different to their peers. This may be one motivating factor for the children in not discussing their adoptive status or their different ethnicity at school or with friends. Another factor may be the risk of bullying and milder comments drawing attention to ways in which they might be seen as different. A minority of children reported incidents of bullying but many saw them as not serious. A number of children reported having received attention they saw as positive because of their skin tone. But there were cases where children had clearly been very upset by bullying. The focus of bullying was most often racial difference, especially darker skin colour. It is a matter of concern that the majority of young adults, who had the advantage of looking back on their whole childhood, reported some form of prejudice relating to their adoptive status, skin colour or country of birth. It would seem that parents and teachers are at risk of underestimating the extent to which children have to deal with negative prejudices outside the home.

Services

The sudden rate of increase in applications for intercountry adoption in the period 1980-2003 led to significant strains on the state funded adoption services. The provision of an intercountry adoption service was a totally new development, for which there was no established infrastructure and little research-based professional expertise. A combination of these and other factors led to frustration and anger among potential adopters.

Parents' views

The information gathered from adoptive parents in relation to the assessment services spans this period from 1980 to 2003. During this period, significant changes were made in the provision of intercountry adoption services including: the introduction of the 1991 Adoption Act and the introduction of the Standardised Framework for Assessment procedures.

Adoptive parents recognise that the increase in services as a result of the Standardised Framework for Assessment and the growth in the amount of knowledge and expertise have led to an improvement in services and a somewhat greater degree of satisfaction with the services that are available. However, their responses call for a more user-friendly adoption service, which is in a position to give comprehensive, factual, and up to date information on all aspects of intercountry adoption both at the stage when parents are applying for adoption and subsequently through the lifespan of the children's and families' adoption experience. The state agencies currently involved in intercountry adoption were not seen as fulfilling this role at a satisfactory level. Parents and Support Groups believed that they also had expertise to offer in this area and that it will be important for the state agencies to work in conjunction with them in providing these services.

A number of the topics covered at the preparation courses were proving to be beneficial in the adoptive parenting task and parents welcomed the knowledge which led to greater understanding of the issues arising for their children. The adoptive parents' perception of the negative attitude towards intercountry

adoption within state agencies in the past has improved significantly, but agencies need to be diligent to ensure that a balanced picture, which includes positive outcomes in intercountry adoption, is presented. The majority of parents in the study found the assessment/home study process to be a positive experience which was often a surprise to them as they had been extremely apprehensive beforehand. The challenge for the future is to build on this positive experience and to continue to improve the assessment and processes so that the purpose of assessment, to ensure that parents have the capacities to meet the best interests of the child, can be met.

A large majority of parents (90%) made positive comments in relation to the services offered by social workers. The positive comments related to the professional skills of the social worker and the negative comments related to social workers' approach and organisation of the process. Lack of knowledge and experience in intercountry adoption was a factor, though this improved as the knowledge available about intercountry adoption has increased. The main suggestions of parents for improvements in the delivery of services were: structural changes which would reduce waiting times, processes in relation to application and assessment to be standardised across Health Service Executive areas and an advice/information service to be available in the period subsequent to the issuing of the Declaration but prior to travelling to the child's country of birth. These findings in relation to parents' experiences of the application, preparation and assessment processes demonstrate that although many aspects of the service are much better than they were in the past, there is a need for ongoing improvement and development.

A major issue for the parents was lack of professional knowledge about the specific types of problems which have been found to be consequences of early institutional care. This was experienced across all disciplines in medical, health, psychological, educational and social services. Professionals often tried to squeeze children's symptoms into diagnostic boxes which did not fit. Professionals dealing with these children, whether the focus is health or psychological or educational problems need to be informed about the facts in relation to intercountry adoption and the range of different developmental problems which can be associated with it. In this sample, sensory problems, attachment problems and distractibility and hyperactivity emerged as issues. Thus, for example, an adopted child's fear of sleeping alone or fear of loud noise needs to be understood in the context of his or her early experiences. Some, isolated, therapeutic services focused on attachment problems, sensory or other problems have been developed, but access to such services depends on their availability and, very often, on the parents' capacity to pay.

While some parents expressed satisfaction with the services they were receiving, many families had faced huge obstacles when trying to access services. Many parents reported feeling badly left down and in need of a one-stop shop; a centre or a helpline, to call in relation to issues around the development and behaviour of their internationally adopted children. An automatic right to a physical assessment on arrival in Ireland was a suggestion which many parents made. This should be carried out by professionals specialising in or at least knowledgeable about internationally adopted children.

Lengthy waiting lists in the public sphere are commonplace. It is obvious that the children on these lists (like any other group of children in Ireland in the same position) have developmental problems that will get worse if untreated. There is a need in this population of children for speech and language services that is not being met and there is also a need for an educational and psychological assessment service which is in the public domain.

