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**“WHAT ARE THE VIEWS OF IRISH BIRTH PARENTS AND FOSTER CARERS
ON POST ADOPTION CONTACT”**

BY

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DECLARATION

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Bernadette Donovan

SUMMARY

The Irish government is planning to hold a constitutional referendum to amend the Irish Constitution and to include children's rights in the Irish Constitution. If this referendum is successful, there will be legislative changes in relation to the rights of children. One of the proposed legislative changes is to allow for the adoption of children who have been in the long term care of the State. It is anticipated that this legislation will apply to children who have been in care for five years or more.

If this referendum is successful, it will have implications for the Health Services Executive (HSE) which is responsible for the provision of all health and social services in Ireland.

The purpose of this study is to explore the views of Irish foster carers and birth parent's views on the issue of post adoption contact. Post adoption contact is the level of contact that children who have been adopted from care have with their birth families. The study aims to give the reader an enhanced understanding of adoption and post adoption contact. The objective of the study is to inform future HSE policy development on post adoption contact with birth and extended families for children who have been adopted from long term care.

Chapter 1 introduces the reader to the current legislative context in relation to children in care in Ireland and a description of the proposed constitutional amendment. It also gives an outline of the current situation in the United Kingdom (UK) where children are adopted from care. It gives a brief outline of post adoption contact in the UK and the conclusion leads into the literature review.

Chapter 2 is the literature review which gives the reader an overview of some of the issues relating to children in care. It also discusses, from a UK perspective, the adoption of children from care and the impact of care on children. It discusses the issue of children in care and attachment and gives a brief outline of the experiences of children who have been adopted from care in the UK. This chapter also discusses the issue of post adoption contact and in relation to birth parents and adoptive parents. There is no Irish research on the subject of the adoption of children from care. The literature review outlines arguments both in favour and against post adoption contact.

Chapter 3 outlines the methodology undertaken for this study. The methodology used was qualitative and the author conducted semi structured interviews with birth parents and foster carers. Qualitative research can produce rich data and the use of semi structured interviews allowed the respondents the flexibility to express their views. The main objectives of the interviews was to ascertain the respondents views on the issues of adoption, the adoption of children from care, post adoption contact and the decision making process in relation to post adoption contact.

Chapter 4 details the results of this qualitative study. It outlines the main themes that emerged during the interview process. Some of the participants had direct experience of adoption. During the interview process, the author formed the opinion that the participants' previous experience and views of adoption influenced their views on the adoption of children from care which in turn, influenced their views on post adoption contact.

In relation to the adoption of children from care, the author observed that the birth parents were fearful that they may be consenting to the adoption of their own children who are in care. In contrast, the foster carers were in favour of the adoption of children from care as they are hoping to adopt children in their care. However, despite these differences of opinion, all participants clearly stated that the decision had to be in the best interests of the child.

The participants discussed their current experience of children in foster care having contact with their birth families. The participants were in favour of the current level of contact being continued if the child was adopted. The participants also discussed the effects of adoption and post adoption contact on the child and their views on who the child should have contact with. They also discussed the decision making process and who should be involved in this process.

Overall, the birth parents and foster carers differed in their opinions on the adoption of children from care. In relation to post adoption contact, they favoured the child maintaining the current level of contact in a post adoption situation. All of the participants clearly stated that the welfare and needs of the individual child had to be the main priority in any decision making process relating to adoption or post adoption contact.

Chapter 5 highlights the key findings of this study and links the emergent themes to the literature review. It also discusses the implications for future HSE policy relating to post adoption contact. It outlines the potential differences in professional practice in Ireland and the UK. This chapter also highlights the fact the participants in this study found it difficult to consider arguments against post adoption contact. However, if the foster carers status changed to adoptive parents, they may wish that a child's level of contact with their birth parents be amended. Most of the participants in this study did concur that if the birth parents were not consistent in maintaining contact or if that contact was not in the best interest of the child, then the contact should be altered or terminated.

This chapter highlights the fact that the participants in this study favoured the involvement of birth parents and foster carers along with professionals in the decision making process in relation to adoption and post adoption contact. Finally, this chapter highlights some of the issues that the HSE will have to take into consideration when developing policy on the adoption of children from care and post adoption contact.

Chapter 6 concludes the study and makes recommendations for future research. It highlights the limitations of this study and concludes with a recommendation from the author that research be undertaken with children in the Irish care system to ascertain their views and wishes on adoption and post adoption contact.

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DEDICATION

This work is dedicated to the memory of my mother Maura Donovan who passed away in February 2007. She has been a huge inspiration in my life.

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CHAPTER 1: INTRODUCTION

1.1 Introduction to the Study

The Irish government is proposing to amend the Irish Constitution to include children's rights. To amend the Irish Constitution, the government will have to hold a referendum to allow all Irish citizens vote on this proposed amendment. If the referendum is successful, there will be legislative changes in relation to the rights of children. One of the proposed legislative changes is to allow for the adoption of children who have been in the long-term care of the State. It is anticipated that this legislation will apply to children who have been in care in Ireland for five years or more. The adoption of children from care is legal in many other countries including the United Kingdom and the United States. For the purpose of this thesis, the author conducted a literature review of adoption and post-adoption contact in the United Kingdom. The author also researched the views of Irish birth parents of children in care, and Irish foster carers in relation to post-adoption contact.

The issue of post-adoption contact has implications for the policy and practice of the Health Services Executive (HSE). At present, children in care in Ireland can either be placed in care on a voluntary basis (i.e. the parents give written consent) or if the care proceedings are contested, the social work service of the HSE apply to the court for an Interim Care Order. If this Order is granted by the court, the child is placed in statutory care. The granting of Interim Care Orders is governed by the Child Care Act 1991. There is an obligation on the HSE to apply for a Full Care Order if it is unlikely that the child is to return to the care of their parents. When a Full Care Order is granted, it is assumed that the child will remain in the care of the HSE until they are 18-years old. There is no consensus within the Irish social work and legal system as to when to apply for a Full Care Order. Therefore, there are many children in long-term care in Ireland who are still the subject of Interim Care Orders.

It has been the experience of the author of this thesis that many children in the Irish care system have contact with their birth parents and extended birth families. There are children who have been in care for five years or more who may still be having weekly or monthly contact with their birth families. This is in contrast to the United Kingdom, where social work practice is to apply for an Adoption Order if the child has not returned to their birth family within a four to six month period. From reading the UK literature, it is evident that many children who have been adopted from care in the UK have indirect contact with their birth families and, if they have direct contact, this is generally on a yearly basis.

This is the reason why the author chose the subject of post-adoption contact. It is the belief of this author that if the adoption of children in care becomes legal in Ireland, the issue of post-adoption contact is going to be contentious, particularly from the perspective of birth parents and foster carers. Therefore, it is imperative that the HSE give strong consideration to the development of policy and professional practice in this area. If children in long-term

care are adopted, the birth families may assume that their level of contact with their children will not change. However, for the adoptive families, they may assume that the child's contact with their birth families will decrease. It is the opinion of this author that this is a very sensitive subject, and it will be imperative that HSE policy makers also consider the views of the children. The issue of post-adoption contact is important, as it is about children who have been adopted maintaining links with their birth family.

The purpose of this study is to explore foster carers and birth parents' views on the issue of post-adoption contact. This study aims to provide an enhanced understanding of adoption and post-adoption contact, and the objective of the study is to inform future policy development by the Health Services Executive on post-adoption contact with birth and extended families for children who have been adopted from long-term care.

1.2 The Number of Children in Care in Ireland

The number of children (persons under 18 years) in Irish State care has doubled over the last 17 years. There are currently 5,474 children in care and the following is a breakdown of those figures:

3,327 children in foster care

1,530 children in foster care with relatives

426 children in residential care

191 children in other care arrangements (this would include secure care)

(HSE National Service Plan 2008)

1.3 Legislative Context for Children in Care

The Health Services Executive (HSE) was established in 2005 and is responsible for the provision of health and social services throughout the Republic of Ireland. In accordance with legislative obligations and policy documents that are based on legislation, the HSE provides child welfare and protection services. The 1991 Child Care Act, which has as its basic tenet that the welfare of the child is the paramount consideration, focuses on the child and the promotion of the child's welfare, and places a specific duty on the HSE to identify children who are not receiving adequate care and protection (Health Services Executive 2005 :3).

The recent introduction of the Child Care Amendment Act 2007 has inserted provisions into the 1991 Child Care Act, which means that foster carers who have fostered a child for more than five years will be able to act in loco parentis in relation to consenting to the medical

and psychiatric examination, assessment and treatment of these children. In addition, foster carers will be able to apply for passports for children who have been in their care for more than five years.

1.4 Constitutional Change on Children's Rights

The Irish Constitution was adopted in 1937 and, as the most important document in the Irish legal system, is central to the administration of government and the relationship between the State and its citizens. Fundamentally, the Constitution recognises the personal rights of the citizens, and it sets limits on what the State can do and how it can do it. Although it contains strong protection for the family, the Constitution is virtually silent on children's rights (Barnados 2007). Articles 40 to 44 of the Constitution set out the rights which all citizens are entitled to. These Articles make explicit references to the rights of the family, but they make little provision for the rights of the child, and it is clear that the child's existing constitutional rights are inextricably linked to the rights of the family.

The need for constitutional change concerning the rights of children in Ireland was first voiced by the then High Court judge, Justice Catherine Mc Guinness (now a Supreme Court judge). Her report on the Kilkenny Incest Investigation found that the very high emphasis on the rights of the family in the Constitution may consciously or unconsciously be interpreted as giving a higher value to the rights of parents than to the rights of children (Mc Guinness 1993).

In recent years, there has been an increasing awareness about the need for constitutional change in relation to children's rights in Ireland. This has been recognised by the Irish government, who established the Constitution Review Group. In 1996, this group recommended that the Constitution be amended to include the welfare principle, and to provide a guarantee of certain other children's rights deriving from the United Nations Convention on the Rights of the Child. There have been many calls for changes to the Irish Constitution, and Geoffrey Shannon, a leading Irish family law expert, has been vocal on this issue. "Under the Irish Constitution, the family unit has autonomy over and above that of the individual members of the family. Consequently, membership of the constitutional family in Ireland subordinates the rights of the individual members. This is true specifically of the rights of children and manifests itself glaringly in Supreme Court judgements on the issue" (Shannon, 2005 :9).

In 1998, the UN Committee on the Rights of the Child examined Ireland's first report on the implementation of the UN Convention, and stated that Ireland's approach to the rights of the child appears to be somewhat fragmented. This Committee reiterated the need for constitutional change and stated that Ireland's welfare practices and policies do not adequately reflect the child rights-based approach enshrined in the Convention (UN Committee on the Rights of the Child 1998).

In 2006, the Constitution Review Group recommended an amendment to Article 41 of the Constitution to include a new section on the rights of children. This recommendation was not universally accepted, and the Minister for Children undertook an article-by-article review of the Constitution to examine its impact on children. In November 2006, the government announced its intention to hold a Constitutional referendum on the rights of children. The Minister for Children initiated a consultation process with interested parties, with the aim of achieving consensus on the wording of an appropriate amendment to the Constitution. In February 2007, the government published proposals to amend the constitution in respect of children.

Arising from this consultation process, in November 2007, the Joint Committee on the Constitutional Amendment was established, and it was agreed that this committee would report back on the proposal within a four-month period. However, in March 2008 the Dail and the Seanad approved an extension to the committee's timescale, and it is now due to report by November 2008. When the government receives the deliberations of the Joint Committee on the Constitutional Amendment, it is anticipated that there will be all-party consensus, and that a referendum will be held to amend the Irish Constitution to include the rights of children.

1.4.1 The Constitutional Amendment and Adoption

Under the proposed amendment, all children may become eligible for adoption subject to appropriate consents. At present, a child of a marriage cannot be adopted, but, with the proposed amendment, in relation to a child of a marriage, both parents must consent. For a child born outside of marriage, the appropriate consent must be given by the mother and also by the father, if he has guardianship status. Where a father does not have guardianship status, the 1998 Adoption Act provides that the adoption agency must take reasonable steps to consult with him about the proposed adoption. Arising from this, if the father applies for and is granted guardianship, then his consent will also be required.

