



A STUDY OF INTERCOUNTRY ADOPTION OUTCOMES IN IRELAND SUMMARY REPORT

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Introduction

Context and background

This study was undertaken by the Children's Research Centre, Trinity College between December 2004 and April 2007. The Adoption Board, which commissioned the study, is appointed by the Irish Government and is a quasi-judicial body responsible for issuing 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 (2004-2007) set out its corporate vision which is "to achieve excellence in adoption and adopted related services with the best interests of children as our primary consideration". 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 aims of the study 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.

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, Chair of the School of Social Work and Social Policy in Trinity College Dublin.

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. 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. 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; meetings with support groups and interviews with 19 internationally adopted young adults. The main report presents an extensive description of the resulting data. This Summary Report outlines the aims of the study and the approach taken to collecting the data. It then presents a discussion of the main findings. For a detailed account of the study the reader is advised to consult the main report.

Study Design and Methods

It was decided that for this study the data, quantitative and qualitative, would be collected and that every effort would be made to access multiple perspectives on the family's experience and on child outcomes. A simple random sample of 180 children was recruited from all entries (between 1980 and 2004) to the Register of Foreign Adoptions and the Adopted Children's Register (where children had been born outside Ireland). An important criterion for inclusion in the study was that children had to have been in Ireland for at least one year, which gave them an opportunity to adjust to the major life transition experienced as a result of adoption.

A "Letter of Invitation", which included a brochure and details of what participation would entail, was sent to all children and parents. The initial response rate was 52%, and families continued to be recruited from the population database until 180 children and families self-selected to take part in the study. The children ranged in age from 2 to 17 years and the mean age of the children was 6.85 years. Over 90% of the participants were under 12 years of age. Fifteen different countries, from which children had been adopted, were represented in the sample. One-third of the children were adopted from Russia and one-fifth from Romania. For families who chose not to take part, the main reasons given were: "family too busy"; "parent/s did not want their child to take part"; "there was too much stress in the family" and "child did not wish to take part".

Two researchers conducted interviews with each family in their homes. An in-depth semi-structured interview was undertaken with parents and a number of standardised questionnaires were completed. With children there was direct assessment of developmental status through researcher observation and interaction: this included the use of standardised psychological tests and questionnaires. A semi-structured interview was also undertaken with children aged over five years to elicit their perspectives on adoption.

In addition to the main study of 180 children and families, further perspectives for the study were sought through semi-structured interviews with 19 young adults, questionnaires to teachers, interviews with adoption support groups, interviews with adoption service providers and a comparison study with 108 children in relation to a number of the standardised developmental measures.

Numerical data gathered for the study 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).



Discussion of the Study's Main Findings

The study described in this report is complex and many interesting issues arise from it. This chapter will discuss the key findings, 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 of the Main Report.

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.

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 compounded 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's study in Canada). This has the advantage of ensuring some degree of commonality of experience in the study 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 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 1990 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 couples 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 birth 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' ages ranged from 35 to 69 years at the time of interview. Most children were adopted into households that could be labeled 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.

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. 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.

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, resilience 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 of the main report. 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. Thus the mean score for the study of children over 5 years old compared on the British Picture Vocabulary Scales is 97.9 but this 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 a number of the children in this Irish sample 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 Strengths and Difficulties Questionnaire 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 become 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 mothers' 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. It is clear that many of the persisting problems, such as indiscriminate friendliness and hyperactivity, are those which have been found in other studies of children who have been adopted after institutional care. Such problems require attention from professionals who understand their origins. 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, 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, their journeys to distant and foreign lands and the commitment, 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 the 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 a 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 those parents who want to be able to give their children a sense of their early 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 ritualized and is frequently repeated. Sometimes it seems to be a little romanticized, 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 surprise to their parents, however, in terms of their partial nature and the extent of children's misunderstanding or, perhaps, 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 recognized 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 prejudicial 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 you. The fact that the birth mother, birth father and siblings in intercountry adoption are often very shadowy figures reinforces this focus on transferring the child from one country to another rather than transferring the child from their birth parents to adoptive 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 to come and live in Ireland. 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 in 2000.

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 obstacles when trying to access services. Many parents reported feeling badly let 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 is, 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 standardization 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. 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 provided support for each other. 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 genetic history of the child's family 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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A STUDY OF INTERCOUNTRY ADOPTION OUTCOMES IN IRELAND SUMMARY REPORT

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