

**REVIEW OF SELECTED RESEARCH LITERATURE
(1990 to the present)**

**SPECIAL NEEDS AND OLDER CHILDREN
IN INTERCOUNTRY ADOPTION**

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SECTION 1

Executive summary

This review of select research literature on special needs and older children in intercountry adoption (hereafter ICA) examines select research literature from 1990 to the present. It covers topics of interest to Australian governments seeking to manage the ICA of special needs and older children within a harm minimisation framework. These topics are: context and trends in ICA; parental and family characteristics; special needs children and ICA; older children and ICA: attachment (parent-child relationships, other relationships); health issues and services for ICA; cultural issues in ICA: and a list of references consulted in the preparation of the review.

The overwhelming message to government from the research literature is that while ICA and the ICA of special needs and older children may benefit individual children and the families which adopt them, this mode of adoption is also associated with risks. These risks pertain to the short-, medium- and long-term health, development and adjustment of children and significant stressors, health and other implications for the families who adopt them. Successful ICA of special needs and older children is associated with high levels of specialist service provision in the pre- and post-adoption stages, and the post-adoption stage may last well into the life of the adopted child. Weighing up the benefits of ICA and its needs for on-going services and support is increasingly a challenge for governments in receiving countries around the world. Governments which have developed evidence-based policy and approaches on ICA, such as Sweden in the period since 2003, actively frame all ICA as special needs adoption. A further finding to emerge from this review is the paucity of Australia research on ICA. This highlights the pressing need for Australian-specific research on ICA outcomes, in the interests of informed policy and service development.

SECTION 2

Introduction to the review

The Intercountry Adoption Branch of the Australian Government Attorney-General's Department has commissioned this review of the intercountry adoption of older and special needs children with three objectives in mind:

- to inform practitioners and policy makers about national and international research in the field;
- to assist the Intercountry Adoption Branch to assess the outcomes and risks associated with the adoption of older and special needs children and;
- to provide a background for policy emphasising a harm minimisation perspective.

This review is timely for two reasons. The first is that it provides an opportunity to reflect on lessons learned in other contexts. This is pertinent in Australia which has a comparatively low rate of intercountry adoption generally and of older and special needs children in particular. This review of the outcomes and risks as these have been assessed internationally will enable Australian policy makers and practitioners to gain valuable insight into best practice.

The second reason why the review is timely is that due to policy changes in some ICA sending countries and growing demand for ICA in an increasing number of receiving countries, there are now greater numbers of older and special needs children available for adoption. As waiting periods increase for the adoption of healthy neonates and younger children, prospective adoptive parents are seeking an end to the 'red tape' that surrounds adoption, including the adoption of older and special needs children. Arguably, the shifting landscape of ICA globally calls for some re-thinking on its role and management, particularly in respect of balancing the private desires of many childless couples and individuals for children with the pressing need to ensure that ICA addresses the complex needs of children born overseas who, through adoption, migrate to Australia. The Attorney-General's Department needs to assume a greater role to ensure an appropriate balance between these needs and those of prospective applicants for ICA, who need to be well-informed about the realities and challenges associated with adopting older and special needs children from overseas. The Attorney-General's department has a key role to play in co-ordinating the activities of state and territory agencies and ensuring the development and delivery of pre- and post-adoption services of the highest quality, directed to child-focused outcomes and harm minimisation for all concerned in ICA

In 2005, the House of Representatives Standing Committee on Family and Human Services found in their report on the inquiry into the adoption of children from overseas that: 'the Commonwealth has been very hands-off in its approach to overseas adoption despite its central authority status' (2005, p. ix). Noting the inefficiency and lack of

harmony that exists between state and territory intercountry adoption units, the Committee recommended 'a more active role for the Commonwealth' (2005, p. ix).

Discrepancies between state and territory legislation and practice continue, however, in relation to the adoption of older and special needs children. Recognising the complexities and challenges of the situation and its central role in negotiating these matters, the Intercountry Adoption Branch of the Australian Government Attorney-General's Department takes a harm minimisation perspective. Seeking to inform this perspective and with the added goal of greater harmonisation between the states and territories in mind, this review proceeds as follows: section 3 gives details of the method and scope of the review and section 4 identifies contexts and trends in ICA. Section 5 considers the families that adopt IC adoptees and sections 6 and 7 survey the literature on older and special needs children in ICA; section 8 considers the literature on attachment in further detail. Sections 9 and 10 provide an overview of the literature on health issues and services. Recognising the significance of cultural issues in the matter of *all* ICA – whether or not children are classified as 'special needs', we present a summary of the key cultural issues in section 11.

SECTION 3

Methodology and Scope of the Review

All major databases in the Arts, Social Sciences, Psychology and Medicine were searched using the terms 'inter-country adoption', 'international adoption', 'trans-national adoption', 'special needs' and 'older children' in every combination. These bibliographic data bases included:

1. Academic Search Premier (EBSCO)
2. AGIS
3. Anthropological Index Online
4. APAIS
5. Blackwell Synergy
6. British Humanities Index (CSA)
7. Current Contents Connect (ISI)
8. Dissertations and Theses (ProQuest)
9. Ebscohost
10. Expanded Academic ASAP (Gale)
11. Family and Society Plus Text (Informit)
12. IBSS
13. Informit Online
14. JSTOR
15. Libraries Australia
16. Medline
17. PAIS
18. Philosopher's Index
19. Project Muse
20. Psychinfo (CSA)
21. PubMed
22. Social Services Abstracts
23. Soc-Index (EBSCO)
24. Sociological Abstracts
25. Web of Science (ISI)
26. Worldwide Political Science Abstracts (CSA)

Further references were collected by members of the review team from the bibliographies of articles sourced from these databases and were retrieved either electronically or in hard copy from libraries in metropolitan Melbourne, with some items secured via inter-library loans from elsewhere in Australia.¹

¹ This review was conducted within a very tight time frame (less than one month). Consequently, some research publications not available electronically or in metropolitan Melbourne have not been accessed.

Several general points may be made about the literature as a whole. First, while there is a voluminous and growing literature specifically on ICA, much of what is known about the special focus of this review, the risks and challenges faced by *older children and special needs children in ICA* draws on research done on these 'high risk' children in domestic adoption. Research testing the assumptions developed over many years in work on domestic adoption in the ICA context has not yet been done. Thus, it remains a matter of surmise as to the applicability in ICA of findings with respect to risks and outcomes of special needs and older children in domestic adoption. As Palacios et al., (2006, cited in Bernacchi et al., 2006, p. 13) comment 'risk factors in international adoption *seem to be similar to risk factors in domestic adoptions*' (emphasis added). Major work on special needs and older children generally maintains an exclusive focus on the domestic scene, particularly domestic adoption in the USA, and makes only passing reference to the applicability of findings in the ICA context. Given the limited nature of sustained work on special needs and older children, we draw frequently, but cautiously, on research undertaken on domestic adoptees and their families.

Another striking feature of the assembled research is the paucity of Australian research on both adoption generally and ICA in particular. Adoption research literature is dominated by North American research; with increasing contributions from the UK, and Western European researchers. In ICA research, the literature is dominated by USA research and research from the Scandinavian countries which continue to have relatively high rates of ICA. For reasons which are beyond the scope of this review, and may relate in part to the vexed recent history of adoption in Australia (Murphy et al., forthcoming), neither Australian social scientific researchers nor researchers in the range of adoption-related welfare fields which feature in the international literature, have devoted sustained attention to adoption, whether domestic or ICA. This literature review highlights the pressing need for Australian research on adoption.

SECTION 4

ICA in Australia: international context and trends

The phenomenon of ICA, which represents 71% of all adoption in Australia in the financial year 2006-07 (AIHW, 2008), is usefully contextualised by recent work on the global demography of ICA by Peter Selman (2002, 2006) who reports a 40% rise in ICA globally between 1998 and 2004. Selman's research is prominent among a small body of demographic research which examines ICA as a significant demographic phenomenon alongside other forms of migration and transnational movements of people globally and in comparison with other forms of family formation in major ICA receiving countries. It builds on the early work of Weil (1984) and Kane (1993) and sits alongside other studies including work by Lovelock (2000). Study of the demographic dimensions of both adoption generally and ICA in particular is hampered in the Australian context by the limitations in ABS data collection on adoptive-family formation, an issue raised in the recent Australian House of Representatives Standing Committee on Family and Human Services Inquiry into intercountry adoption (2005). Broad-based, longitudinal studies of IC adoptees, of the kind recommended by many researchers in the literature under review, and the epidemiological and socio-economic mapping of ICA and its outcomes, as recommended by Kane (1993) and Lovelock (2000), are not readily possible without adoptive status, including IC adoptive status, recorded in national census data.