This amendment provides for the adoption of children in long-term care. Of the 3,327 children who are in foster care, about a third are in long term care. These include children who have been in foster care since birth. There are also children in care whose parents have not been consistent in maintaining contact with their children. For children, where the return to the birth family is not an option, the possibility of adoption represents an opportunity for a stable and secure family life.

1.5 Adoption in the United Kingdom

In relation to adoption in the United Kingdom, the move towards open adoption can be traced to the changes in the theories of the psychology of adoption. Before the 1970s,

adoption agencies mainly maintained secrecy about a child's origins in order to protect the new parents and to avoid the stigma of illegitimacy. These ideas developed from retrospective reports that children's sense of identity seemed linked to their understanding of their origins and to a sense of continuity with the past, an issue originally brought to the fore through Sant's (1964) clinical observation of the 'genealogical bewilderment' described by adoptees referred to clinical services (Quinton et al 1997 : 403).

Ryburn (1998) discussed the trends of adoption in the UK. He states that the child-death inquiries in the mid 1980s in the UK showed an absence of clear and authoritative planning. By the mid 1980s, there was a trend in the UK towards termination of parental contact. This trend ensured that there was careful and thorough planning in delivery of child welfare services in the UK. However, by the 1990s, there was a trend in practice towards post-adoption contact (Ryburn 1998). This movement for greater openness received an impetus from the Children Act 1989 (UK), which emphasised the importance of contact with the birth families for 'looked after' children (children in care).

The UK Government is committed to a 40 per cent increase in adoptions from care. 'This overhaul of the existing adoption law is vital to enable us to match many more children with a safe and loving family who will support them throughout their childhood and beyond' (UK Department of Health 2001). In 2006, the Children and Adoption Bill received Royal Assent.

1.5.1 Post-Adoption Contact in the U.K.

As post-adoption contact has been absorbed into professional practice in the UK, there is now concern that some adoptive families are faced with such complex and diverse activity that severe stresses and strains result for the adoptive family (Department of Health 1997).

However, strong resistance has remained to the idea of adoption with contact. Goldstein, Freud and Solnit (1973, 1980) advocated severing all contacts with birth parents, on the grounds that it would impede the attachment process with the new carers and prevent them from becoming psychological parents. Kraft et al (1985) argued that the involvement of the birth parents would threaten the security and permanence of the adoptive parent-child relationship by stimulating separation, fears and guilt on the part of the adopters.

However, these ideas were challenged in the UK, and Sykes (2000) points out that one influence was the increased awareness of the numbers of black or dual-heritage children needing alternative care. Schaffer (1990) and Ainsworth (1991) concluded that children of quite a young age are capable of sorting out differing roles, while adoptive parents are able to develop close relationships through a history of social interaction, rather than kinship. Silverstein and Demick (1994) argued that openness means that members of the adoptive system need not to be expected to cope with adoption as an isolated event, and that empathy

with the birth family may change over time, as the needs of different members of the adoptive family system change. Sykes (2000) also cites studies conducted by Fratter et al (1991), Borland et al (1991) and Ryburn (1994) which suggest that, for older children, continuing contact with families of origin is a protective rather than a destabilising factor.

1.6 Conclusion

It is the view of this author that the Irish Constitution should have provision to protect children from any maltreatment, but should also value and protect childhood. It should ensure that paramount consideration is given to the welfare of the child, and should explicitly state the rights of children. The proposed referendum on children's rights seeks to amend the Constitution. At present, the Constitution aims to strike a balance between personal rights, the rights of the family, the rights and duties of parents, and the power of the State to act as guardian of the common good. The proposed amendment seeks to include children in this equation.

If the Constitutional amendment is successful, it will allow for the adoption of children in Ireland who have been in care for five years or more. This will have significant implications for the children themselves, their birth families and the potential adoptive parents. It will also have implications for professional policy planning and practice.

The UK literature reviewed for this thesis has outlined that there are both positive and negative consequences of post-adoption contact for the children, their birth families and the adoptive parents. The literature has also shown that children who have been adopted from care in the UK have minimal post-adoption contact with their birth families. The following chapter will give an overview of the UK literature. It is important to note that, as the adoption of children from care is not legal in Ireland, there is no Irish research on this subject.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature in relation to children in care, the adoption of children from care, the impact of being in care on children, and the experiences of children who have been adopted. It also includes a review of the literature in relation to post-adoption contact and its relativity to children, birth parents and adoptive parents. The literature primarily focuses on the outcomes of research into adoption and post-adoption contact in the U.K.

2.2 Children in Care

All states that have the nuclear family – mother and/or father and dependent children – as their basic building blocks have to develop policies and services to cope with the contingency of the family failing to or being unable to care for the children (Kelly and Gilligan 2000). Kelly and Gilligan (2000) also say that societies that have laws against the abuse and neglect of children should have services that ensure that children are nourished and protected. However, the authors point out that instead of having the development of policies and services for children in need as a central issue, in most societies they have only caught the attention of the public when there is some spectacular or lurid abuse of children. Child care policies, in the main, occupy the margins reserved for the poor and economically weak of our societies (Kelly & Gilligan 2000 : 7). The authors argue that this culture has led to a staccato and chequered development of child care policy both in the UK and Ireland (Kelly & Gilligan 2000 : 7). However, they also point out that a key development has been the gradual acceptance that children have rights and needs of their own.

The authors also discuss the development of foster care which has developed as ‘an expression of the child’s need for and rights to the personalised family care that the workhouse and other crowded institutions could not provide’ (Kelly & Gilligan 2000 : 8). The authors point out that since the mid 1970s, the arguments in both the UK and the US has been that long-term foster care has serious deficiencies and that adoption offers the best care to children permanently separated from their families. Between 1981 and 1994, the percentage of children discharged from care to adoption in the UK grew from 4.2 per cent to 7 per cent. In the mid 1990s in the UK, there was a new statutory orientation towards shared parental responsibility for childcare through partnership and participation, which reinforced the case for openness and contact in child placement practice, including adoption (Luckock 2000 : 181).

The 1989 Childrens Act in England and Wales and the 1991 Child Care Act in Ireland both contain presumptions of restoration and contact for the child in care with its birth family.

The Department of Health (1994) in the UK identified delayed decision making and care planning which could reinforce historic tendencies towards drift and impermanence in the care system. Following the implementation of the 1989 Childrens Act, there was a significant fall in the numbers of children adopted from care in the first four years (Luckock 2000). In 1996, the UK Social Services Inspectorate identified that children adopted from care were typically of school age, with troubled pasts and clear memories of their birth parents as well as having extended care careers, resulting from a combination of delay through contested proceedings, lack of appropriate families and passive case management (Luckock 2000 : 182). This led to politicians calling for the transfer of the adoption agency role away from local authorities.

2.3 Adoption of Children From Care

From a legal perspective, there is a clear definition between fostering and adoption. It is only through adoption that a complete and irrevocable transfer of legal parentage can be effected – it being of the very essence of adoption, that the prior legal relationship between the adult(s) (usually the birth parents) and, consequently, the rest of the birth family, and the child is permanently extinguished and replaced by a new legal relationship between the adopters and the child (Lowe et al 2002 :5). Unlike other child-related orders, adoption is for life and does not end when the child turns 18. Adoption can only be granted through a court order, so there is a definite starting date in relation to this important change in the child's status. Fostering does not change a child's status. Birth parents do not lose, and foster carers do not gain, parental responsibility.

In England, the aim of the Department of Health's White Paper, Adoption: A New Approach (Department of Health 2000) is to provide children who cannot live with their birth families a safe, stable and loving family. The term 'permanence' is frequently used in literature published in relation to children in care.

However, Lowe et al (2002) argue that the key concept should be stability. From their study of children in care in the UK, Lowe et al (2002) found that the child's age is a key factor in deciding whether a child should be placed for adoption or long-term fostering. The general view of the social workers who participated in this study was that the younger the child, the more likely adoption would be the preferred option because it had a greater chance of being successful. It would appear that older children had less chance of finding a suitable adoptive family and long-term fostering would be the preferred option. The social workers had reached this view based on their observations that older children were more likely to have relationships and significant attachments with their birth families, and they may also have a strong sense of identification with and a sense of loyalty to their birth family. The general consensus from this study was that for children up to age five, adoption was the preferred option, and the upper age limits with UK authorities for considering adoption ranged from

nine to eleven years. However, from the age of ten onwards, most local authorities appeared to assume that the plan would be long-term fostering. Although the child's age was important in making long-term decisions, another crucial factor in the long-term planning process was their degree of contact with their birth family (Lowe et al 2002).

Lowe et al (2002) also found that children with emotional and behavioural problems were more likely to be placed in long-term fostering placements. However, Lowe et al (2002) also state that it is important to exercise caution when interpreting this evidence, since it is likely that the social workers used varying definitions of emotional and behavioural problems. The social workers also advised that they might opt for long-term fostering for a child with emotional and behaviour problems as there would be ongoing support to the carers in the form of respite care or a residential placement, and this support might not be available to adoptive families.

The wishes of the child is also another important factor in relation to the formulation of long-term plans. Linked with age, the child's relationship and level of contact with his or her birth parents and extended family members was considered to be a crucial factor by all the social workers interviewed, in deciding whether the long-term plan should be adoption or fostering. They generally stated that the older the child, the more significant the relationship with their birth family was likely to be and, therefore, the probability that the chosen plan would be long-term fostering (Lowe et al 2002 : 57).

In the study conducted by Lowe et al (2002), in five of the seventeen adoption cases, poor, little or no contact with the birth family was given as a reason for choosing adoption over long-term fostering. For the majority of the children aged between five and nine years, the plan was for long-term fostering for those children who had direct contact with their birth mother, and for the children under five years who did not have this contact, the plan was for adoption. Lowe et al (2002 : 59) state that the plan for older children was more likely to be long-term fostering, whereas for younger children the plan was more likely to be adoption. In short, age seemed to be more important than contact. Lowe et al (2000) also note that, anecdotally, there was evidence from the case histories that for some children for whom adoption was the plan, direct contact would subsequently have been phased out nearer to the adoption hearing.

2.4 The Impact of Care on Children

For many young people, the impact of being in care may not always be positive. The problems that brought them into care in the first place may not have been resolved, and may even have become worse. In addition, the young person may have acquired further problems due solely to their being in care (Gilligan 2001 : 3). Gilligan (2001) promotes resilience, and states "resilience comprises a set of qualities that helps a person to withstand many of the negative effects of adversity. A resilient child has more positive outcomes than might be

expected given the level of adversity threatening their development” (Gilligan 2001 : 5). He argues that a resilient child, despite the pressure of being separated from their family and the related tensions, may still be able to do reasonably well at school, and may be able to recover from the trauma of neglect and the removal from their family into the care system.

He discusses the concept of a secure base which relates to the emotional and physical ties that support and sustain us in our growth and development. For the small toddler, the secure base is the familiar space and people that constitute her or his immediate and constant social world. The constancy of these people convinces the child that people and the world are fundamentally safe and reliable. ‘As we grow older, the relationships and places that constitute our secure base may expand but fundamentally we never lose that need for support, encouragement and consolation, nor for the certainty that they will be forthcoming when we need them’ (Gilligan 2001 : 13).

2.5 Children in Care and Attachment

Fahlberg (1994 : 160) also makes the important point that children in foster placements cannot make optimum use of the placements until they have resolved their grief and formed new attachments. She also states that unresolved separations can interfere with the development of new attachments, and that new attachments are not meant to replace old ones. She cites Bowlby (1980) who pointed out that the success of a new relationship is not dependent upon the memory of an earlier one fading; rather, the new one is likely to prosper when the two relationships are kept clear and distinct.