Providing for the needs of these children in later years needs to be carefully considered. There is certainly a desire for information and tracing services on the part of young people. Parents of young children were also very strongly advocating the availability of such services. However there were more mixed feelings about support services such as counselling. Many young people outlined that they could have really used such services in their teenage years. However others clearly did not want to be automatically assumed to be experiencing psychological and identity difficulties just because of their internationally adopted status. A balance needs to be struck between providing for those who need psychological services and being sensitive to the reluctance of others who do not feel in need. It is clear, however, that overall, the interviewees feel that more services are needed in relation to both physical and developmental issues and counselling and tracing.

Professionals' views

The information gathered from adoption service providers suggests that many of the structures and services connected to intercountry adoption are now working well. This is due to improvements which have been implemented particularly since the introduction of the Standardised Framework for Assessment. There are, however, a number of core issues which continue to be of concern in relation to some of the policies and practices currently in place for intercountry adoption. There is also an urgent need for a comprehensive post-placement service for both children and parents. This is a clear finding, echoed by the parents.

The concerns expressed by social workers included the fact that different criteria are used in approving parents for intercountry adoption to those used in domestic adoption. They agree with the parents in this study that the assessment process takes too long; both in terms of the length of time prospective parents spend waiting to be assessed and the duration of the assessment process. Just as the introduction of the Standardised Framework for Assessment has brought about improvements in the assessment process, social workers and parents alike recognise that the Information and Preparation courses have been improved. The delivery of services could be improved further and lack of standardisation of procedures and of quality across the country was noted as an issue. The Standardized Framework for Assessment which has been in place for six years needs to be evaluated and reviewed. All social workers were aware of and concerned about the lack of post-adoption services. Although it did not arise in relation to the children in this study, all knew of cases where adoptions had broken down and internationally adopted children had been taken into care.

As is clear from the description of the outcomes for the children in this sample, a significant minority of the children have problems which present a serious challenge to their adoptive parents. Parents need help in coping with these problems and, if help were available which was prompt and appropriate to the nature of the child's problem and the context in which it has arisen, such disastrous outcomes as the breakdown of the adoption could be avoided. At a less dramatic level, it is clearly important for the well-being of the children and their families that they receive the kind of support they need, when they need it.

Teachers noted the need for support for some of the children in the school setting such as learning support teachers and Special Needs Assistants.

The need for an Information and Tracing service was mentioned by some parents and some social workers. The current Contact Preference Register would clearly not fulfil all the requirements of such a service if it were to be extended to intercountry adoption. Given the increasing numbers of children, many of them

reaching the age when tracing, if not reunion, may be an issue, consideration of setting up such a service might be timely. A minority of the older children in this study did express an interest in tracing their birth families, with a smaller number expressing an interest in reunion.

Other Policy-Relevant Issues

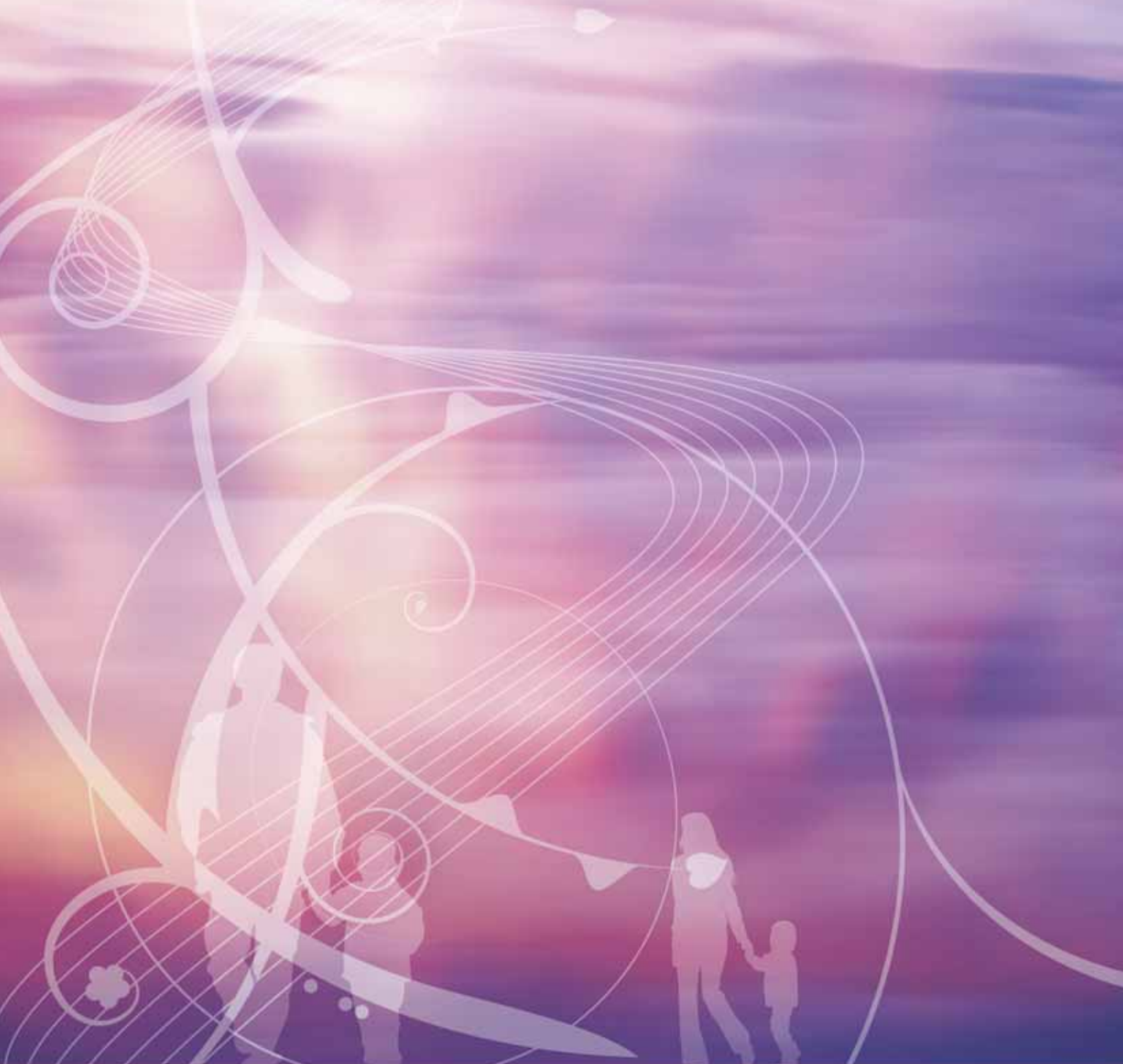
A number of issues arose which have relevance for existing policies on intercountry adoption in Ireland or for the development of future policies or practice guidelines. Issues relating to the provision of services have already been outlined in the previous section.