Selman's work (2006) is also valuable in reading IC data for emerging trends in sending countries, some of which are of direct relevance to the focus of the present literature review on older children and special needs children in ICA. Selman notes that ICA activity in a number of countries has prompted shifts in policy in those countries, particularly with respect to developments in the provision of local domestic adoption services that will affect the availability of children for ICA. For example, El Salvador, Brazil and Sri Lanka which formerly saw large numbers of children leave through ICA have put in place mechanisms for domestic adoption. As Selman suggests, such moves have multiple consequences. One is that attention from adoptive parents and agencies in the west may shift to other countries not previously on the ICA map. For example, Selman indicates that African countries, including Ethiopia, may figure more prominently in ICA in the future. Another consequence is that the kinds of children available for ICA will shift. This has already occurred in Brazil, where only older children, children in sibling groups and children classified as 'special needs' are available for ICA.

Other important developments which provide a valuable context in which policy decisions about ICA may be made in Australia include recent developments in Europe in response to, and as part of compliance with the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (1993). For example, following the major report from the Swedish Intercountry Adoption Authority, *Adoption: But at What Price?* (2003), a number of new measures have been introduced

including a mandatory education program for all prospective IC adoptive parents, which is delivered at the level of local municipal authorities. An English version of the training materials produced by the Socialstyrelsen which support this education program is available, *Special Parents for Special Children* (2007). As the title of this education program indicates, in Sweden ICA is now framed *explicitly* as adoption of special needs children for whom appropriate parenting will draw on equally special capacities and skills in adoptive parents. The Swedish training materials make salutary reading, especially in light of the research literature on IC adoption assembled for this review; and by comparison with the view of ICA put forward in the 2005 House of Representatives Report as an unequivocal good which must be supported and facilitated by all levels of government in Australia.

The second European development is a report on service provision for ICA across Europe (Bernacchi, Pregliasco, & Crine, 2007) which, like the Swedish material, assumes a special needs dimension in ICA for which governments must provide adequate specialist services. The report of Bernacchi et al., highlights the tensions between the private desires of couples and individuals seeking ICA for family formation and the responsibilities of governments to provide support and intervention to ensure the best outcomes for children and families where, it is noted, for some families, post-adoption intervention in the 'private' space of the family is neither sought nor welcome (Bernacchi et al., 2007, p. 25ff). The Bernacchi et al., report also provides salutary reading for Australian authorities with responsibilities for ICA service provision. The contents of this report are discussed in section 10 of this review.

In her overview of ICA in the contexts of international law, human rights law and attendant moral and ethical considerations, Masson (2001) characterises moral or value positions in debates on ICA as falling into three broad camps: abolitionists, pragmatists, and promoters. A harm-minimisation approach to ICA, characterised by active measures to minimise potential harm through ICA to adoptees, the families and communities from which they are removed, and the families and communities into which they are adopted fits within Masson's pragmatic category. This position informs the Bernacchi (2007) report on service provision, the recent Swedish reforms and the learning modules of *Special Parents for Special Children*. For example, prospective Swedish IC adoptive parents are asked to consider some challenging ethical issues in deciding to proceed with the desire to adopt an IC child:

The uneven distribution of resources in the world is one of the causes of intercountry adoptions. At the same time it is one of the reasons for it continuing. This raises many ethical questions [...]

Again, it is debatable whether it is ethically defensible to move children from one side of the earth to the other...Are we draining [these countries] of their most valuable resource when we adopt their children?

Think it over:-

What are my views on intercountry adoption? (2007, pp. 16-17).

The Swedish authority for intercountry adoptions (MIA) recognises that many prospective parents will proceed in their decision to apply for an IC adoption but has put in place these measures to help to ensure that such decisions are 'well-founded' (2007, p. 7). If ICA is to become increasingly characterised by the adoption of older children and children with special needs, the Swedish initiatives warrant close examination by other governments in IC receiving countries. The Swedish reports provide an informed approach to ICA, construing it as involving finding 'special parents' or couples and individuals with particular capacities to parent IC children who are recognised as having special needs.

By contrast with the Swedish initiatives, the views endorsed in the recent Australian inquiry into ICA, the relative slenderness of the evidence- and research-base on which the inquiry proceeded, and a number of its recommendations conform squarely with what Masson (2001) characterises as the 'promoter' position on ICA. This position is highly focused on outcomes for individuals, directing attention solely to the positive outcomes of ICA for many adoptees, and the frequently childless couples who, through adoption, achieve the family they so earnestly desire.

Though outcomes for many children and their families may be positive, examination of the research literature does not indicate the 'unequivocal support' for ICA voiced by all members of the 2005 House of Representatives inquiry. Rather, due regard to the literature indicates a more pragmatic position on ICA. Such an approach should be thoroughly informed by up-to-date Australian research, of which there is a paucity. Further, it should be directed toward harm minimisation, robust and testing education and screening of prospective parents, and equally robust service provision in the post-adoption phase. The last, it must be recognised by all concerned, may in some cases continue for the life of the adoptee (Coyne, 2007, p.73).

SECTION 5

Adoptive family issues and characteristics in the ICA of older children and children with special needs

Much of the relevant literature focusing on the characteristics and attributes of adoptive parents and families is concerned with the recruitment of parents willing to adopt older and special needs children, on the assumption that these children are less 'desirable' adoptees (Brooks, James & Barth, 2002; Dey, 2005). Given that an emerging trend in ICA is an increasing number of older and special needs children being available for adoption, this review focuses on the characteristics of families that might be *best suited* to adopt these children, as well as the types of supports those families are likely to require. Again, we note that most of the research on adoptive families of older/special needs children reviewed here focuses on domestic adoption. More research is needed on family issues with respect to older/special needs children who have been adopted internationally.

In general, the literature on the characteristics of adoptive families shows that they are typically headed by middle class, educated, infertile married couples (Bausch, 2006, p. 51). Studies of motivations to adopt have identified various demographic and attitudinal characteristics, the main one being infertility, but also including factors such as exposure to or experience of adoptive relationships, and pronatalist beliefs (Tyebjee, 2003; Bausch, 2006). More useful for the purposes of this review, is the research examining the characteristics of families reporting good outcomes with older/special needs children. These studies found that older adoptive parents with prior experience of adoption, fostering or the raising of biological children tended to attain better outcomes (Erich & Leung, 1998; Egbert & LaMont, 2004), although Reilly & Platz (2003) found that new parents can also achieve effective results in caring for special needs children (p. 800). Erich & Leung (1998) report that the presence of more children in the home (adopted or non-adopted) is correlated with higher levels of family functioning. Glidden (2000) similarly found that families adopting more than one child with special needs tended to report successful outcomes (p. 403). This suggests that in matching older/special needs children to potential adoptive parents, adoption workers should not necessarily favour young, childless couples, and should be open to placing more than one child with families who have a proven track record in caring for an older/special needs child. Particular attention in the placement of special needs children must be given to the qualities and motivation of the prospective adoptive parents, as McRoy reports:

Adoptive parents of special needs children must understand that if they are adopting to meet their own needs, the adoption will not work. They must be prepared for all that is necessary to meet the needs of the child; they will not be 'traditional parents' with a traditional parent-child bond. They must be willing to accept that an attachment will never occur with some of these children (McRoy, 1999, 244).

McRoy supports this view with the advice of one long-term agency worker experienced in the successful placement of special needs children: 'be selective in who is raising these

[special needs] kids ... select out those who want a child and keep those who want to parent' (p. 244). Coyne (1997), too, in her work on the adoption of children with developmental and other disabilities places great emphasis on the selection of appropriate adoptive families to address the needs of such children:

Recruitment messages should be targeted to people who are motivated by a challenge. Stressing that these children are difficult to parent, take time, and require skills that not all parents have will appeal to those families best suited to adopt disabled children. Messages that talk about 'room for one more' or 'all it takes is love' will appeal to other people who are less able and less motivated to adopt disabled children. Targeting the families most likely to respond and to be successful in parenting disabled children involves the thoughtful selection of appropriate media and messages (p. 73).

With a focus on capacity to parent, rather than other characteristics, recent research has also found that gay and lesbian adoptive parents tend to achieve markedly successful outcomes with older/special needs children (Leung, Erich & Kanenberg, 2005; Matthews & Cramer, 2006). A number of studies have also suggested that adoptive parents of lower socioeconomic status achieve better results than parents of higher socioeconomic status (Rosenthal & Groze 1994; Reilly & Platz, 2003, p. 783; Bausch, 2006, pp. 61-62). This may be because working-class parents do not have unrealistic expectations about the long-term adjustment of their special needs child, especially in terms of educational and employment outcomes, or they may have a higher tolerance for problem behaviour (Brodzinsky, Smith & Brodzinsky, 1998, pp. 55-56). These findings suggest that policy initiatives designed to expand the traditional adoptive family to include gay and lesbian-headed families, and people with lower incomes, may be in the best interests of older and special needs children adopted from overseas, despite the fact that prospective parents currently outnumber available adoptive children. This would of course be subject to restrictions applied by 'sending' countries.