Children have to be facilitated to grieve and new parents need to recognise that conflicted loyalties may interfere with both new and old attachments. Children may also be fearful of any future pain and, to avoid this, they may inhibit the development of forming new relationships. Fahlberg (1994 : 161) states that loyalty conflict is common for a child in placement, and resolution of the grief process for children separated from birth parents means acceptance of having two sets of parents. She also points out that it is often the adults who have difficulty accepting that the child has two sets of parents. “The attitudes of parents who are threatened by the importance of other carers in their child’s life may pose the biggest obstacle” (Fahlberg 1994 : 161). The adults in the child’s life have to focus on decreasing loyalty conflicts. “When a child joins an adoptive family subsequent to having developed ties to other families, birth or foster, it is helpful to the child in intergrating his/her overall identity to have pictures of, and information about, previous families. Indeed, in most cases some form of openness is preferable to totally cutting the child off from past connections” (Fahlberg 1994 : 161).

Fahlberg (1994) promotes the idea of children being adopted by the foster family with whom they are placed. “The enormous advantage for the child is that foster carer adoption protects existing attachments and precludes the necessity of another interruption in parenting while, at

the same time, providing for legal permanency. In addition, it is likely that there will be increased claiming on the part of carers and child for each other because of the legal protection provided for the relationship and the entitlement that it represents” (Fahlberg 1994 : 198). A recurring theme throughout Fahlberg (1994) is to ensure that everything possible is done to minimise trauma for the child and to avoid multiple moves with multiple carers. She also places emphasis on ensuring that there must be considerable amount of contact between the carers, and it must be done in a planned way with the pre-adoptive child at the centre.

2.6 Experiences of Adopted Children in the U.K.

Thomas et al (1999) conducted a study of childrens’ and young people’s views and experiences of the adoption process. In particular, it focuses on the experiences of older adopted children. As Thomas et al (1999) point out, children who have been in care are likely to have had difficult pasts. Some may have suffered neglect and ill-treatment, including physical and/or sexual abuse before leaving the care of their birth parents. Prior to their adoptive placements, most of the children in this study had been in care for at least five years and had been in a variety of foster and residential home placements.

Thomas et al (1999) discussed the issue of contact with 38 of the 41 children who participated in the study. Twelve children were having direct contact with their birth parents, usually their birth mother. Three children had letter contact, and nine had face-to-face contact. The nature of the contact varied, and each family’s face-to-face contact varied in terms of its context and frequency. Six of the twelve children said that they were happy with the contact arrangements. However, five children wanted more contact with their birth mother, and one child wanted to reduce the level of contact with his or her birth mother.

Lowe and Murch et al (1999) conducted a national UK study, Supporting Adoption. They conducted a postal survey with 226 families who had children adopted from care with them between 1992 and 1994. The results showed that 83% of families had some kind of contact with one or more birth relatives of their adopted children. Almost half of a sub-sample of 217 families had some contact with the children’s birth mothers. Lowe (1997) views this change in practice as a move away from the ‘clean break’ approach to adoption, towards adoptions that are characterised by less secrecy, particularly in relation to the adoption of older children. There was also evidence from general studies of permanent placements about contact as a protective factor in permanent family placements, and its importance for children’s well-being and sense of identity (Department of Health (UK) 1991).

Rushton (2003) has reviewed the outcomes of literature in adoption, fostering and residential care, and has concluded that adoption works, but does state that the picture is much less positive for adolescents and the full story is much more complex (Rushton 2003 : 16). He states that detailed assessments of the well-being and functioning of the children across all the developmental domains, including gathering the views of all the parties to the adoption,

especially the adopted children, can help minimise placement disruption but can also document the difficulties in sustaining placements.

Kelly & Gilligan (2000 :35) state that in planning adoption, particularly of an older child, attention should be paid to:

- ways of meeting the child's needs to have knowledge of and possibly contact with his or her birth family, including siblings
- the post-placement support offered to the child and adopters
- the funding of the placement to encourage a range of prospective adopters
- giving the child and the birth parents a say in decisions in relation to the planning and development of the placement

They state that the placement should be creatively negotiated with the child's needs as paramount but also, as most children would appreciate, the needs of their birth parents and substitute parents be actively considered (Kelly & Gilligan 2000 : 35).

2.7 Post-Adoption Contact

The UK Children Act 1989 imposed a duty on local authorities to promote contact between children in care and their birth parents. It also promotes contact with anyone who has parental responsibility, or any relatives or friends as long as this is consistent with the child's welfare. In relation to contact, the UK Department of Health (2000 : 32) issued the following guidance : 'Contact, however occasional, may continue to have a value for the child even when there is no question of returning to his family. These contacts can keep alive for a child a sense of his origins, and may keep open options for family relationships in later life'.

When a child is moving to an adoptive family, consideration has to be given to who the child should maintain contact with. A child may have had a strong attachment to a previous foster family or a member of that family. It is important to identify members of the extended birth family who may not be able to adopt the child themselves, but can be supportive of the child joining another family. "These relatives may play a critical role in helping the child disengage from the birth family by giving him or her permission to move on and become a member of another family by adoption" (Fahlberg 1994 :198).

It may be important for the child to maintain long-term contact with these birth family members. Fahlberg (1994 : 199) states that this is not co-parenting but it is an openness which is supportive of the adoptive parents being empowered to parent their new family member, and to be legally responsible for making decisions on the latter's behalf, while still recognising that past family relationships continue to be important to the child and, indeed,

can help in his or her continued growth, development, and identity formation. Gilligan (2001) also places emphasis on ensuring that children in care stay connected to key people in their lives.

Lowe and Murch (1999) were interested in any direct or indirect communication between the children and a range of people, including birth parents and siblings or others who may have been important in the children's lives. Some of the children expressed feelings of sadness, loneliness and loss and talked about their need for knowledge about their birth families and their past. A third of the children had post-adoption contact with their birth parents, usually with their birth mother. This face-to-face contact took place on neutral grounds. Five of the children were happy with the contact, but seven of the children expressed a desire for more contact with their birth mother. For the children who did not have contact, five of them accepted this and mentioned that they hoped to re-establish contact in the future. Sixty three per cent of the children had contact with their birth siblings, whilst thirty seven per cent of the children had no contact with members of their birth families. Some of the children did not understand why it was not possible to have contact, or more contact, with their birth families or other significant people.

However, the practice of maintaining contact between adopted children and their birth families does have its critics. For example, Quinton et al (1997) have questioned the beneficial psycho-social effects of post- adoption contact.

When discussing the issue of post-adoption contact, Quinton et al (1997) point out that contact is viewed as satisfying the child's need for information on their birth families, which is claimed to prevent an unhealthy idealisation of them, and through evidence of the parent's continued interest, that this will counter the child's feelings of rejection. For the birth parents, contact allows them to see their child's progress and to assist them to deal with their feelings of loss and/or guilt. For the adoptive parents, Quinton et al (1997) state that the benefits of contact are that the new parents have a sense of entitlement and this is strengthened if the new parents understand why the birth parents cannot look after the child. "Contact is also argued to legitimise their parenting role because it makes it easier for them to talk to the children about the nature of their relationship" (Quinton et al 1997 : 407).

There are other arguments against contact, and these include that it might undermine the placement as the child will have divided loyalties, or there could be a threat or harm to the new parents or the child. Birth parents will also need to be assisted to coming to terms with their own sense of loss and/or guilt. There is also the possibility that contact arrangements may be made without due consideration being given to the anticipation of problems that may arise when circumstances change. The issue of post-adoption contact could also act as a deterrent for potential adoptive parents, and may lead to the child having to wait longer to be adopted. There is also concern that complex placement arrangements could be made without the professional skills and resources to monitor and support the plans over time. Finally, the

push for contact arises less from the evidence on benefits than from professional desires to undo the pain of separation, or because they themselves feel that they have failed the birth family (Quinton et al 1997 : 407).

Quinton et al (1997) cite a study conducted by Borland et al (1991). This study compared 40 disrupted with 60 continuing long-term placements, the children ranged from two to fifteen. The contact rates in both groups were similar, and the authors found no evidence that contact had posed a threat to the placement. However, as Quinton et al (1997) point out, the study also provided no evidence that contact aids stability in a placement.

Quinton et al (1997) also cite studies by Barth and Berry (1988), who examined 120 older child placements in California, and Fratter et al (1991), who conducted a study of placements in the UK. In the Barth and Berry (1988) study, a high proportion of children (79%) had some form of contact with former caregivers and relatives, 27% of these with birth parents. Thirty-eight per cent of new parents found the contact unhelpful, whilst 31% of the new parents found the contact helpful. It would appear that control over the contact was essential for the parents who found the contact helpful. Berry (1991 : 648) has expressed concern about the lack of long-term monitoring of contact by professionals and warned that 'relinquishment of control to the biological parents over such a new and unproven practice is disturbing'.

Quinton et al (1997 : 411) argue that in order to support post-adoption contact the following outcomes are essential:

- it should assist in reducing the disruption rate for children
- it should be associated with better psychosocial adjustment in the children, and fewer identity problems, especially in adolescence
- birth parents should show a reduction in guilt and distress, with a consequent reduction in the psychological problems associated with those feelings
- substitute parents should have a more secure sense of the right to parent, and the parenting task should be easier

2.8 Birth Parents and Post-Adoption Contact

Adoption is a legal order which bestows all of the rights, duties and responsibilities of parenthood for a child on to a new parent or parents. In law, it extinguishes absolutely all of the rights, duties and responsibilities of original parents and other relatives, so that the birth parents become, in law, 'former parents' as far as their adopted children are concerned (Ryburn 1996 : 197).

Ryburn (1996) states that there is considerable evidence that, for birth relatives, the long-term consequences of an adoption may be very harmful, especially when there is no continuing contact with children who have been adopted. She cites an Australian survey by Winkler and van Keppel (1984), which surveyed 213 mothers who had relinquished children for adoption, and found that 48 per cent reported an intensified feeling of loss over the period from relinquishment to the time of the research study (Ryburn 1996 : 198).

It can be expected that open adoption, with the birth parents having the opportunity of meeting the adopters and of maintaining some form of contact in the future, should help, among other things, to reduce the concern about the welfare of the child (Triseliotis et al 1997 : 100). Sisson (2004) also points out that birth parents are frequently damaged by the experiences they have been through and may have significant needs of their own that have not been met. For some, having their child removed is a turning point and the impetus to seek help for themselves. They may start to recognise their own difficulties for the first time and this can make them a very rewarding group to work with (Sisson 2004).

The benefit of post-adoption contact for the child is likely to be related to the quality of the contact and, in particular, the capacity of the birth parents to work collaboratively with the adoptive parents (Logan and Smith 1999; Lowe et al 1999). If birth parents can achieve this, then it implies a level of acceptance about the adoption and the child's place in the adoptive family. However, accepting the reality of relationships and roles after the adoption may be impeded by feelings of loss and also by the lack of clarification of the birth relative's role post-adoption. As the legal relationship with the child is terminated through the adoption process and the child acquires a new family with a whole new set of relatives, then how to be a 'good birth parent' is undefined (Neil 2002).

Fravel et al (2000) conducted a study with 163 relinquishing birth mothers, and found for all the participants in this study, the child remained psychologically present. The birth mothers who had contact with their children experienced higher levels of 'psychological presence' of their child. The birth mothers who had contact with their children were more likely to have positive feelings associated with thinking about their adopted child. In comparison with birth mothers who had no contact, the birth mothers with contact also thought more about their role in relation to the adopted child. When face-to-face contact is ongoing after the adoption, there is evidence that the roles relinquishing birth mothers tend to take are not of a parental type, but more that of a friend or a member of the extended family (Rockel & Ryburn 1988; Grotevant and Mc Roy 1988).

In relation to birth fathers, Clapton (2001) states that we know very little about the experiences of birth fathers whose children have been adopted. He argues for the active inclusion of birth fathers in the adoptive planning process, and for targeted post-adoption support for men. "A greater focus on the birth father in adoption is in the direct interest of the adopted child who may gain birth family history that has hitherto not been seen as so

essential as that relating to the birth mother. The ‘myth of one natural parent’ is now no longer sustainable” (Clapton 2001 : 59).