The age of adopting mothers and fathers was wide, as stated earlier, but did not arise as an important factor for either children or parents. As would be expected, younger children had younger adoptive parents and older children older adoptive parents. Age of parents when adopting was not a major focus in the study, so all that can be said is that it did not emerge as an issue for parents or children nor as a correlate of good or poor outcomes. Where age of parents was mentioned, it was mentioned by parents as an impediment to seeking to adopt another child or as reason for haste in terms of completing the adoption process. On the other hand some social workers were of the view that we should be seeking to provide children with the adoptive parents who best meet their needs and that placing them with parents who are not in the normal age range for parents in the community is likely to further emphasise their difference from their peers.

Another policy-relevant issue is the adoption of two children at the same time; this had happened in a number of cases in this sample and was not seen to have negative outcomes. It must be stated that the number of families in which this had occurred was small (15%) and parents admitted that adopting two children together was a very demanding but overall positive experience, most parents described it as entirely positive (80%) while some parents said adopting two together was easier as the two children kept each other entertained. We did not ask the children themselves about their views on this matter.

Lack of information on the child's pre-adoption experience, the circumstances leading to relinquishment for adoption, the fate of birth family members and the child's and the genetic family's health history is not only a problem for researchers, it is also important in relation to the children's future well-being. There may be a case for collecting more information, in a standardised and systematic fashion, where possible. There are far more children who want to have information than those who want to trace their birth mother or birth families, but there is a need across the board for more information, both to satisfy children's right to know and also to give all involved confidence that proper procedures were followed at every step of the adoption process leading up to their placement. Clearly this is not an issue for local Irish services, but will involve negotiation with the sending countries and the development of international protocols under the Hague Convention.

Some parents and children are aware of the negative perceptions of intercountry adoption in some quarters, fuelled by unfortunate individual stories or anecdotes. There is a need for a more balanced picture of the experience of families and children and for this accurate and balanced picture to be communicated to and by the media.



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APPENDICES**

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Appendix A

The five standards as outlined in the Standardised Framework for Assessment are:

1. The capacity to safeguard the child throughout his or her childhood.
2. The capacity to provide the child with family life that will promote his or her development and pay due regard to their physical, emotional, social, health, educational, cultural and spiritual well being. The applicants must be able to demonstrate their understanding of the importance of maintaining an ongoing and meaningful relationship with their child.
3. The capacity to provide an environment where the child's original nationality, race, culture, language and religion will be valued and appropriately promoted throughout childhood. This will include the capacity of the parents to recognise the differences between themselves and their child within these areas and to recognise and try to combat racism and other institutional and personal oppressive forces within society.
4. The capacity to recognise and understand the impact of the child as an adopted child from an overseas country on the development of their identity throughout both their childhood and adulthood. This will include the capacity to understand the importance of tracing the many dimensions of the child's roots in their birth country and the incorporation of this in a meaningful way into their identity.
5. The capacity to recognise the need for and to arrange for appropriate support and intervention from health, social services, educational and other services through the child's childhood. It may also include the capacity to recognise this in relation to themselves as adults where necessary.

Appendix B

The following abbreviations were used throughout:

EE: Eastern Europe

A: Asia

SA: South America

O: Other

(See Chapter Two for specific countries included in the Study)



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