Adequate preparation for dealing with the particular challenges of adopting an older/special needs child, and having realistic expectations of the adoption, have been identified as significant family factors influencing the success of these adoptions (Reilly & Platz, 2003, pp. 799-800; Egbert & LaMont, 2004; Clark, Thigpen, & Moeller Yates, 2006).

The provision of incomplete or misleading information about the child by the adoption agency was linked to negative outcomes (Reilly & Platz, 2003). Research findings also suggest that families who utilise particular parenting strategies and attitudes, including consistency, involvement, flexibility, tolerance of problem behaviour and the ability to view this behaviour 'in context' (and not 'take it personally') report positive outcomes with special needs children (Priel, Sigal, Besser, & Kantor, 2000; Clark, Thigpen, & Moeller Yates, 2006). Adoptive parents' positive perceptions of their parenting ability and sense of 'entitlement' to parent may be a predictor of successful outcomes (Clark,

Thigpen, & Moeller Yates, 2006). Parents who feel secure in their parenting abilities are also more likely to be open to acknowledging childrens' adoptive status and 'difference' (Kaye, 1990) and may assist children in negotiating identity development and curiosity about their origins.

The type and degree of emotional support received by adoptive parents is also a key predictor of success (Erich & Leung 2002; Reilly & Platz, 2003) in older and special needs adoption. The involvement and support of the spouse (usually meaning the adoptive father) is particularly important (Erich and Leung, 2002), as is the support of extended family (Forbes & Dziegielewski, 2003). It has been suggested that participation in religious activities and support from a faith-based community, is a factor in successful outcomes (Erich and Leung, 1998). The importance of these kinds of emotional supports is underscored by various studies that suggest that adoptive families of older/special needs children are vulnerable to emotional, health and psychological problems (McGlone, Santos, Kazama, Fong, & Mueller, 2002; Forbes & Dziegielewski, 2003) which can impair the ability of carers to offer the responsive, sensitive caregiving required by vulnerable children (Cole & Keegan Eamon, 2007). They may also experience marital stress, which is a significant factor in disruption (Forbes, H. & Dziegielewski, 2003). Adoptive families should be encouraged to draw on their own support networks for assistance, and both families and children should have access to specialised counselling or therapy (Reilly & Platz, 2003, p. 799; Forbes & Dziegielewski, 2003).

The literature also identifies a number of ways in which adoptive parents of older and special needs children can be supported by service providers. The first role of policy makers is to ensure that strong mechanisms are in place to ensure that children are appropriately placed, through assessment of parents' skills, experience and expectations specific to older/special needs children (Egbert & LaMont, 2004). Service providers need to supply pre-adoption preparation and training relevant to the special developmental needs and problems associated with older/special needs children. It is very important that extensive information about the child to be adopted (including his or her history and behavioural and psychological problems) is readily available to parents (Mainemer, Gilman, and Ames 1998; McGlone, Santos, Kazama, Fong, & Mueller, 2002; Reilly & Platz, 2003; Egbert & LaMont, 2004). The literature also recommends that intensive post-adoption support programs be open to adopted and non-adopted siblings (McGlone, Santos, Kazama, Fong, & Mueller, 2002, p. 167) and extended families (Forbes & Dziegielewski, 2003).

The provision of long-term mechanisms to assist adoptive parents of older and special needs children, in the form of adoptive family support groups or 'master adoptive parent' mentor programs are detailed in the literature . These kinds of ongoing supports are useful in dealing with problems that may arise in middle childhood or adolescence (Kramer & Houston, 1998; McGlone, Santos, Kazama, Fong, & Mueller, 2002, p. 168; Reilly & Platz, 2003, p. 798). Adequate financial assistance to cater for the medical and

other support needs of special needs children is also identified as an important factor in relieving the burden on adoptive parents (Forbes & Dziegielewski, 2003), especially those on low incomes.

SECTION 6

Special needs adoption and ICA

The concept of special needs adoption

In the US context, where the term special needs first appeared, it has two distinct but interrelated sets of meanings (Tan et al., 2007). The first applies in special education and child development/disability fields where it describes children and other individuals exhibiting a range of physical, intellectual or cognitive disabilities requiring interventions, mandated by law, in learning and development (Tan 2007, p. 1270). The second area in which the term special needs applies is in adoption and child placement fields, where it emerged in the early 1970s in the context of moves to secure the permanent placement through adoption of 'difficult to place' domestic children (Kadushin, 1970) and encompasses the meanings outlined above and wider applications which in the present context may also relate to conditions such as HIV/AIDS positive status, infections such as Hepatitis C, fetal alcohol syndrome, exposure to other substances, and other conditions, such as exposure to neglect, abuse, including sexual abuse and violence (McRoy, pp. 5-6; Rosenthal 1993; Tan et al., 2007). Rosenthal & Groze (1992) writing exclusively of special needs adoption in the domestic US context, define special needs adopted children as 'older children and adolescents, handicapped children, sibling groups, and children with emotional and behavioral problems' (p. 2). McRoy (1999), who also focuses exclusively on domestic special needs adoption follows this definition noting in addition (following Pinderhughes (1995)) that the classification of special needs varies from state to state in the US, depending on 'the type of children ... available for adoption as well as the availability of families for those types of children' (p. 5).

The term special needs in discourses on domestic adoption extends to a range of characteristics (beyond diagnosed disabilities) that impact, in the first instance, on the 'adoptability' of the child and beyond that, relates to characteristics or conditions which are deemed to have potential risks for both the child's prospects for optimal development and for the stability of the adoption itself. Thus, in addition to making adoptive placement difficult, special needs are also considered risk factors for adoption disruption (the failure of any adoptive placement prior to its legal conclusion) and adoption dissolution (the failure of the adoption following its legal conclusion). Much research on domestic special needs adoption revolves around the success or otherwise of special needs placement and factors impacting on this. This predominantly US research is enabled by reasonably good data, at the local or agency level, on adoption disruption relative to intact adoptive families where special needs children are involved and constitutes a considerable body of research. The findings on adoption risks associated with a variety of factors are usefully summarised by Rosenthal & Groze (1992) who discuss pre-1990 research on adoption outcomes related to age and age in relation to gender of child (Rosen, 1977; Kadushin, 1970; Kadushin & Seidl, 1971; Cohen, 1984); disability and physical problems (Partridge et al., 1986); behavioural problems (Rosenthal et al., 1990); race and ethnicity of child (Rosenthal et al., 1990; Festinger,

1986) and socio-demographic and other characteristics of the adoptive family (Rosenthal et al., 1990).

What makes for success in domestic special needs adoption?

With success measured in terms of the rates of adoption disruption and dissolution in relation to 'intact' adoption of special needs children, the factors for success in this form of adoption appear to be more strongly related to characteristics of the adoptive family and access to support and services, rather than to the kind of special need in a given child. (McRoy, 1999; Rosenthal & Groze, 1992; Groze, 1996). Hence, where adoptive families have the requisite qualities of resilience, open parenting styles, expectations well moderated by sound information about the child's condition and professional advice, adoptions can achieve success (or at least remain intact) even where the children concerned exhibit severe and challenging conditions.

This research also consistently reports that good outcomes in special needs adoption are strongly associated with access to services and support for the child and family. In sum, the major point to emerge from the special needs adoption research is that well supported placements in appropriate families can work and bring benefits to the child concerned. The research also indicates grounds for authorities to re-think what is meant by an appropriate family for special needs adoption. For example, the work of Rosenthal and Groze (1992) investigates a range of factors associated with 800 intact special needs adoptions and reports that families from ethnic minorities, low or modest incomes (as long as they have access to required supports), older parents, single parents, less well-educated (i.e. no tertiary education) parents and other 'non-traditional' couples and individuals achieve good outcomes in special needs placements. While every good outcome for a special needs child is noted, researchers insist on a realistic assessment of the benefits and the risks: 'the great reward of special needs adoption for most families are counterbalanced by the difficult and painful experiences for some others' (Rosenthal & Groze, 1992, p. xvii).