In the UK, when parents will not consent to the adoption of their child, the courts can dispense with their consent if it is viewed to be in the child’s best interests. When parental rights are terminated, parents may feel angry and betrayed by the social worker. They may often feel that services which were offered as a support to them were actually more like surveillance to gather evidence against their parenting ability.

In Ireland, the emphasis, both from a legal and statutory perspective, is to return children in care to their families. However, there has to be serious consideration given to the question about the future of children whose parents are unable or unwilling to have their children in their care, and where extended family placements are not an option.

2.9 Adoptive Parents and Post-Adoption Contact

According to Fahlberg (1994), when a child is placed in an adoptive home, the goal from the outset is to create a permanent parent-child relationship, and the child should be encouraged to identify the parents as “mum” and “dad”. This does not imply that they should stop referring to any previous carers as “mum” and “dad”. Fahlberg (1994 : 163) states that some agreed ways to clarify who they are speaking about needs to be decided upon, but the less pressure there is about choosing one over another, the better the long-term prognosis for healthy attachments to develop.

Rushton (2003) states that the recruitment of potential adoptive parents needs to be given much thought as, traditionally, there is a shortage of families wanting to adopt older children. He also states “practitioners need a widely accepted, easy to administer, brief assessment tool of proven reliability and relevance to ‘in care’ populations in order to screen cases for a range of problems to reveal the level of need and the likely degree of challenge to new parents” (Rushton 2003 : 9). There is a need for checklists that not only outline the range of behavioural problems, but also define the profile of problems. The matching of a child to potential adoptive parents is also a process that will have to be carefully defined and thought out, with consideration given to issues like ethnic and racial backgrounds.

When reviewing research on children who had been adopted from care, Rushton (2003) discovered that the new adoptive parents described behavioural and emotional problems, relationship difficulties and educational problems as the hardest to handle. He also found that children who have difficulty in showing warmth, expressing feelings and regulating their emotions are hard to parent, but he states that the application of attachment theory to relationships in adoption has helped in understanding the origin and consequences of insecure attachment, although there is little certainty as yet as to which problems genuinely

flow from disruptions or distortions of attachment relationships, or from a host of other possible sources (Rushton 2003 : 23). He warns against practitioners assuming that attachment theory will explain all the problems and that careful assessment of the problems and their origins should always be undertaken.

Adoptive parents of both infants and older children frequently have worries and anxieties about post-placement contact with birth relatives, their primary worry being that it will negatively affect their relationship with the child (Logan and Smith 1999; Sykes 2000). However, the research suggests that once the adoptive parents experience birth family contact, their anxieties are reduced. For new adoptive parents anxiously awaiting the placement of a child, they don't have the benefit of such hindsight.

Furthermore, the adoption recruitment process is one in which some prospective adopters may feel powerless, worried, and anxious to do and say the right thing (Lowe et al 1999; Bell and Crawshaw 2000). This may prevent them from being open about their anxieties and it may mean that they miss out on professional support during the assessment process which will address those anxieties. Fratter (1996) states that an 'openness of attitudes' is essential to the continuance and success of contact arrangements. Berry et al (1998) found that adopters who are not really open to contact, or feel pushed into such arrangements, are more likely to drop out of the arrangement over time.

Ryburn (1998 : 2) states "adoption challenges ideas about the nature of the family and the relative weighting that should be given to social kinship in comparison with biological kinship. It provokes debate about the role of the State in family matters, and challenges not only our assumptions about the best interests of children but also the qualities that are needed if children are to be parented effectively. Finally, adoption calls on us to consider the relationship between altruism and self-interest, heredity and identity, difference and identification".

Ryburn (1998) states that contact can help birth parents resolve the grief of their loss and to move on in their lives. "Without any form of contact, the loss suffered may be at least as severe in its effects as a bereavement by death, yet the sharp focus for grief that death affords is missing. This, in reality, is the living death of a child who is changing, growing and developing each day in ways that can only be guessed at, so that focused grief is impossible" (Ryburn 1998 :7). The research has also shown that one of the overwhelming needs of birth parents is the reassurance that their child is well and happy, and contact can offer that reassurance. In a study of contested adoptions, Ryburn (1996) found that the perceived lack of any future opportunity for contact was seen by adopters as one of the main factors pushing birth parents to contest the adoption.

In relation to adopters, Ryburn (1998) states that adopters can gain significantly through contact. It would appear that contact can enhance children's attachment to their adopters,

and can provide a ready source of information, and it appears to lead to more positive feelings towards birth relatives. This is likely to aid children in acquiring a positive sense of identity.

Contact can also assist children to come to terms with difficult aspects of their past lives. Fratter (1995) found that children appeared to gain a sense of reassurance as a consequence of contact, particularly direct contact with their birth relatives. It also gives them the message that the adoption placement is supported by their family of origin, otherwise they would not be visiting, and that the adoptive parents feel positively about their family of origin, otherwise contact would not be permitted. Direct contact appears to strengthen children's sense of attachment to their adoptive parents (Ryburn 1998).

2.10 CONCLUSION

The literature reviewed for this thesis produced arguments both for and against post-adoption contact. It is evident that there is a clear distinction between foster care and adoption. From a legal perspective, if a child is adopted from care, then there is a permanent termination of the legal relationship between the child and their birth parents. The literature has also indicated that it is less likely that older children in care in the UK will be placed for adoption. It is also evident from the literature that it is imperative that the individual child is at the centre of the planning process. For many children, being in care may not always be a positive experience, and this may impact on the ability of the child to form new attachments.

In relation to post-adoption contact, much of the literature supported children who have been adopted from care continuing to have contact with their birth families. However, some authors are concerned that post-adoption contact may undermine or disrupt an adoptive placement, as a child may have divided loyalties. The issue of post-adoption contact may also act as a deterrent for some potential adoptive families, and may also contribute to the breakdown of an adoptive placement.

From a legal perspective, the adoption of children from care in Ireland and the issue of post-adoption contact will present new challenges to the legal profession. The current legislation favours parental rights, and it is the experience of this author that many Irish judges, when issuing Interim Care Orders and/or Full Care Orders, will grant parental contact.

From an HSE perspective, consideration will have to be given to the issues that have arisen in the UK literature, and in particular to the implications for the individual child if they are adopted from care. Consideration will also have to be given to the birth families and the potential adoptive parents, as it will be essential to ensure that priority is given to placement stability.

There is no Irish research on the adoption of children, from care or on post-adoption contact. Therefore, much of the research has been carried out in a different cultural and administrative context. Much of the literature focused on the theoretical concepts of adoption and post-adoption contact, i.e. attachment theory rather than on the outcomes for children, their birth parents and the adoptive parents.

From an Irish perspective, it is important to anticipate the real challenges and complications that may result from legislation that allows for the adoption of children from care in Ireland. This study will present the views of Irish birth parents and foster carers on the subject of post-adoption contact. From an HSE management perspective, the results of this study will inform the policies and procedures that will have to be developed if this legislation is implemented. The following chapter will discuss the methodology used for the study.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter outlines the methodology adopted for this study. Factors that influence the methodology include the topic being investigated, the nature of the research question, availability and access to participants, and the wish to elicit genuine data that will be of benefit to future policy development. The author of this study chose a qualitative research design, as it was imperative to ascertain the views of birth parents and foster carers on post-adoption contact. They, along with the children, are the people who will be most affected by the proposed legislative changes. There is no Irish research on the adoption of children from care. Qualitative research gives the participants the opportunity to reveal their perceptions and experiences.

Pope and Mays (2000) state that the data that emerges from qualitative research is more usefully reported in words rather than numbers. A qualitative research design fits the purpose of this study, as the data that emerges from this study is largely descriptive. Qualitative research is concerned with discovering meanings; the way people understand things and patterns of behaviour, rather than the collection of data on frequency and prevalence (Denscombe, 1998).

There is no known Irish research on the adoption of children from care and post-adoption contact. This author is interested in investigating the views and experiences of birth parents and foster carers in relation to post-adoption contact with children who have been adopted from care. The objective of this research is to make recommendations which will hopefully influence the development of future HSE policy in relation to post-adoption contact with children who have been adopted from care. It is this author's opinion that the views of birth parents and foster carers will play an important role in the development of future HSE policy.

3.2 Research Design

A qualitative methodology was used to conduct and analyse nine semi-structured interviews. The methods used by qualitative researchers exemplify a common belief that they can provide a 'deeper' understanding of social phenomena than would be obtained from purely quantitative data (Silverman 2000 : 8). As Kane and O'Reilly-De Brun point out, 'used properly, qualitative techniques can give you a richness and depth that you are not likely to get through other methods' (2001 : 199).

This author chose this method in the belief that it would allow for respondents to discuss their views and experiences, and the use of semi-structured interviews would allow them spontaneity in their response. 'Semi-structured interviews have a clear pre-determined focus,

but also flexibility in how the questions are put and allowance for open-ended discussions of the answers' (Kane & O'Reilly-De Brun 2001 : 115).

For this study, the author chose semi-structured interviews, as it was imperative to allow for flexibility within the interview process, and to allow the participants to tell their story. Semi-structured interviews allow specific information on the research topic to be elicited, while affording flexibility and freedom of expression to both interviewer and interviewee (Bryman 2004).

3.3 Sampling

In January 2008, a pilot interview was conducted with two hostel staff who work directly with women whose children have been removed from their care. These women live in a hostel for homeless women, many of whom have lost their children through drug and/or alcohol misuse. This author believed it was imperative to interview staff who work directly with these women, in order to gain insight into the best way to approach the interviews, and to provide a safe space for participants to share their experiences. Although the women who live in the hostel were not participating in the interviews, they had similar experiences to the intended participants. The purpose of the pilot interviews was to ensure that the questions prepared by the author would allow the participants the opportunity to discuss their views in relation to post-adoption contact. The outcome of the pilot interviews was a recommendation that each interview begin by asking the participant their views on adoption. The hostel staff recommended this, as they believed it would give the participants the opportunity to share their own views and opinions, and this in turn may encourage them to share their own personal experiences.

In relation to sample selection, the author used purposive sampling. Purposive sampling is different to random sampling as the researcher selects participants who fit the criteria for the study. The criteria used was as follows:

- Birth parents/Guardians of children who have been in care for five years or more. For the purpose of this research, the author requested that the social workers approach birth parents who are having contact with their children

- Foster carers who had children in their care for five years or more. Again, the author requested that these children should be having contact with their birth parents

- For ethical reasons, the author requested that the gatekeepers (the social workers who would approach the potential participants on behalf of the researcher) ensure that the author had no prior social work involvement with the removal of the children from their parent's care

3.4 Access Negotiation

The author is a social work team leader in the field of child welfare and protection. One of the colleagues is the social work team leader for the fostering team, and the other is the social work team leader for children in long-term care. The author requested that they approach the social workers on their teams on behalf of the author, and seek the consent of the social workers to act as gatekeepers.

By the end of January 2008, the social work team leaders had advised that the social workers were willing to act as gatekeepers and would approach selected birth parents and foster carers on behalf of the author. Each social worker had an information letter, leaflet, and a consent form for the intended participants (please see Appendix). During February 2008, the social workers discussed the research with the intended participants, and, following their verbal consent, the author then made telephone contact with the participants.

3.5 Ethical Approval

There is a local HSE policy and research committee which meets on a bi-monthly basis. The author submitted a copy of the research proposal to the committee for their meeting in December 2007. Within one week of their meeting, the author had received ethical approval, providing interviews were not conducted with birth parents for whom the author had any prior social work involvement.

The author also submitted an application to the Trinity College Ethics Committee for their meeting in December 2007. They recommended some minor adjustments which the researcher made and TCD ethical approval was received in February 2008.

3.6 Instrument Development

Based on the outcomes of the pilot interviews, the initial interview guide was modified to include the question on participants' views on adoption.