Special needs adoption and ICA

This research, as indicated, is exclusively focused on domestic adoption and makes passing reference at best, to implications for ICA. For example, in the authoritative and much stated study of Groze (1996), only three out of 159 pages are devoted to ICA (pp. 135-7). What is not critically addressed anywhere in the research is the question of the degree to which findings from domestic special needs adoption research may be transferred to ICA. Consequently, there appears to be an assumption of comparability between special needs adoptions in domestic and ICA contexts, but no work which sets out to test this assumption, as Palacios et al. (2006) comment: 'risk factors in international adoption seem to be similar to risk factors in domestic adoptions' (emphasis added). In addition, where in the US, at least, there is relatively good data available at the local or agency level on adoption disruption in cases involving special needs

children, the situation with respect to ICA is quite different. As Bernacchi et al., (2007) report with respect to Europe:

Very little is known about intercountry adoption disruptions. As for the rate, Hoksbergen (1991) found that in Holland around 2.8% of all intercountry adoptions ended in dissolution. For Spain, Berástegui (2003) reported a rate of 0.8% of disruptions. If there are 40,000 international adoptions per year, 2% corresponds to 800 families affected by adoption breakdown per year (p. 15).

We have not been able to find any data on the success or otherwise, at least as measured by rates of disruption/dissolution, of ICA in Australia. Internationally and within Australia, there is a pressing need for more research on the outcomes of ICA, and on outcomes for IC children with additional special needs and their adoptive families. It is our view that this work should be done before any government commitment is made to increasing the total numbers of children entering Australia as IC adoptees (as advocated in the 2005 report, *Overseas Adoption in Australia*). Particular attention in any future Australian research needs to be directed to identifying the special needs of recent IC adoptees in Australia, relative both to the conditions of their pre-adoption care, and services provided in the post-adoption period; the effectiveness of pre- and post-adoption services and support for children and their families; including the effectiveness of screening and selection of suitable adoptive parents for special needs children; and the short-, medium- and long-term outcomes of children with regard to physical, psychological and emotional, and educational outcomes.

ICA as special needs adoption

There are strong grounds for considering all intercountry adoptions as special needs adoptions, and this view is held by some commentators (Steltzner, 2007, p.150). The characteristics common to many ICAs which are shared with 'special needs' domestic adoptions include: the age of IC adoptees, which is generally more than 6-8 months at adoption; the child's race, language, or culture being different from that of the adoptive parents and the community into which the child is adopted; the high likelihood that most IC adoptees will have spent some time in institutional care or other out-of-home care; exposure to poverty and/or deprivation either prior to being placed in institutional care or in the pre-adoption institutional setting or both; pre-natal exposure to toxins, including drugs and alcohol (this applies specially to children from Russia and eastern European countries, see Gunnar 2007, p. 145) ; and the presence of medical conditions, infections, and/or disability of some kind (which commonly includes further conditions and disabilities diagnosed post-adoptively, see Meese, 2005; Steltzner, 2007 Tan, 2007).

Notwithstanding these characteristics which suggest that ICAs constitute a particular and growing sub-set of special needs adoptions (Steltzner, 2007), the term special needs is not generally used in the IC research literature and, with few exceptions (Tan et al.

2007; Groza & Ryan, 2002), the special needs dimensions of IC adoptions has not received explicit attention from researchers. As Tan et al. explain:

[C]ompared to the extensive body of research literature on special needs adoption in the US (and other industrialized nations), there is a glaring paucity of research on international special needs adoptions. Although research in international adoptions from Russia and Romania has an established history in North America and other industrialized countries, the concept of special needs adoptions has not been applied to the populations from these countries partially because no such policy has been implemented in those nations and researchers have not treated internationally adopted children, even those with very severe deprivation, as special needs adoptions. (Tan et al., 2007, p. 1271).

As Tan et al. contend, because of changes in the global IC context, including a reduction in the number of healthy infants available for adoption, future research on IC adoptions is likely to engage more centrally with the concept of special needs. One notable development for ICA in Australia is the shift in Chinese policy with the official commencement of programs for the international adoption of special needs children in 2000 with the 'Waiting Child' policy (Tan et al., 2007) by which children with a range of physical conditions are made available for intercountry adoption. Similar changes in policy in other sending nations are reported by Selman (2006). Variance between what a country such as China might include (and exclude) from its special needs classifications, and western concepts of the special needs child is, as Tan et al., (2007) argue, one area which requires scrutiny from researchers, policy makers and practitioners. The work of Tan et al., shows that their sample of 124 Chinese children classified by the Chinese authorities as having special needs included children with minor, even cosmetic defects, such as missing toes, extra thumbs, and port-wine birthmarks alongside more serious disabilities and conditions. At the same time, conditions which would give rise to a special needs designation in countries such as the United States, such as pre-natal toxin exposure or developmental delays were rarely or inadequately documented. Thus, in terms of signaling physical defects, which range from severe conditions such as heart defects and spina bifida to those of negligible significance for the long-term outcomes of children, China's special needs classification works effectively enough. In terms of signaling the range of conditions which receiving countries might consider as constituting a child with special needs, it might be argued that China's classificatory system is inadequate and points to the need for screening and monitoring of children on arrival in the receiving country.

Post-institutionalised (PI) Children in ICA

One significant group of IC adoptees for whom the classification as 'high risk' and 'special needs' is argued (Johnson & Dole 1999) are post-institutionalised (PI) children. Gunnar et al. report that of the 23,000 IC adoptees who entered the United States in 2003, 85% had spent some time in institutions prior to adoption (2007, p. 129; see also Johnson,

2000). In a number of sending countries of relevance to prospective Australian IC adoptive parents, including China which supplied 30% of Australian intercountry adoptees in the financial year 2006-07 (AIHW, 2008), children are likely to have spent some, if not the majority, of their lives in an institution awaiting adoption. While the standard of care provided in orphanages varies from country to country, and within countries and over time, institutionalisation of children is frequently associated with a range of developmental delays and other problems, as summarised by Meese, drawing on the work of Johnson and Dole (1999), and others:

[C]haracteristics associated with orphanage life, including poor health care, inadequate nutrition, exposure to environmental toxins and infectious diseases, limited opportunities for language and cognitive stimulation, rotating shifts of caregivers who have little or no training, and regimented requirements for daily living may delay or preclude normal development (Meese 2003, p. 157).

A valuable review of literature on PI children in intercountry adoption is provided by Meese (2005) who reviews 21 empirical studies published in peer-reviewed journals since 1990, and a range of other publications, in an attempt to consolidate research knowledge on PI intercountry adoptees, their health and development issues, and their prospects for normal development over time. Notably, Meese publishes this review in a journal devoted to special education as she contends that dissemination of research findings on PI children to professionals outside adoption fields, such as educators, is severely limited and leaves educators without the necessary knowledge to deal effectively with these children in the classroom. Meese acknowledges the limitations in the research literature, primarily most of what is known about PI intercountry adoptions comes from research on Romanian children in the UK and Canada. This research is now yielding longitudinal findings as the children attain adolescence and early adulthood (see Groza & Ileana, 1996; Ames, 1997; Fisher et al., 1997; Rutter et al., 1998, 1999; Kreppner et al., 2001; Beckett et al., 2006).

While the experiences of the Romanian adoptees were produced by particular historical circumstances which are unlikely to be repeated, nonetheless, Meese concludes that the Romanian adoptee research findings are consistent with findings from other smaller studies with PI intercountry adoptees from other places including countries of the former Soviet Union and China. Again, with reference to the Australian context, parents of children adopted from China submitted to the House of Representative inquiry into intercountry adoption reports on various adjustment and health difficulties faced by these children which are consistent with the research findings on PI children (Families with children from China-Australia, 2005).

The major finding consistent across all of the research is that length of time spent in an institution correlates strongly with degrees and severity of developmental and other

delays experienced by PI adoptees, with the additional proviso that even short periods of institutional care can give rise to difficulties for some children:

Although length of time spend in the orphanage consistently appears to be related to delays in growth and development regardless of the country of origin, with those children having the longest stays in an institutional environment usually experiencing greater delays when compared to peers, even a very young age at the time of adoption is not a guarantee that individual children will experience no difficulty later (Meese, 2005, p. 164).

Thus for PI children, where age at adoption correlates with the period of time spent in an institution, the age-related risk factors for successful adoption and development are increased (Gunnar et al., 2007). The issues faced by these children and their families include behavioral problems (Gunnar et al., 2007), difficulties in education (Meese, 2005), neurological and cognitive difficulties (Rutter et al., 1998, 1999), difficulties in language acquisition (Glennen, 2007) and on-going growth and development challenges (Cohen et al., 2008).

Research findings on the medium- to long-term developmental and health outcomes of PI intercountry adoptees are somewhat mixed, with some research reporting generally good outcomes for the majority of children after early challenges in adjustment and development (Meese, 2005), other research reporting continued difficulties for many children and serious on-going difficulties for a small percentage of children (Cohen et al., 2008). Some research reports a reduction in problems over time, while other studies reveal either the deepening of certain difficulties with time, and the emergence of new problems with key life events such as the commencement of schooling and the onset of puberty. Major unresolved questions in the research surround the degree to which PI children remain prone to a wide range of developmental and health problems, or whether the challenges they face are restricted to a narrower band of problems. Most researchers identify the need for further research and for better data on the pre-adoption histories of intercountry adoptees, especially PI children.

Other issues in special needs ICA

A number of research studies also report on the significant stresses the adoption of PI children places on families, and the need for robust post-adoption support services, ongoing monitoring and assistance for this special needs group. Several researchers also point to the need for better dissemination of knowledge on the problems faced by PI intercountry adoptees so that non-adoption professionals, such as teachers, speech therapists and others are better informed regarding their needs (Meese, 2005; Glennen, 2007).

SECTION 7

The Adoption of Older Children

There is a substantial body of literature examining the development and adjustment of adopted children as compared with non-adopted children. Some studies of pre-adolescent children indicate few differences between the two groups (Cederblad, 1981; Fisher, Ames, Chisholm, & Savoie, 1997; Marcovitch et al., 1997). However, studies examining adopted children once they are adolescents, are less conclusive and, generally speaking, less positive (see Verhulst & Versluis-den Bieman, 1989; Hoksbergen, 1997).

Against the equivocal research on outcomes for adopted children, as compared with non-adopted children, there is a greater body of evidence to show that children adopted at an older age are more likely to experience a range of difficulties, including attachment and behavioural problems and issues to do with self-esteem and identity, such as a reduced sense of belonging and being loved (see Howe, 1997 and Howe, Shemmings, & Feast, 2001). In one important respect, this research is difficult to group together because the term 'older' is used differently in each study. For instance, where Howe et al., (2001, p. 339) categorise children 24 months and above as older, Rosnati et al., (2007) discuss children whose mean age at adoption was four and Neil (2000) defines children adopted prior to 18 months as 'younger'. In Odenstad et al., (2008) the age of significance also appears to be four, whereas Clark et al., (2006) define children 'over 1' as older. Van IJzendoorn and Juffer (2006) also note differences between those adopted before and after 12 months of age. In addition to this definitional slipperiness, the literature on the adoption of older children also includes research on adolescent adoption. Most of this 'older' adoption occurs in domestic contexts and frequently involves the transition from institutional or foster care to (what has become, in the USA and UK at least) the much encouraged and legislatively supported goal of permanent adoption (Wright & Flynn, 2006; Briggs & Webb, 2004; Burrell Cowan, 2004). Because of the obvious and significant differences between domestic teenage adoptions and the adoption of pre-pubescent children from overseas institutions, we have focused our analysis on the latter. The literature pertaining to the adoption of 'older' children, thus defined, is analysed under the following headings: physical health, attachment, cognitive development, self-esteem, behaviour and communication and overall assessment of adoption.

Physical Health

Fisher et al., (1997) discuss the eating and sleeping problems evident in Romanian orphans adopted to British Columbia. Compared with their non-adopted peers, these adoptees showed an inability to recognise the cues for satiation and tended to overeat as a result. They were also apt to oversleep and not to alert others when they did wake. Nevertheless the authors were 'unwilling to attribute [their] results to age of adoption because [as they argue] age, *per se*, has no explanatory power'. Following Verhulst et al., (1992) they claim that it is 'what happens during the time in the pre-adoption environment, rather than time itself, that determines the adopted child's problems' (Fisher et al., 1997, pp. 76-77). This point has also been made by others in relation to the

impact of age at adoption on the development of adoptees (Howe, 1997; Hoksbergen, 1997; Cederblad, Hook, Irhammar & Mercke, 1999).

One of the other main studies to provide insight into adoptees' physical growth is Vorria et al., (2003). This group studied the children from the Metera Babies Centre in Athens as infants and then again at aged four, approximately two years after they had been adopted. Though delayed in growth before adoption, '[c]atch-up appeared almost complete after two years of family life' (van IJzendoorn & Juffer, 2006, p. 1233). In their meta analysis of the literature on adoption, van IJzendoorn and Juffer (2006) also discussed the findings on the catch-up of physical growth in adopted children. They note that a 'longer stay in the orphanage leads to increasingly longer growth delays' (p. 1233) whereas for adoptees adopted before their first birthday, catch-up in terms of height is complete after several years of growing up in the adoptive family. Unfortunately, however, delays in head circumference 'appear to be somewhat more difficult to compensate through a nurturing environment ... and 'early malnutrition and neglect may cause microcephaly and permanent brain damage in some adopted children' (van IJzendoorn & Juffer, 2006, p. 1234).

Attachment

When children are adopted at an older age, there is far less evidence of catch-up in the area of attachment than of physical development. As Howe et al., (1997) note:

Age, of course, tends to be a proxy measure for a range of negative and adverse pre-placement experiences, including privation, neglect, rejection, physical abuse, sexual abuse, multiple placements, insecure and disorganized attachments. Many, perhaps the majority, of older placed children bring maladaptive and disturbed behaviours and insecure attachment patterns to their adoption. (pp. 337-338).

We discuss the literature on attachment more fully in a later section, however, it is pertinent to draw attention to some particular issues in this section on the adoption of older children.

Juffer and Rosenboom (1997) and Marcovitch et al's (1997) findings indicate that experience which disturbs attachment (such as experiencing infancy in an institution) contributes to behavioural problems later in life and that problems are related to the duration of this experience. This was confirmed by Cederblad et al., (1999) who found 'that the rate of children with poor attachment increased if the child had been in an orphanage/foster home for a longer time' (p. 1246).

Van IJzendoorn & Juffer (2006, p. 1234) note of the Metera infants: 'the catch-up in attachment security of the adopted Metera children was much less impressive than their physical growth catch-up; it was in fact absent.' They also found a significant difference in catch-up between the early [in their study] (before 12 months) and late adopted children'. The children adopted before 12 months caught up 'almost completely' (p.

1234) with their non-adopted peers on attachment security whereas late adopted children lagged 'substantially behind' (p. 1234). In their study of intercountry adoptees in Sweden, Cederblad et al., (1991) analysed for age of arrival and the pre-adoption situation. They found that: '[i]f the child had arrived at 1 year of age or earlier and had been 6 months or less in an orphanage/foster home, 6 % showed attachment problems. In the group where the child had arrived after 1 year of age and had been in an orphanage/foster home for more than 6 months, 23 % showed attachment problems' (1999, p. 1244). One of the main ways the Romanian children continued to lag behind was in relating to others, another indicator of poor attachment and reduced social functioning. As Fisher et al., (1997) report of the Romanian adoptees: '[t]he least improvement was reported in the domain of sibling and peer problems' (p. 76).

Odenstad et al., (2008, p. 2) note that: 'approximately 80 % of all intercountry adopted children are placed in different kinds of institutions in their first year of life (Johnson, 2002), and the standard of these institutions is a factor which may greatly influence the developmental potential of the children'. The ways in which developmental potential is limited by institutional experience is perhaps no more evident than in the area of attachment (in)security. Yet, evidence of attachment has been shown to be important for the success (or otherwise) of adoption. Citing Triseliotis (1991), Clark et al. (2006, p. 182) note that 'parents tend to give up on adoption if they are unable to detect an attachment with a child and/or an improvement in the child's behaviour' and that this tends to occur 'within 12 to 15 months'.

In his study 'Turmoil for Adoptees during their Adolescence', Hoksbergen (1997) notes that while the adoption of a foreign child is 'a unique way to form a family' it is also 'a way which entails distinct emotional problems' (p. 34). Chief among these 'distinct emotional problems' is the problem of insecure attachment and it is amply clear that parents seeking to adopt an older or special needs child need to be as informed as possible about the meaning and consequences of attachment insecurity. This is pointed out by Briggs and Webb (2004, p. 190) in their article about the importance of matching adolescent adoptees with parents and by Howe et al. (2001, p. 347) who note:

Adoptive parents and their children, particularly older placed children, should have continued access to a variety of support services. These should range from the provision of advice and information about adopted children in general and the parents' child's adoption in particular, to more specialist therapeutic services ... If current policies of placing increasing numbers of older children are to succeed, there is a need to provide adopters and children with mental health and social work services in which there is expertise in the psychology of adoption, understanding of the long-term effects of early deprivation and maltreatment, and recognition of disorders of attachment.

Section 8 of this report examines attachment issues in more detail.

Cognitive Development

The findings on older child adoption are mixed when it comes to cognitive development and school achievement. Reviewing the literature, Odenstad et al., (2008, p. 3) note:

Studies of children adopted from Romania have indicated that age of adoption does have some effect on the children's further cognitive development (Rutter & ERA Study Team, 1998; O'Connor *et al.*, 2000; Beckett *et al.*, 2006). Other studies have not found support for age of adoption as a strong determinant for adopted children's overall development (Kvifte-Andresen, 1992; Cederblad *et al.*, 1999; Dalen, 2001; Juffer & van IJzendoorn, 2005).