3.7 Participant Recruitment

The social workers in the gatekeeping role approached five foster carers and five birth parents on behalf of the researcher. They were aware of the selection criteria, and all participants fitted the selection criteria. They sought and were given permission for the researcher to make telephone contact with the participants. There were ten participants approached by the gate-keeping social workers. All of the participants were women. This was discussed with the gate-keeping social workers, and attempts were made to recruit one birth father, but it was not possible to make contact with him. In relation to foster carers, the

participants advised that they were the primary carers of the children and were directly involved in facilitating access with birth parents.

The interviews took place during March and April 2008. Four birth mothers and five foster mothers participated in the interviews. The researcher allowed the participants to select the time of the interview, and, during the initial telephone contact, they gave verbal consent to the taping of the interviews. They were also advised that they could end the interviews at any time.

Although it was hoped to interview ten participants, only nine people participated in this research. The researcher made telephone contact with a birth mother who had consented to the interview. There were three interviews arranged but she cancelled each time on the day of the interview.

3.7.1 Participants' Profiles

The following is a profile of the participants:

Birth Parents/Guardians

Participant 1 is the mother of an eight year-old child who has been in care since birth. She is currently homeless and living in a hostel. She was having fortnightly contact with her son in his foster home but, at the time of the interview, the contact had been postponed, due to her making inappropriate contact with the foster carer whilst she was under the influence of alcohol.

Participant 2 is the mother of two children who have been in care for over ten years due to her illness. She has regular contact with her daughter who is now an adult but she described herself as having infrequent contact with her 14 year-old son. She attributed this lack of contact to the fact that he was being cared for by an extended family member, and she believed that this carer was influencing her child's infrequent contact.

Participant 3 is the mother of two children who have recently been returned to her care. She specifically requested to be interviewed. During the course of the interview, she disclosed that she had placed one of her children for adoption.

Participant 4 is the grandmother of a five year-old child who has been in care for the past four years. His mother is dead, and his grandmother is the legal guardian. She also requested to be interviewed.

Foster Carers

Participant 1 is the foster carer for three children. Two of these children have been in her care for over five years, and she is in the process of adopting a child with the consent of his birth mother.

Participant 2 is the foster carer for two children. Up until two years ago, one of these children had regular contact with his birth mother, but this has now ceased. However, he has regular contact with his extended birth family.

Participant 3 is the foster carer for three children. Two of these children have been in her care for over five years.

Participant 4 is the foster carer for one child who has been in her care for over five years.

Participant 5 is the foster carer for two children who have been in her care for over five years. She also has two adopted children.

3.8 Interview Conditions

Seven of the interviews took place in the home of the participants. One interview took place in a homeless hostel, and one interview took place in the author's office. All of the participants agreed to the interviews being audio taped. The author used an Apple lap top computer which has the QuickTime player programme, which facilitates the computer to tape the interviews.

The participants were also guaranteed confidentiality and anonymity. The author also guaranteed that, given the sensitive nature of the interviews, only the author would transcribe the interviews, and so would be the only person to hear the interviews. The participants were also advised that transcripts of the interviews would be kept in locked storage and that all computer files would be password protected.

The duration of the interviews varied from forty to seventy minutes. At the end of the interviews, participants were invited to ask any questions and were given the contact details of the author in the event that they had any subsequent questions. They were also offered a copy of the final research, and all participants indicated that they would like a copy.

3.9 Data Analysis

The author read the interviews through repeatedly to form a general impression and to search for emerging themes. Thematic analysis offers a coherent way of organising interview

material to reflect the research questions, while also addressing the preoccupations of the interviewees as they emerge (Pope, Ziebland and Mays 2002).

The Template Analysis Technique (University of Huddersfield 2008) was then used to analyse the data. This involved the author familiarising herself with the interview transcripts through reading the transcripts, and then developing a preliminary coding of the data. This coding was initially carried out by hand on the printed transcripts, and a list of themes was identified. The author used the 'cut and paste' function in Microsoft Word to construct charts around each theme and each respondent. This process assisted in the identification of the recurring themes from the interviews, and in finding associations between themes in order to present the findings.

3.10 Conclusion

This chapter outlines the methodology applied to the gathering and analysis of the primary research data. This chapter also outlines the research design, along with the methods employed to collect data, and the ethical considerations relevant to this study. The findings of the research and the themes that emerged in the interviews are presented in the Results chapter.

CHAPTER 4: RESULTS CHAPTER

4.1 Introduction

This chapter describes the results of the qualitative study which explored the views of foster carers and birth parents in relation to the issue of post-adoption contact. It presents the findings based on the research questions, objectives and recurrent themes that emerged from the data collection. The findings are presented under main headings, using illustrated narratives.

The first research question focused on the views of foster carers and birth parents on the adoption. The second question focused on their views on the adoption of children from care, whilst the third question was in relation to post-adoption contact. The final question focused on the decision-making process in relation to the adoption of children from care. However, the sensitive nature of the topic of adoption and the use of semi-structured interviews reveals findings that are not directly related to the research question. In order to preserve anonymity, each participant has been assigned a fictional name.

4.2 Interview Process

The questions were semi-structured, which allowed for participants to share their own views and experiences. One of the foster carers interviewed is already an adoptive mother of three adult children, and she had the invaluable experience of being an adoptive mother, a birth mother and a foster carer. One of the birth mothers interviewed disclosed that she had already placed a child for adoption. It was a closed adoption so she has no current contact with that child, and she described how she thought about the child on a daily basis. Another foster carer has fostered children who were awaiting adoption. She had been employed by an adoption agency to care for children on an interim basis, and most of the children who had been adopted from her care were adopted through a closed adoption process.

Two of the birth mothers who were interviewed were clearly upset when discussing the subject of adoption. It became apparent that they were relating it to their own children who are currently in care, and so it was imperative during the interviews to reassure these birth mothers that the objective of the interview was to ascertain their views on the adoption of children from care, and that it was not directly related to their own children who are in care. Two of the participants requested to confide information in the researcher but they requested that this information not be used for the research. This information was not directly related to the research but they wanted to share their personal experiences. At the end of the interviews they were offered further support, but they declined.

4.3 Emergent Themes

These interviews were semi-structured, and many themes evolved during the interviews. The following is an outline of the findings, which is structured around the main themes identified. The findings will be presented under the following headings:

Adoption

Adoption of Children from Care

Post-Adoption Contact

Effects of Adoption and Post-Adoption Contact on Child

Level of Post-Adoption Contact

Role of Extended Birth Family

Decision-Making Process

There were many themes that emerged during these interviews, but for the purpose of this research it was important to focus on the recurring themes and the themes that were directly related to the research.

4.3.1 Adoption

Following the recommendations of the pilot interviews, the participants were asked for their views on adoption. There were differences of opinions on the subject of adoption between the birth parents and the foster carers. The foster carers appeared to view adoption as offering stability to children. This is illustrated in the following quote:

They would be part of a proper family if they were adopted because they could go from foster home to foster home which does happen. Some kids are not happy with the foster home and they move but if they were small enough and they were happy where they were then let them be adopted where they will have a stable family and security.

(Clare, foster carer)

Another foster carer who had direct experience of adoption appeared to view her experience as very positive:

Well, we have adopted three of our foster children, you know over the years. One is twenty-eight now, and we got her when she was two and a half year-old. The other lad is twenty four and the youngest is eighteen. We got both of them when they were a week old. It was just over the years that they were with us so long that we wanted to adopt them and we had to go through the adoption process. It has worked out very well.

(Amy, foster carer)

However, one of the birth parents who had placed a child for adoption appeared to feel that the decision-making process had been taken from her:

You see I did place a child for adoption and that was quite hard. It was very hard to make that decision, you know. I wouldn't know really, because it was taken out of my hands and I did not like that for years, but I know now that it was the best thing at the time, and that was twenty one years ago. I live with that every day and I could not imagine somebody else making that decision.

(Dawn, birth parent)

The researcher was unaware that any of the participants had any direct experience of adoption. The participants who have adopted children and the birth mother who had relinquished a child for adoption had done so during a period when closed adoption was the norm in Ireland. It is the opinion of the researcher that it is important to include these participants' views and experiences of adoption, as it became evident during the interviews that these experiences influenced their views on the adoption of children from care, which in turn influenced their views on post-adoption contact.

4.3.2 Adoption of Children from Care

There were differences of opinion in relation to the adoption of children from care. The author observed that the birth mothers were apprehensive, as they were fearful that they may be agreeing to the adoption of their own children from care. One of the birth parents described the adoption of children from care as a 'bad thing' and believed that the removal of children from their parent's care was a temporary measure.

I think the adoption of children from care is a bad thing. Because I think the birth mother who has put the child in foster care has put that child in foster care until she can get her life sorted and take that child home. That's the whole meaning of foster care, that the child can be fostered and cared for until such a time that the parent, be it drugs, drink, abuse anything, until that gets sorted out and the child can go home. And I really think that is what foster care is about and what it should stay about.

(Aoife, birth parent)

The guardian of a child in care appeared fearful that her grandchild would be adopted without her knowledge:

No, I dont agree with it. And I would be fearful it would go ahead without my knowledge.

(Danielle, guardian of child in care)

In contrast, the foster carers were in favour of adoption, as they were hoping to adopt the children in their care. One foster carer viewed the proposed legislation as a very positive measure, and did not want the child in her care to grow up with stigma of being in care.

I think it would be brilliant, I mean if you have a child. I don't know whether kids in foster care, I think people look at them differently, and I think they are entitled to it, to be honest with you. With the child that I have, what is the reason, why should he grow up under the care of the health board (HSE) until he is eighteen? I want to treat him as my own, adopt him, so why shouldn't I be allowed to do that?

(Ann Marie, foster carer)

Despite the fact that there were differences of opinion on the issue of the adoption of children from care, all participants clearly stated that any decision had to be in the best interests of the individual child. All of the participants displayed a strong belief that the best interests of the individual child should be the priority. One birth parent stated clearly that the child, as opposed to the birth parent or foster carer, was the important person in the adoption process.

The issue is the child first and foremost, not about the biological mother or the foster mother, it is the child.

(Sarah, birth parent)

Another birth parent clearly stated that it would have negative consequences for a child if they were returned to a birth parent who was unstable.

The child has to be at the centre, cause you couldn't have a child going back to a parent if they were unstable, and the child would get totally messed up, and that would stay with them for life.

(Dawn, birth parent)

One foster carer clearly stated that it had to be about the individual child and that the decision-making process in relation to the adoption of a child from care had to be made separately for each child.

I think it starts with the child and, in regards to adoption, each child should be decided on separately, and it has to be what is best for the child.

(Leanne, foster carer)

The discussions on the adoption of children from care also led into discussions on parental consent in relation to the adoption of children from care. The participants were familiar with the current legal process in Ireland where birth parents are asked if they consent to their child being in care. They were aware that parental consent may also be requested in the adoption process. The participants varied in their responses to the subject of parental consent.

One of the foster carers discussed the scenario of a child coming into foster care, and the possibility of that child being placed for adoption after five years. She viewed the child in that situation as having a strong bond with their birth family, and believed that the consent of the birth family would be imperative in the adoption process.

If you have a child that came into foster care at five and then you are looking at adoption when that child is ten, that child will have a big bond with their natural family, so it does need to have their consent, that's what I think.

(Amanda, foster carer)

One of the birth parents stated clearly that the birth parents had to be made aware of any plans to place their child in care for adoption, and that they should consent to this process.

It is very important that the parents are made aware and that they consent.

(Dawn, birth parent)

For another birth parent, the issue was about parental rights and the importance of birth parents having their say in the adoption process.

It is the right of the mother. She should have the right to say whether she wants to give her child away or not. It has to be her right.

(Aoife, birth parent)

4.3.3 Post-Adoption Contact

Most of the participants discussed the effects of contact on the individual child. They discussed their own experiences of contact with children in foster care, both from the birth parents' and the foster carers' perspective. During the interviews, the participants were encouraged by the author to consider situations where the birth parents may be inconsistent with maintaining contact with a child.