This discrepancy highlights the need to analyse the quality, as well as the duration, of the preadoption experience and not merely the age of adoption. Discussing the studies of Romanian orphanage children, Howe et al., (2001) note that the children adopted before 6 months had good cognitive catch up, indeed this was 'almost complete by age 4'. Contrastingly, cognitive recovery 'was less complete in those who had experienced institutional care and had not entered the UK until after the age of 6 months' (Howe et al. 2001, p. 337). The authors conclude that '[t]he duration of severe privation therefore appears as a strong predictor of cognitive outcome' (p. 337).

Vorria et al's (2006) study of the Metera babies demonstrated that '[i]nstitutional upbringing ... for the first two crucial years of life had lasting effects on cognitive development' (p. 1252). However, these 'lasting effects' may well iron out over time, for, as Tizard & Hodges (1978) have showed, differences in cognitive ability that are present in preschoolers often disappear during the school years. Vorria et al., (2006) were studying children with an average age of four; there is therefore a need to examine this group of adoptees later in life.

In an important contemporary study that supports the thesis that it is the quality of care which matters for cognitive development – and not age *per se* – Odenstad et al., (2008) compared 746 adoptees born in South Korea, with 1548 adoptees born in other non-Western countries and 330, 986 non-adopted comparisons. Examining cognitive ability as one measure of development, they found that 'adoptees adopted after age 4 years had lower test scores if they were not of Korean ethnicity' (2008, p. 1). They suggest that the protective factor of being South Korean may be attributable to the fact that 'many children adopted from South Korea are less exposed to many risk factors usually involved in international adoption.' In other words, 'if care is 'good enough', cognitive function may be unaffected' (p. 8). This study also showed that 'the scores were almost identical for children, having arrived at different ages, if they had arrived before age 4 years' (p. 9). The adoptees in this Odenstad et al., study were in late adolescence or young adulthood. The overall cognitive catch-up indicated among the children adopted before the age of four – regardless of geographic origin – suggests that this may be an important 'maximum age' for adoption in terms of cognitive development and also that

differences in cognitive ability among young children, such as those studied in Vorria et al., (2006), can disappear over time.

Self-esteem, behaviour, communication and overall experience of adoption

In his 1997 study of the problems faced by adoptees, David Howe notes that the research literature tends to focus on breakdown and disruption rather than on behavioural and developmental outcomes for older placed children. He further points out that: '[t]he main problems experienced by older-placed adopted children include social relationship difficulties with peers and lower likelihood of having a special friend' (Howe 1997, p. 401). This suggests reduced social functioning among some older-placed adoptees, as does Vorria et al's (2006) finding that, after adoption, the Metera children were less able to understand other people's emotions than family-reared children. It also supports Fisher et al's (1997) finding that 'peer and sibling problems had lower rates of improvement or resolution than did other problem areas' (p. 80). According to van IJzendoorn and Juffer (2006, p. 1230), 'self-esteem, that is, trust in your own competence, has been suggested to be the corollary of a secure attachment, which is basic trust in a protective other'. Older adopted children with poor or disorganised attachment experiences are therefore likely to have impoverished internal working models of social relationships. In turn, these models impact on their self-esteem and capacity to form positive, meaningful friendships with others.

Howe's (1997) study is particularly useful because he places the 211 adoptees into three analytic categories: those adopted as babies, those who experienced good care in their first years of life and a late adoption and thirdly, older children who experienced adverse care in the early years and then a late adoption. He found that '[r]ates of problem behaviour were highest on every measure for the poor start/late adoptions' (p. 405) group and that '[g]ood start/late adopted children had the lowest mean problem behaviour score ... not significantly different from that achieved by children adopted as babies' (p. 406). This provides important evidence about the impact of good early care on behaviour among adoptees, including those adopted at an older age. As Howe concludes:

it is not simply the late age at placement that is the risk factor but a combination of late age at placement *and* adverse quality pre-placement care from an early age. ... a high proportion of children placed at an older age, whatever the quality of their pre-placement care, experienced feelings of insecurity during adolescence. But it was only children who were placed late *and* experienced adverse pre-placement care from a very young age who were significantly at risk of showing adolescent problem behaviour. Thus, whereas late age at placement increases the risk of insecure and anxious behaviour, adverse quality pre-placement care from an early age increases the risk of behaviour and psychiatric problems' (Howe 1997, p. 409).

Cederblad et al's (1999) study confirms the significance of the preadoption experience on the mental health of adoptees. Unlike Howe who studied domestic adoptees, the

Cederblad et al., study was conducted among international adoptees. These researchers found adoptees to have as good mental health as non-adoptees and to have a 'higher total score of self-esteem than the Swedish norm' (p. 1242). Nevertheless, analysing both the pre-adoption situation and the age of arrival, the authors found that the subjects 'who had arrived after 6 months of age ... reported less satisfying 'Relations to others' on the self-esteem questionnaire 'I think I am' (p. 1244). Following Howe (1997), Fisher et al., and Hoksbergen (1997), they conclude that it 'seemed to be the pre-adoption conditions, rather than age at placement in itself, which increased the risk of later maladaptation' (p. 1246). It should be noted that the positive findings among this group of adoptees may have occurred because 'families having experienced severe problems were less likely to participate' (Odenstad et al., 2008, p. 1).

Like Cederblad et al., Rosnati et al's (2008) study of parent-adolescent communication among foster, intercountry adoptive and biological families in Italy is also positive about outcomes for adoptees, at least in relation to the matter of communication with their parents. The authors found that 'adolescents in adoptive families reported better communication with parents than did those in biological or foster families, while no differences emerged between biological and foster families' (p. 41). Interestingly, this is the case even though the adoptees were a mean age of 4 when adopted. The authors of this study conclude that 'although adolescent adoptees might find some difficulties in adjustment ... they could count on open and fluid communication with both parents' (p. 42).

Howe et al's (2001) study of 'adult adopted people's experience of being adopted' is one of the few to examine adoption experience from the perspective of adult adoptees. Unfortunately, it is, less than sanguine. The authors explore adult adoptees' sense of belonging, being loved, identifying with the adoptive family and their overall assessments of the outcomes of their adoption. Older age at placement significantly increased the risk of adopted people viewing major aspects of their experience with either mixed or negative feelings. In this study, 'older' refers to children placed after the age of two. Thus defined, older placed children were more likely to report 'feeling different' from their adoptive family (p. 339), less likely to feel loved (p. 340) and 'twice as likely to report that they felt different and to evaluate their adoption with mixed feelings, negatively or very negatively' (p. 342). Generating three experiences of adoption which they call 'integrated', 'differentiated' and 'alienated', the authors found that 'adopted people placed after the age of 2 years were nearly three times more likely than those placed before their first birthday to be classified as suffering an *alienated* adoption experience' (pp. 343-344).

To summarise, these findings confirm the overall picture of negative outcomes for children who have experienced poor quality early care and been adopted at an older age. Though there is evidence of 'catch-up' in some areas (see van IJzendoorn and Juffer,

2006), including physical and cognitive catch-up, older age adoptees with impoverished early experiences appear to be more vulnerable than their non-adopted counterparts in relation to what might broadly be termed social and emotional issues. It is also important to note that in the last decade the research on the significance of age at adoption has been complemented by studies that show that it is not age *per se* that produces difficulties for adopted children and their families, but rather, the quality of pre-adoption care that children experience (see Howe, 1997, Fisher et al., 1997, Hoksbergen, 1997; Cederblad et al., 1999).

Nevertheless, though they point out the difficulties faced by older age adopted children and their families, the researchers suggest that being adopted at an older age is probably better than not being adopted at all (Howe, 2001). Most, however, are also careful to point out that families who adopt older children must be able to access appropriate and long-term support (Howe, 2001; Cox, 2004).

This research on the adoption of older children is significant in the Australian context for several reasons, but two in particular. The first is that there are less infants and young children available for adoption than ever before. As the Australian Institute of Health and Welfare note in their report, 'Adoptions Australia', the 'majority of children in intercountry adoptions were aged under 5 years (91 %) and, of these, just under half were infants, aged less than 1 year' (2008, p. 24). The decreasing availability of infants, especially from countries party to the Hague Convention, is also pointed out in the 2005 report, *Overseas Adoption in Australia*. Discussing the Philippines, the Committee notes, for example, that prospective parents will either have to wait longer for a healthy child under two years of age, 'or accept older children or those with medical conditions' (House of Representatives Standing Committee on Family and Human Services, 2005, p. 39).

The second reason why research on the impact of the quality of care prior to adoption matters is that as the average age of children at adoption increases, there does not appear to be a commensurate increase in knowledge and research about the quality (or lack thereof) of care in the institutions from which the older children are being sourced. In this regard, Korea is generally considered an exception and described as a country in which '[c]hildren receive a high level of care' (House of Representatives Standing Committee on Family and Human Services, 2005, p. 36). In other IC sending countries, the absence of information on a prospective adoptee's history and care background indicate that care prior to adoption has been deficient. If, as an increasing number of studies, demonstrate, deprivation over a longer period results in more attachment and adjustment problems and poorer mental health for children in the longer term, then the families adopting older children need to be as informed as possible about the challenges ahead. In the words of some adoptive parents involved in older age adoption: 'Assume what can go wrong will go wrong – and then double it' (Cox, 2004, unpaginated).

SECTION 8

Attachment and adjustment of older and special needs children in ICA

The extent to which an adopted child forms an attachment to its adoptive parents and is able to adjust in its new family is a key determinant of success in adoption. As indicated in sections 6 and 7, adopted children, and particularly older and special needs children, are particularly vulnerable to 'insecure attachment' which may translate into ongoing psychosocial adjustment problems. These may include behavioural and relational problems such as an inability to trust others, to internalise concepts of right and wrong, or to self-regulate behaviour (Marcovitch, Goldberg, Gold, Washington, Wasson, Krekewich, et. al., 1997; Livingston Smith, Howard, & Monroe, 2000; Gribble & Jeffrey, 2004; Levy & Orlans, 2001; Howe, 2001; Robb, 2003; Mohanty & Newhill, 2006). 'Insecure attachment' is recognised as a key cause of adoption disruption (Levy & Orlans, 2001). While few studies of attachment issues in adopted children refer specifically to ICA, it is likely that many of the findings reviewed here are worthy of consideration in forming policy regarding ICA. Although domestically adopted and ICA children experience different types of trauma, the consequences in terms of adjustment are 'more similar than different' (Groza & Ryan, 2002, p. 195).

Attachment theory describes how infants develop their first attachments to caregivers, and assesses the long-term significance of this process in regard to psychosocial adjustment (Hughes, 1997; Cassidy & Shaver 1999; Roberson, 2006, pp. 728-732). Current research on the psychosocial adjustment of international adoptees is inconclusive, due probably to the use of varying methodologies and samples in research (Mohanty & Newhill, 2006, p. 387). However, meta-analyses and statistical trends tend to indicate that the majority of ICA children are well-adjusted (Kvifte Andresen, 1992; Westhues & Cohen, 1997; Brodzinsky, Smith, & Brodzinsky, 1998; Bimmel, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2003; Roberson, 2006, p. 729; Greene, Kelly, Nixon, Kelly, Borska, Murphy et al., 2008). This would suggest that adoption does not *in itself* lead to psychological problems and associated relational/social adjustment problems (Levy & Orlans, 2000; Veríssimo & Salvaterra, 2006).

However, particular groups of adoptees are thought to be vulnerable to developing attachment and adjustment problems. These include older children, and those who have suffered traumatic or deprived pre-adoption life experiences and are thus classed as having special needs. *These two categories are often conflated in the research*, because older children are more likely to have experienced trauma and/or neglect. While a number of specific studies have concluded that age of time of adoption does *not* affect a child's 'attachment security' (Kvifte Andresen, 1992; Marcovitch et. al., 1997; Veríssimo & Salvaterra, 2006), it is broadly agreed that older and special needs children are at greater risk of attachment insecurity and behavioural problems (Brodinsky 1990, p. 171; Levy & Orlans, 2001; Howe, 2001; Mohanty & Newhill, 2006). Gender may also be a factor: some studies suggest that boys are more likely to experience attachment and adjustment difficulties (Mohanty & Newhill, 2006, p. 388).

Older children adopted internationally are more likely than domestically adopted children to have lived in an orphanage, and thus to have been deprived of the opportunity to form 'discriminating emotional bonds with a specific caregiver' in the crucial first year of life (Marcovitch et. al., 1997, p. 18). This is an important consideration given that the majority of children adopted in Australia are from China (and hence likely to have been institutionalised). Many studies of the effects of institutionalisation focus on poorly-resourced orphanages in Eastern Europe, and thus their findings cannot be generalized to children adopted from other institutions. Nevertheless, the lessons learnt are still significant in terms of attachment theory, given that all children in orphanages are deprived *to some degree* of the opportunity to form strong attachment relationships.

Studies of children adopted from Romanian orphanages have found that these children display more adjustment problems than either non-adopted children or Romanian adopted children who have not been institutionalised (Fisher, Ames, Chisholm & Savoie, 1997). Chisholm (1998) found that children from Romanian institutions displayed attachment disorders in the form of 'indiscriminate' attachment (over friendliness to strangers). More recent research also indicates that children show the effects of early institutionalisation especially in social relationships and behavioural problems (Marcovitch et. al., 1997, p. 20; Groza & Ryan, 2002; O'Connor et al., 2003). Recently, Zeanah, Smyke, Koga & Carlson (2005) confirmed that children raised in Romanian institutions exhibited serious attachment problems, including the emotionally withdrawn/inhibited type of RAD.

It has been suggested that some of the attachment problems associated with Romanian children, for example 'indiscriminate friendliness' may also be manifesting in children adopted from China (Families with Children from China–Australia, 2005, p. 60). Special needs and older children from China may have grown up in orphanages that lack the facilities to provide developmental activities and are not as well staffed as those used to house more 'desirable' children earmarked for international adoption (Dorow, 2006, pp. 97-98). However, much of the research is optimistic about the ability of institution-reared children to adjust and form attachments to adoptive parents (Marcovitch et. al., 1997; Brodzinsky, Smith & Brodzinsky 1998, pp. 76-78; Judge 2004; Zeanah, Smyke, Koga, & Carlson, 2005). Some research has suggested that behavioural problems tend to diminish as children grow (Marcovitch et. al., 1997; Chisholm 1998; O'Connor, Bredenkamp & Rutter, 1999, p. 23), though these children do remain at risk of insecure attachments.

Importantly, some of the research suggests that attachment insecurity in older and special needs children, including children who have been institutionalised, is reversible with the utilisation of appropriate caregiving strategies post-adoption (Hughes, 1997; Levy & Orlans, 2001, p. 244; Roberson, 2006, pp. 731-733). This has clear implications for

policy-makers. Roberson (2006) notes that adoption professionals need to be properly empowered to assess parent's potential for assisting the child in developing strategies that encourage secure attachment (pp. 738-739). Parents must be properly prepared for the particular challenges associated with adopting an older/special needs child, not merely in terms of health and development, but also in terms of awareness of possible difficulties in social adjustment (Marcovitch et. al., 1997, p. 30; Groza & Ryan, 2002). The literature also suggests that adoptive parents should be educated to provide parenting strategies that will provide some corrective to the attachment and adjustment problems likely to be experienced by older and special needs children, strategies including consistency and boundary-setting, recognition of cultural issues, and acknowledgement of feelings of loss (Brodzinsky, Smith & Brodzinsky 1998, ch. 5; Roberson, 2006, pp. 734-735; Mohanty & Newhill, 2006). Families of children with severe attachment issues should be referred for professional assistance.

SECTION 9

Health Issues in ICA

There is a clear body of work on the likely health problems that ICA children may experience. ICA children are by and large well-adjusted but as Welsh et al., (2007) argue, they 'are at risk, and a significant minority experience long-term difficulties in one or more domains' (Welsh, Viana, Petrill, & Mathias, 2007, p. 286). This is at least partly because ICA children are more likely to have been institutionalised than domestic adoptees and this experience has health implications, whether physical, behavioural or emotional.

Health Risk Factors in ICA

There are obvious risk factors that impact on physical health: for example, parasitic infestations (*Giardia*) and endemic diseases (TB, hepatitis) that are often confounded and compounded by institutionalisation and ineffective or disregarded immunisation. These vary between countries of origin. For example, a study of Guatemalan adoptees found that they had various parasites and infections, malnutrition-related problems (anaemia) and were developmentally delayed. In this instance Miller et al., (2005) recommended greater support for foster-care in the country of origin. This was based on the observation that those adoptees who had been in foster-care in Guatemala arrived in better health than those who had been in an orphanage. Moreover, the younger the child at the time of adoption, the better they fared in the long-term (L. Miller, Chan, Comfort, & Tirella, 2005). It should also be noted that there is significant evidence from anthropological studies of the strength and efficacy of traditional fostering and adoption practices (Bowie, 2004).