However, for the birth parents, it appeared difficult to consider these circumstances, and one birth parent responded by saying that the children should have contact at weekends, and therefore they would be able to have contact with extended family.

They should have at least a week-end because they are in school during the week, but I think it should happen at the weekend. That way, if they want to see their extended family, you can bring them.

(Sarah, birth parent)

Another birth parent stated that the child would miss contact with their birth parents and that the child would be upset about losing contact. She also stated that the child would ask lots of questions as to why they are not having contact with their birth parents. During this interview, this birth parent did not appear to accept that there may be negative consequences for a child if their birth parents were inconsistent in maintaining contact.

A child is used to seeing those people coming and will miss those people, do you know, and there would be lots of questions out of the child as to why they are not coming any more, and the child would probably be very hurt over losing that, you know.

(Aoife, birth parent)

The foster carers had all experienced situations where birth parents had been inconsistent in maintaining contact with the children in their care. One foster carer discussed a possible scenario where birth parents were maintaining consistent contact but then, if that pattern was broken and if the child was upset, the foster carer would be unhappy with the contact. For this foster carer, she did not want the child upset in any circumstances.

If the parents were consistent and they were coming, just say every two weeks, I would think that was positive, and if they said, "well we cant make it today" if it was that type of broken pattern, and it was affecting the child, like if she was upset, I would not be happy.

(Ann Marie, foster carer)

The author also observed that the participants were discussing the issue of post-adoption contact in the light of their own current experiences, which are related to children in foster care having contact with birth parents. The researcher would question if the participants might have different views if a child has been adopted from care. One birth parent did appear to have considered this issue.

If they are having the same level of contact, why adopt because they may as well just be in foster care.

(Dawn, birth parent)

4.3.4 Effects of Adoption and Post-Adoption Contact on the Child

The participants were asked to give their views on the potential effects of post-adoption contact on the individual child. The author observed that it was difficult for the birth parents to express their views on this subject. This may be because they did not want to consider the adoption of their own child. The foster carers were more vocal on this subject. However, it is important to remember that the foster carers are discussing their experiences of contact with birth parents for children who are in foster care and have not been adopted.

One foster carer had contrasting experiences with the birth families of children in her care. She discussed having a very positive relationship with the family of one child in her care, and described this contact as a very positive experience for the child. However, she also discussed the experience of another child in her care who appears to become very upset following contact with his mother.

With one of my children, I have a great relationship with his extended family and the contact is a positive experience for him and I would not want that to change. But with my other foster child, he would go to visit his mother and he would be off the wall. He would be crying, it was terrible.

(Ann Marie, foster carer)

Another foster carer described the experience of a child in her care. This child has monthly contact with her parents and, according to the foster carer, the birth parents whisper things to the child during the contact visit and this has a negative effect on the child's behaviour. The child acts out this behaviour when she returns to the foster carer, who then has to work hard to help the child overcome these experiences. In relation to this particular child, the foster carer stated that if this child was adopted, the foster carer would seek to have her contact with her birth parents reduced.

She goes to see her parents once a month and they mess her head up. I am at least two weeks getting her back on track because they mess with her. They whisper to her, they say mad things to her. If she was adopted tomorrow, I would even ask if it could be put to six times a year to see how that would work.

(Leanne, foster carer)

Another foster carer discussed a child that she has had in her care for the past seven years. This child has not seen his birth mother in two years. Up until two years ago, this child had been having regular contact with his birth mother. According to the foster carer, this child no longer asks questions about his birth mother.

The child that I have has not seen his mother in two years. Last year, she rang up and I was not going to let her speak to him because she had been on the phone six months prior and had said that she was going to get in contact with him and didn't.

(Amanda, foster carer)

Some of the foster carers discussed the child's attachment to their birth parents. The child's attachment to their birth parents is very important, as it will impact on the child's ability to form new attachments with their adoptive parents.

One foster carer stated that if the birth parents did not consent to the adoption, then this would impact on the child's ability to form attachments with their new carers.

If the parents are telling the child that they will not consent to the adoption, then the child will be putting the barriers up, because they will be holding back from their emotional attachment with the carers. So there is not going to be a bond there with the family that is caring for them.

(Amanda, foster carer)

Another foster carer stated that the child will have an attachment to their adoptive parents but that the child will never lose their attachment to their birth parents.

They will have attachment with their adoptive parents but their attachment with their mam and dad has to be there.

(Leanne, foster carer)

In relation to the involvement of the child in the adoption process, some of the participants in this research stated that if the child was old enough, their wishes should be taken into account.

One birth parent stated that the child should be having contact with their birth parents, and, if the the child is old enough, the child should be involved in the decision-making in relation to their adoption from care.

Well, I think maybe the child should see the parent and then make a decision as it gets older themselves if they want to see their parent.

(Dawn, birth parent)

One of the foster carers discussed the situation of the professionals initially meeting with the birth parents to discuss the potential adoption of their child from care. She said that, depending on the child's age, the child should be allowed to express their wishes and, if the

child wanted to be adopted, the child could say this to their birth parents, and also reassure the birth parents that the child would continue to have contact with them. However, she did state that there would be a lot of work involved in this process.

Maybe if you meet the birth parents a few times and then bring the child in and let the child express, of course depending on the age as well, let them express "this is what I want and we are still going to see one another" but there would be a lot of work involved in it to try and make everybody happy.

(Amanda, foster carer)

One of the foster carers was vocal about preparing the child for adoption. She discussed the option of the child having therapeutic intervention to prepare them for the adoption, and to ensure that the child was happy with the decision. She was clear that if the child was old enough, the foster carers could explain to them over a period of time that they hoped to adopt the child from care. She also stated that the child would also be told that they would continue to have contact with their birth parents.

They will definitely need some form of therapeutic work, but I think that it should be done before the adoption to make sure the child is happy. It would depend on the age of the child as well. You know, if they come to a certain age, they would know themselves if you explained to them what it was but I think that you have to do it gradually with them. You cannot just throw "I am going to adopt you" at a child. You would have to explain it to them. You would have to explain about their birth parents, and that they would still have access.

(Amanda, foster carer)

4.3.5 Level of Post-Adoption Contact

Most of the participants stated that whatever level of contact the child is currently having, it should continue post-adoption. Again, it is important to remember that these participants are discussing their current experiences, where the child is in foster care and has not been adopted.

Well, my overall view would be that if they have the contact already, it should continue.

(Amanda, foster carer)

There is no way in the world that I would adopt him if I thought his mother would lose her contact. I would say no, leave things as they are.

(Leanne, foster carer)

Although the foster carers stated that they would want the same level of contact to continue, it is the opinion of the author that their views may change if they have adopted the children in their care. At present, some of the foster carers are caring for children who may be having weekly contact with their birth parents.

This birth parent considered the possibility of her child being placed for adoption, and clearly stated that she would want her child to be adopted by the foster family that had been caring for the child. She also stated that she would expect monthly contact. This statement demonstrated that she has given consideration to her child being adopted from care and to her post-adoption contact with the child.

If it was my child and my child is in foster care and it was going to be put up for adoption, I would like it to be adopted by that family that has it in care for that length of time, and I would expect to see the child at least once a month.

(Aoife, birth parent)

For the grandmother who is the legal guardian of her grandchild, she clearly stated that she would want the same level of contact.

I would want the same contact that I have now.

(Danielle, guardian)

Some of the participants raised the issue of supervised contact. This is contact between a child in care and its parents, but is supervised by a professional. It would appear that they favoured maintaining supervised contact if the child is adopted. This foster carer discussed the experience of a child in her care whose birth parents have not been honest with him about their circumstances. This has meant that this child's contact with his parents has to be supervised and although the foster carer favoured unsupervised contact, she believed that this could not happen until there was a trusting relationship developed with the birth parents.

I would give anything for him to be able to go off with his mam and dad, that would be ideal for him. But you don't know what is going to be said to him and you have to build up the trust between them and him as well. As he is getting older, he is going to have to be told that his parents don't live in a big house, and I think a lot of trust will have to be built up before they could have an unsupervised access.

(Amy, foster carer)

Some of the participants discussed indirect contact. This is relevant to this research, as many of the children who have been adopted from care in the U.K. have indirect contact with their birth families.

He gets Christmas cards from his nanny and that's important to him although he doesn't really know who she is.

(Leanne, foster carer)

The author observed that one birth parent, although she is not in favour of the adoption of children from care, has thought about her contact with her child, if the child was to be adopted.

If my child was adopted, I would like pictures, you know photos, sent to me as he gets older.

(Aoife, birth mother)

4.3.6 Extended Birth Family

For many of the participants in this research, the extended birth families played a key role in the children's lives. In particular, the participants discussed the role of grandmothers. One birth mother discussed her child's relationship with his maternal grandmother and discussed the potential impact on the grandmother if she did not have contact with the child.

Now my mother is very close to the child. She sees him birthdays, Christmas, all occasions and she loves to have photographs of him all over the house actually and for her not to be able to see him would tear her apart. It would tear the heart out of her.

(Aoife, birth mother)

One of the foster carers clearly stated that if she adopted the child in her care, she would not want anything to change in relation to his contact with his grandmother.

I don't want things to change for the grandmother. If we adopt him, nothing will change for her.

(Ann Marie, foster carer)

However, one birth parent stated that she would have preferred if her child was placed with a strange foster carer, as opposed to a member of his extended family.

Well, let's just say if he was with foster parents, they would ring me if there were any underlying problems and we could thrash it out between us. With my relative, I can't do that, she is the boss.

(Sarah, birth mother)

Some of the foster carers discussed their experiences with birth mothers. Their experiences are included in this study as their experiences appeared to influence their views on the adoption of children from care and post-adoption contact.

This foster carer discussed her experience with a birth mother who has been inconsistent with maintaining contact with her child. She described his last contact visit but stated that things have improved, as the child has told his mother that he wants to remain in the care of the foster family. Although the birth mother was initially opposed to this idea, she has now agreed to the child remaining with the foster family. The foster carer is of the opinion that if they could adopt this child, it would be very positive for him as he would see the foster carers making a commitment to him.

I could kill that mother because on the last visit, they could not get her out of bed until 3.20pm. But things have improved because he has been saying to her that he wants to stay with my husband and I. She would not entertain him but now she is saying that she is ok with that and he is happy. I still think the biggest thing for him would be adoption because it would be like we are making a commitment to him.

(Ann Marie, foster carer)

Another foster carer discussed her current experience with the birth mother, who is currently not having contact with her child and has been making inappropriate telephone calls to the foster carer. Although the foster carer is upset about these telephone calls, she still expressed a desire for the mother to 'pull herself together' so that the contact with the child could be resumed.

I still think that if she could pull herself together, I would not want to stop contact with her. I would like her to know how the child is doing, how he is getting on in school, but if she continued to do what she is doing now, like ringing me and insulting me, it would be difficult. I know that deep down that she does not mean it but I also know that she knows exactly what she is saying.

(Amy, foster carer)

Most of the participants brought up the subject of birth fathers and their role in the children's lives. This is important to include in this study, as all of the participants were women, and there is very little research on birth fathers and their role in the adoption of their children from care and post-adoption contact.

This guardian of a child in care appeared to question the nature of the child's contact with the birth father. She described it as sporadic and that, at one time, the child had stated that he did not like the contact with his father. Although she does not believe that the birth father is

a good role model for the child, she was aware that the child may need contact with his birth father.

He has contact with his daddy but it is sporadic. For a while there, he said that he did not like it, he said that he smells but we dont question him on that. I dont think he is a great role model for him and I know that he should have some contact with him but I think it should be done better.

(Danielle, guardian)

This birth parent discussed her experience of domestic violence perpetrated by the father of her children, and stated that, if children have been exposed to domestic violence, then they should not have contact with the perpetrator, as she believes it does effect the children.

With what I lived with, I would say no contact. The children do take it on board. I remember one time he knocked me to the floor and he told the children to put their shoes on and kick me in the head. Now they didn't but he said he would kill them if they didnt.

(Sarah, birth parent)

One foster carer described an absent birth father and stated that the child has shown no interest in his father.

His dad has shown no interest and he has shown no interest in his dad.

(Ann Marie, foster carer)

This foster carer discussed a situation where a child in her care is having contact with his parents on separate days. She described the child's contact with his father as very positive.

He sees his dad on a different day to his mother and that is working out brilliant at the moment.

(Amy, foster carer)

Some of children in the care of foster carers who participated in this study are not having any contact with their birth parents, but participants appeared to favour efforts being made to inform absent birth parents of the potential adoption process.

This foster carer stated that it was the responsibility of the social workers to make contact with absent birth parents, as this would give the birth parents the opportunity to object to any plans being made for their child.

If they are not having contact, I think some form of contact should be made from social workers, efforts should be made to contact them and let them know that this is going to happen and it is up to you, if you want to put in an objection or whatever.

(Amanda, foster carer)

This birth parent stated that absent birth parents had the same feelings for their child and would hope for their child to be returned to their care. She stated that if they were told that they would not see their child that this would motivate them to make contact with the child.

People who dont have contact with their children will feel the same because for them the hope is out there and if you were to tell them that they would never see their child again it would be such a shock to them that they would be the first on the bus to go out and see the child.

(Aoife, birth parent)

4.3.7 Sibling Contact

The foster carers discussed sibling contact. They had different experiences, but appeared to favour sibling contact if it was in the best interests of the individual child. It was not discussed by the birth parents, as two of the children do not have any siblings and the other children had been placed in care with siblings.

His granny brought his sister here and she sat with her arms around him and he was very happy.

(Amy, foster carer)

She has three sisters and a brother. We see her brother and they nearly have to be reminded that they are brother and sister but you know I think that siblings should never be parted, that should never change, but in regards to adoption, each child should be decided on separately for their own set-up.

(Leanne, foster carer)

However, one foster carer advised that if she adopted the child in her care and the child's contact with her siblings was not healthy, then she would not allow the sibling contact.

She loves her brothers and she sees them but if I adopted her and she was coming back and saying that things were being said to her, then I would not allow the contact. If it's not healthy, I would not allow it.

(Ann Marie, foster carer)

4.3.8 The Decision-Making Process

The participants were asked their views on the decision-making process in relation to whether a child should be placed for adoption. The participants favoured the birth parents, the foster carers and the professionals all participating in the decision-making process. They did not want this decision made by one person, and appeared to favour a process where agreement could be reached between all parties in the decision-making process

This foster carer favoured a process where all parties involved in the adoption of a child from care would be involved in the decision-making. However, she also said that these people should have previous involvement with the child.

I think it is something that would have to be worked out between the carers, the natural parents and the social workers that have been involved in the case, as they would know both sides so they would have to work it out, to the best of their ability, for everyone concerned.

(Amanda, foster carer)

One birth parent considered the possibility that the birth parents may be unstable and that the extended family could be involved in the decision-making process. However, if this was not possible, she favoured the decision being taken to a higher level. The author interpreted this to mean that she favoured the courts making the decision.

If the parents are unstable, then maybe the decision would have to be made by someone in the family, and, if it is not someone in the family, then it would have to be taken to a higher level.

(Dawn, birth parent)

Some of the participants appeared to favour the role of professionals in all aspects of the adoption process including the assessment process relating to post-adoption contact. They appeared to view the professionals as bringing objectivity to the decision-making process.

4.4 Conclusion

The participants' own experiences and views on adoption appeared to influence their views on the adoption of children from care. The foster carers and birth parents differed in their opinions on the adoption of children from care. However, the author observed that the birth mothers appeared to be fearful that they may be agreeing to the adoption of their own children. In contrast, the foster carers who hoped to adopt the children in their care were in favour of the adoption of children from care.

In relation to post-adoption contact, all of the participants favoured the child maintaining the current level of contact. In relation to the effects of adoption and post-adoption contact on the individual child, the birth parents did not want to discuss this. The foster carers were clear that the post-adoption contact should be a positive experience for the child.

The participants in this study also discussed the role of the child's extended birth family and the importance of sibling contact. They discussed the role of birth fathers and expressed concern that absent birth parents should be consulted if their child is to be adopted.

When discussing the decision-making process, all of the participants favoured a process that involved all the interested parties. The author observed that the participants believed this to be a more fair process.

It is important to remember that at present, the adoption of children from care is not yet legal in Ireland. Most of the participants in this study appeared to formulate their views from their own personal experience of either being the birth parent of a child in care or the foster carer of a child in care. It was difficult for the author to encourage them to discuss their views and not relate those views to an individual child.

One of the clearest messages that came from the interviews was that all participants stated that the welfare and needs of the individual child had to be paramount in any decision-making process. The following chapter will discuss in more detail the themes that emerged in this study, and link them to the literature reviewed for this thesis.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter highlights the key findings of this study, and links the emergent themes to the literature review. It will also discuss the implications for the HSE in relation to policy development on post-adoption contact. It also outlines the limitations of this study and the need for further research into the area of the adoption of children from care and post-adoption contact.

The first research question was in relation to the participants' views on adoption. The author was unaware that some of the participants had experience of adoption. It was observed by the author that the participants' experiences of adoption did influence their views on the adoption of children from care and post-adoption contact. Although birth parents and foster carers differed in their views on the adoption of children from care, they all stated that any decision had to be in the best interest of the individual child. The second and third research questions examined their views on the adoption of children from care and on post-adoption contact. One of the most interesting findings was that all participants stated that, whatever level of contact that children in care are having with their birth parents, the same level of contact should continue post-adoption. The final question was in relation to the decision-making process and the participants all appeared to favour the involvement of the professionals in this process.

5.2 Adoption

The participants in this study appeared to have a clear understanding of adoption. With the exception of one person, the foster carers who participated in this study favoured adoption. This was in contrast to the birth parents/guardians who did not favour adoption. All of the participants clearly understood that adoption is a final severance of the child's legal relationship with their birth parents. The birth parents who participated in this study appeared fearful that by expressing a view that favoured adoption, they may be viewed as agreeing to the adoption of their own child. The author did reassure them that this legislation has not yet been implemented, but could also understand that they feared a possible betrayal of their own child. In contrast, the foster carers who favoured adoption all had children in their long-term care whom they hoped to adopt.

These discussions led the author to form the opinion that the birth parents who participated in these interviews were in a less favourable position. They hope that their children will eventually be returned to their care, whereas the foster carers want to adopt the children in their care.

In the literature reviewed for this thesis, it was evident that there is a very clear definition between adoption and fostering. In the U.K., adoption can only be granted via the courts, and it would be anticipated that this will be the same in Ireland. However, one of the clear messages from the UK literature is that adoption is favoured for younger children as the research showed that older children were more likely to have significant relationships with their birth family. Some of the foster carers who participated in this study were hoping to adopt children who were aged ten or over. This will be an issue for future Irish policy.

5.3 Adoption of Children From Care

This subject evoked strong responses from the birth parents/guardians, and it was the opinion of the author that they were relating the question to their individual child/ren. They appeared to be very fearful that if they agreed with the concept of the adoption of children from care that it may imply that they agree to the adoption of their children.

The literature reviewed for this study also revealed that many birth mothers experience strong feelings of loss, fear and unresolved grief in the adoption process (Quinton et al 1997). The birth mothers who participated in this study appeared frightened that, if their child was adopted, they would lose all contact and knowledge of their child. However, some of the literature reviewed for this study found that, if the adoption process is open and the birth parents have the opportunity of meeting with the adoptive parents and maintaining some form of post-adoption contact, then this may help reduce their concern about their child (Triseliotis et al 1997).

The foster carers appeared very committed to the children that they hoped to adopt. They wanted to make the children legally part of their family, and wanted the sole parental role which adoption would give them. They did not want to necessarily exclude the birth parents from the child's life, but favoured adoption as it conferred the legal rights on them. Fahlberg (1994) states that the goal of the adoption of a child from care is to create a permanent parent-child relationship. In relation to the recruitment of potential adoptive parents, Rushton (2003) stated that this is an important process as, in the UK, many adoptive parents do not want to adopt older children. Although some of the foster carers who participated in this study had some experience of adoption, they do not have the experience of the adoption of children from care. Some of the UK literature found that the adoptive parents found it difficult to manage the children's emotional and behavioural difficulties and that this did contribute to placement breakdown.

The birth parents and foster carers who participated in this study had differing views on the adoption of children from care, but they all stated that any decision had to be in the best interests of the individual child. As one birth mother stated, *'the issue is the child first and foremost, not about the biological mother or the foster mother, it is the child'*. In the U.K. it would appear that the child's age is a significant factor in the decision-making process. It

could be argued that the interpretation of what is in the best interest of the child differs between the U.K. and Ireland. Within the U.K., the social workers apply for an Adoption Order within a four-to-six month period of the child being received into care, if the birth parents have not made the necessary changes stipulated by the social workers. In contrast, the social work practice in Ireland is to continue to extend Interim Care Orders in the hope that the child can be returned to the care of their parents. Therefore, it could be argued that this difference in professional practice indicates a difference in professional opinion and practice as to what is in the best interest of the individual child.

All of the participants, with the exception of one foster carer, favoured parental consent in relation to the adoption of children from care. In relation to consent, one birth parent stated '*I couldn't do it and I will never do it*'. However, all of the participants had insight into the legal process and were aware that, if an application for adoption went to court, the judge may dispense with the consent of birth parents. In the U.K., the birth parents are asked for their consent but it would appear that if they withhold their consent, the UK courts then dispense with parental consent and issue the Adoption Order. It has been the experience of the author of this study that the Irish courts encourage birth parents to consent with the legal process, and will only dispense with parental consent when all other avenues have been exhausted.

5.4 Post-Adoption Contact

All of the participants in this study favoured post adoption-contact and also that the children should maintain the same level of contact that they had prior to an adoption. It is important to note that the adoption of children from care is not yet legal in Ireland. The researcher observed that the participants were discussing their current circumstances, where the children are not adopted. Their views on post-adoption contact may be different if they were discussing post-adoption contact relative to children who had been adopted from care.

The literature contained both the arguments in favour of and against post-adoption contact. There are arguments against contact, including that it might undermine the placement, as the child will have divided loyalties, or there could be a threat of harm to the new parents or the child. Birth parents will also need to be assisted to coming to terms with their own sense of loss and/or guilt. There is also the possibility that contact arrangements may be made without due consideration given to the anticipation of problems that may arise when circumstances change. The issue of post-adoption contact could also act as a deterrent for potential adoptive parents, and may lead to the child having to wait longer to be adopted. There is also concern that complex placement arrangements could be made without the professional skills and resources to monitor and support the plans over time. Finally, the push for contact arises less from the evidence on benefits than from professional desires to undo the pain of separation, or because they themselves feel that they have failed the birth family (Quinton et al 1997 p. 407).

As the adoption of children from care is not yet legal in Ireland, it is important to refer to the results of some of the literature reviewed for this study. Overall, the findings of the literature revealed that, although potential adoptive parents in the U.K. had been anxious about the prospect of post-adoption contact, they were aware that it was important for the children, but felt that their anxieties about managing post-adoption contact had been neglected by the adoption agency.

For the participants in this study, it was difficult to consider arguments against post-adoption contact. If the foster carers status changed to that of adoptive parents, they may wish that the amount of post-adoption contact be reduced or changed, as they may feel that it is affecting an adoptive child's ability to form new attachments with the adoptive family. However, most of the participants agreed that if the birth parents were not consistent in maintaining contact, or if the nature of the contact was not in the best interests of the child, then the contact should be altered or terminated. Some of the foster carers had experiences of contact that was not a positive experience for the child. In these situations, the participants also appeared to favour supervised contact.

5.5 Effects of Post-Adoption Contact on the Child

The foster carers were more vocal on this issue and discussed experiences of parental contact that was both positive and negative for the children involved. They discussed experiences of parents being inconsistent in maintaining contact with a child and the disappointment that the child experienced as a result of this. They also discussed experiences where the birth parent's interaction with the child had a negative effect on the child's behaviour. One of the children had no contact with his birth mother for two years, and despite the foster mother encouraging her to resume contact with the child, this has not happened.

All of the birth parents viewed contact as a positive thing for the child. Again, they appeared to be relating it to their own experience of contact with their own child. They viewed their contact as a positive experience for their child. In the UK study on post-adoption contact with children who had been adopted from care, Thomas et al (1999) found that the children varied in the nature of their contact with their birth parents. They did find that some of the children in the study wanted more contact with their birth parents, which could suggest that the children view their post-adoption contact as a positive experience.

The literature reviewed for this study found that, for birth parents, contact can allow them to see their child's progress and it may assist them in dealing with their own feeling of loss and/or guilt. However, the literature also revealed that post-adoption contact may undermine an adoptive placement, as the child may have divided loyalties and be unable to form secure attachments with the adoptive parents.

The issue of the child's attachment was raised by the foster carers, who discussed their experience of children who appeared to display insecure attachments, and how this manifested itself in the children's behaviours. The literature reviewed for this study did state that there is evidence that children can form multiple attachments. However, the issue of attachment and children in care is a difficult one. In particular, there was concern expressed in the literature in relation to older children forming new attachments with potential adoptive parents. Therefore, it can be expected that some late-adopted children will have difficulties in establishing trusting relationships with their new parents. There are many studies that have shown that later-placed children have higher levels of social, emotional and behavioural disorders, and that these are frequently associated with issues of attachment (Howe, 1996; Thoburn and Rowe, 1991; Gibbons et al 1991).

Some of the foster carers discussed the issue of informing the child about the proposed adoption. The foster carers who raised this issue advocated that it should be the foster carers who inform the child about the adoption and the post-adoption contact plan. As one foster carer stated, *'I think the carers are the best people to do that because they would know the child well. I don't think it should be the social worker that should do that. I think it should be the carer, because they know the language that the child understands'*.

However, the birth parents who participated in this study did not express a view on who should inform the child. This author would anticipate that some birth parents would want to be involved in informing their child. It is the view of this author that the birth parents who participated in this study did not express a view on this subject as they believed that if they were involved in informing their child that their child might view this as them consenting to the adoption.

It would appear from the UK literature that it is often the social workers who inform the child about the adoption. This is an area that will require careful planning but will have to be guided by what is in the best interest of the individual child.

5.6 Level of Post-Adoption Contact

In relation to post-adoption contact, the participants in this study all favoured the maintenance of the same levels of pre-adoption contact. However, from the literature reviewed for this study, it would appear that, in the UK, once a child has been adopted, the level of post-adoption contact is reduced. In relation to policy development on the level of post-adoption contact, this author would recommend that these decisions be guided by the best interests of the individual child. All of the participants in this study clearly stated that the best interests of the individual child should be at the centre of all decision-making processes.

The participants in this study did raise the issue of supervised contact, and agreed that contact has to be safe for the child, and this may mean that parental contact would have to be supervised. From the UK literature, it would appear that some birth parents view supervised contact as the professionals monitoring them, and so were not in favour of supervised contact. The participants in this study appeared to prioritise the safety and welfare of the child and wanted to ensure that the contact was a positive experience for the child.

One of the birth mothers discussed indirect contact, and stated that if her child was adopted, she would like photographs sent to her. In a UK study of birth families whose children had been adopted from care, Neil (2002) found that, in some of the cases, the agency had minimal involvement and just passed on letters and messages. However, for some of the families, letterbox contact was crucial to the success of face-to-face contact because indirect contact was the only way that the birth families and adoptive families could communicate. 'In some cases it seemed that communicating in this way could be very difficult. This was especially likely when birth relatives had literacy problems, frequent changes of address or mental health problems' (Neil 2002 : 35).

5.7 Role of the Extended Birth Family

The participants in this study appeared very positive about the involvement of extended birth family members in the childrens' lives. Many of the participants discussed the role of grandmothers. In the literature reviewed for this study, there is growing evidence that other relatives such as grandparents may also experience painful reactions to the loss of a child to adoption (Deykin et al 1988; Clapton 2000).

Most of the foster carers in this study discussed both positive and negative experiences with birth mothers. They discussed experiences where the child has been directly effected by the lack of contact with their birth mother. The literature reviewed for this research also focused on birth mothers and their experience of adoption. Overall, the literature indicated that there can be long-term harmful consequences for a birth mother whose child has been adopted (Ryburn 1996). However, Lowe et al (1999) and Logan and Smith (1999) promote the idea of the birth mother working collaboratively with the adoptive parents, and that this may benefit the child as it implies a level of acceptance about the child and their place in the adoptive family.

As all of the participants in this study were female, the researcher thought it was important to discuss birth fathers and their role. The foster carers had both positive and negative experiences of birth fathers. One birth mother discussed her own experience of domestic violence, and stated that she would not agree with the father of her children having contact. The literature reviewed for this study mainly focused on birth mothers.

The issue of sibling contact was discussed by the foster carers, whose experience appeared to reflect that sibling contact was both positive and important for the children in their care. Overall, the participants in this study were in favour of the extended birth family maintaining involvement in a child's life, if the child has been adopted. Although the birth parents who participated in this study did not comment on sibling contact, this was only because it was not relevant to their individual circumstances. This researcher is of the opinion that the issue of sibling contact should be a central issue when discussing the adoption of a child from care.

5.8 The Decision-Making Process

The participants in this study favoured the involvement of foster carers and birth parents in the decision-making process, in relation to adoption and post-adoption contact. However, most of the participants also advocated for the involvement of the professionals in the decision-making process, with one birth mother stating, "*if you left it to the families, there would be too many arguments*". All of the participants wanted a decision-making process that would be viewed as fair, and would keep at its centre the best interests of the child. It would appear from the UK literature that the decision to place a child in care for adoption is made by the professionals and is endorsed through the court process.

Some of the foster carers had experiences of birth parents who had been absent or inconsistent in the children's lives. They discussed these experiences during the interview process, but clearly stated that the professionals should make every effort to contact and inform birth parents about adoption and post-adoption contact plans and, where possible, to include them in the decision-making process.

This chapter highlighted the key themes that emerged during this study and linked those themes to the literature reviewed for this study. Although there are differences of opinions, both in the literature and with the participants in this study in relation to the adoption of children from care and the issue of post-adoption contact, there was consensus that all decisions had to be made in the best interests of the individual child.

5.9 Implications for HSE Policy Development

The participants in this study advocated for the maintenance of the same level of contact if a child is adopted. It is imperative in relation to policy development to remember that if the adoption of children in care was legal in Ireland, then it may be safe to assume that birth parents would wish to maintain the same level of contact, whereas adoptive parents may request reduced contact. A careful balance will have to be achieved in relation to policy development on post-adoption contact, but this author would recommend that the wishes and best interests of the individual child be central to all policy-making processes.

In the U.K., children who have been adopted from care often have their direct contact with their birth family limited to once or twice yearly. It would appear from the literature that it is more common for children who have been adopted from care in the UK to have indirect contact with their birth families. However, it will be important for Irish policy makers to remember that this is a different cultural and legislative context. This is evident from all the participants in this study who favoured the maintenance of a child's current levels of contact with their birth family.

From reviewing the UK literature and conducting the interviews, this author is of the opinion that any assessment of the advantages and disadvantages of post-adoption contact must take place over a long-term basis. It is also important to remember that the information and identity needs of adopted children change at different stages, and there may be points in the lives of adopted children where their need for information and possibility for contact is greatest. This author also supports the view of Harris & Lindsey (2002), who argue for longitudinal research that will follow children, their birth parents and their carers, from the point of reception into care, and examine all parties' experience of contact at various points in time.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The purpose of this study was to explore foster carers and birth parent's views on the issue of post-adoption contact. This study aimed to provide enhanced understanding of adoption and post-adoption contact, and the objective of the study is to inform future policy development by the Health Services Executive on post-adoption contact with birth and extended families for children who have been adopted from long-term care.

This chapter will present conclusions and recommendations on the main study findings and the relevance of these findings to future HSE policy development. It also outlines the limitations of this study and the need for research into the area of the adoption of children from care, and post-adoption contact in an Irish context.

The findings of this study highlight the fact that the proposed legislation in relation to the adoption of children from care in Ireland will have significant implications for policy development and professional practice within the HSE. This study focused on the area of post-adoption contact, but the literature reviewed for this study, combined with the semi-structured interviews conducted with birth parents and foster carers, highlighted the fact that if the adoption of children in care is legalised, it will present challenges to the HSE as the agency responsible for the provision of child welfare and protection services.

6.2 The Adoption of Children From Care

The HSE will have to plan policy development in relation to the adoption of children from care. The birth parents and foster carers who participated in this study had differing views on the adoption of children from care. The birth parents opposed the adoption of children from care, and the literature reviewed for this study showed similar results from research conducted with birth parents in the U.K. In order to assist and support birth parents in the adoption process, it may be necessary for the HSE to identify a voluntary agency which would act as advocates for birth parents.

6.3 Post-Adoption Contact

There is a large volume of literature, both in support of, and against post-adoption contact. There is a responsibility on the HSE to ensure there is a thorough review of the research before any policy on post-adoption contact is developed. This author would recommend that, if the legislation is implemented, the HSE should commission research into adoption and post-adoption contact with children in the Irish care system.

The HSE should also give strong consideration to the commissioning of research with birth parents of children in care in Ireland. The HSE will also have to give consideration to policy development in relation to absent birth parents.

All of the foster carers who participated in this study favoured post-adoption contact. However, none of the participants in this study had direct experience of post-adoption contact. The literature reviewed for this thesis revealed that managing post-adoption contact can be a difficult experience for adoptive parents. There is an onus on the HSE to ensure that foster carers who wish to become adoptive parents are given the proper support and training, and that this is enshrined in any future policy development.

The proposed legislative changes will pose challenges to professionals, as they will have a key role in the assessment and decision-making process. The HSE will have to ensure that these professionals also have the necessary support and training, and that this is also enshrined in future policy development.

6.4 Limitations of the Study

For ethical reasons, children were not interviewed for this thesis. They are the people whose lives will be most affected by the proposed legislation and it will be imperative that the views and experiences of Irish children in care be considered before any policy in relation to post-adoption contact is developed.

Another limitation of this study was that it did not include the views of birth fathers or foster fathers. The author had hoped to include a birth father but this was not possible.

This author observed that most of the participants in this study related their views directly to either their own children or the children in their care. It could be argued that this prevented objectivity and, particularly for the birth parents, their fears and concerns relating to adoption and their own children may have prevented them from giving an objective opinion on the adoption of children from care and post-adoption contact.

6.5 Recommendations for Future Research

This is a small qualitative study on the views of foster carers and birth parents on post-adoption contact. The semi-structured interviews allowed for the participants to express their views, and they raised many themes relating to the area of the adoption of children from care and post-adoption contact.

However, from conducting a literature review and the qualitative interviews, this author believes that it is imperative that there is research conducted from an Irish perspective into the adoption of children from care, and the impact of this on children in care, birth parents,

foster carers and professionals. The participants in this study all favoured the maintenance of post-adoption contact, yet they did not have direct experience of post-adoption contact.

This author would also strongly recommend that research be undertaken with children in the Irish care system to ascertain their views and wishes on adoption and post-adoption contact.

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Melbourne : Institute for Family Studies

Thank you for agreeing to participate in this interview. This interview will be recorded and will be transcribed by the interviewer. If you feel uncomfortable with any of the questions or want to stop the interview at any time, please feel free to do so. If there is anything that you do not understand, please feel free to ask me any questions.

What are your views on adoption?

What are your views on the adoption of children from care?

What are your views on post adoption contact?

Who do you think should be involved in the decision making process in relation to the adoption of children from care and post adoption contact?