As has been noted, Romanian case-studies (Johnson et al., 1992) should be taken in context as the outcome of a particular set of socio-political circumstances. Nevertheless, these studies provide clear lessons to be learned about the ongoing physical health effects of inadequate care prior to adoption (Rutter, 1998). These findings recur in studies of adopted children from China (L. Miller & Hendrie, 2000) and other countries. Although the issues are generally less acute than was the case in Romania, very similar health issues recur wherever children have not been placed with foster-carers pre-adoption. Indeed, as Johnson and Dole (1999) argue, any child who has spent a significant amount of time in institutional care is almost guaranteed to have some health or developmental deficit. They suggest that children over the age of two who have been cared for in orphanages are by definition 'special needs'. Many of the health problems that arise will improve on adoption (e.g., readily treatable conditions, delayed growth, delayed development) but some will be ongoing health issues, for example, congenital conditions with mental and/or physical effects, Hepatitis B and C, vision and hearing impairment (Johnson & Dole, 1999). IC adoptees are also at greater risk of language difficulties due to the abrupt cessation of one language acquisition and a shift to acquiring a language almost guaranteed to be based on different speech patterns (Glennen, 2002; Glennen & Masters, 2002). A Danish study of the risk of precocious

puberty found a link between adoption after the age of two and a risk increase of between 10 and 20 times the average of the Danish population. This increase may be affected by misreporting of real age at adoption—that is that the children are older than reported—and also to ‘catch up’ growth in children who have been deprived intrauterine and in infancy. Moreover, while the risk is elevated the difference in age of onset is not a great deal below the mean for the Danish population (Teilmann, Pedersen, Skakkebaek, & Jensen, 2006).

Pooling of specialist health knowledge in ICA

Where social services are often fragmented—indeed social workers in the Philippines have begun arguing for greater co-operation between social workers internationally to aid in efforts at best practice (del Dastillo, 2004)—Welsh et al., (1997) argue that in contrast there is a general sharing of information amongst specialist paediatricians. Like Barth, Gibbs and Siebenaler (2001), they recommend following current best practice in ICA with respect to health care by considering both the unique developmental histories of the children and the capacities and vulnerabilities of the parents. Welsh et al., also recommend due care in over-diagnosing attachment disorders (RAD) and, crucially, argue for an increase in the research into ICA to enable development of ‘empirically based programs to address their complex needs and challenges’ (Welsh et al., 2007, p.409).

More conservatively, Nicholson (2002) argues that increases in international adoption are leading to inadequate health screening and more children entering the US who will need the attention of a specialist adoption paediatrician. On current evidence when the mandatory ‘well child examination’ is performed ‘many physicians miss illnesses or misdiagnose a child’ (Nicholson, 2002, p. 479). Similarly, Mather’s study of domestic post-adoption medical examinations in the UK argues for the complexity of diagnosing the ‘complex needs’ that accompany adoption after institutionalisation (Mather, 1999). This can be generalised to ICA. The majority of doctors writing on the subject argue that non-specialist practitioners will often overlook or misdiagnose physical, developmental and behavioural problems in ICA.

Mental Health Issues

With respect to the likely mental health, well-being and behavioural outcomes of ICA, the basic positive premises of Welsh et al’s overview are repeated throughout the literature. For example, Dedrick, Tan and Marfo found that younger Chinese girls (aged 6-11) adopted into the US display a very small degree of aberrant behaviour, but not as marked as has been reported by others (Dedrick, Tan, & Marfo, 2008). A Danish study looking for risk factors amongst ICA young adults for the onset of schizophrenia found that ICA young adults are at greater risk of developing schizophrenia than the general population, however, the increased risk is small, there is no identifiable cause and they are at less risk than local adoptees (Cantor-Graae & Pedersen, 2007). In contradiction to many USA studies, a Dutch study found no attachment difficulties amongst mothers of

interracial, IC adoptions (Juffer & Rosenboom, 1997). A further meta-analytical Dutch study also reports positive results with respect to self-esteem and finds no difference between local, inter-country and inter-racial adoptees, concluding that children are resilient in the face of adversity (Juffer & van Ijzendoorn, 2007). This may be a result of the concerted parenting efforts of the adoptive parents.

Similarly, in a study that included both domestic and IC adoptees Bramlett et al., found that while adopted children have greater health needs their parents are more likely to ensure they have good health cover and a supportive environment (Bramlett, Radel, & Blumberg, 2007). This seems to contradict the evidence of foster-to-adoption studies of Barth et al., (1988, 1990, 2000, 2001). A UK study of the health of local children in foster care also found that once children move to adoption their health needs are met (Colver, Gale, & Appleby, 2002). In addition Miller, citing Ingersoll (1997), points out that adopted children are more likely to be referred for counselling because of parental vigilance even if the children are also more prone to 'externalizing disorders' (B. C. Miller, 2000). Behavioural factors can be pertinent long after adoption, particularly in relation to identity formation in the teenage years (Kohler, Grotevant, & McRoy, 2002) and resiliency is a key factor among those who thrive.

SECTION 10

Services for IC adoptees and their families

Most of the literature relating to the provision of services in support of adoption is focused on domestic adoption and foster care services (see for example Bezruki & Wisconsin Legislature, 2000 and Mather, 2001). The research by Barth and his co-authors is prevalent in citations across the literature from the 1980s to the present, and similar findings also appear in writing from the Netherlands and Scandinavia. Many general issues of relevance to service provision are applicable across both domestic and international case studies, though where these are extended from domestic to intercountry adoption they are often assumed simply to be analogous. However, there are issues that are specific to ICA related to mental and physical health that suggest a need for some differentiation in approach to service provision between domestic and IC adoptees and their families.

One of the dominant issues raised in relation to domestic adoption centres around ensuring adequate financial subsidisation—‘medical and maintenance’ (Avery & Mont, 1992)—for special needs children, both pre- and post-adoption, particularly for those with disabilities or long-term health and psychological needs. Extending these arguments into the arena of ICA, Hansen (2007) identifies two basic categories of ‘special needs’ adoptions—medical/disability and age/racial background. Noting an increase from the mid 1990s onwards with a drop in the availability of healthy infants (Hansen, 2007), Hansen argues in favour of facilitating ICA and prioritising the rights of the child over the rights of the country of origin (Hansen & Pollack, 2008).

Adoptions can and do fail and this leads to a further focus in the literature, how services may be mobilised to ensure family ‘preservation’ and avoid adoption disruption (Berry, 2007). As we argue here, all ICA children are ‘special needs’—due to ethnic and linguistic differences, the likelihood of (sometimes extended) institutionalisation, and the related incidence of medical and psychological conditions—and therefore these services are applicable to IC adoptees. As Johnson and Dole (1999) state, ‘by any definition, institutionalized children constitute a ‘special-needs’ population whose requirements for medical, developmental, and educational services parallel those of our domestic population of children with the same spectrum of pre- and postnatal problems’ (Johnson & Dole, 1999, p.36). At the time of writing, a compelling example was considered in a program on carers and disability services on ABC Four Corners (‘In My Shoes,’ 2008). This examined the inadequacy and inflexibility of service provision for an ICA child from China whose disability—undiagnosed until some years after adoption—was so challenging that while she was undergoing hospital medical treatment, her parents abandoned her out of sheer desperation.

Further concerns stem from domestic research around the appropriate placement of children—matching parents’ resources with the children’s needs, adequate preparation

of parents and children—to ensure stable adoptions (Barth & Berry, 1988). The likelihood of disruption increases with the age of the child, from 7-10% for children younger than 12 and 47% for those older than 12 (Barth & Berry, 1990), and can reach a level of 10-16% disruption for children adopted over the age of 3 (Barth & Miller, 2000). While most of the literature related to domestic adoptions concludes that most placements are successful on the basis of the relatively low level of intervention (Triseliotis, 1997), Barth & Miller (2000) argue that adequate post-adoption services are essential to avoiding disruption. The authors focus specifically on children ‘who are maladjusted or in high levels of conflict with their parents’. This approach is supported and extended by many other authors in the field with further domestic case studies in California (Wind, Brooks, & Barth, 2007). In more recent work, Barth argues for ‘interdisciplinary’ research, bringing together mental health, social service, developmental disabilities/education specialists and adoptive parents as participants; and, simply more research into Post Adoption Services as they are implemented in practice (Barth, Gibbs, & Siebenaler, 2001).

This general approach is also applied across disciplinary divides into nursing, where for example Molinari and Freeborn (2006) implicitly extend concerns about appropriate placement to ICA. One important factor in the latter study is the reported reluctance of adoptive parents to access services for a range of reasons which could be addressed, according to the authors, by an ‘interdisciplinary primary prevention approach to adoption support’ (p.34). Similar findings of parental reluctance to approach services have been reported in Norway in a study explicitly concerned with ICA, with the same recommendations. While asserting that the ‘nature of intercountry adoptions, where children from poor countries are passed to rich western countries, does not make ‘matching’ regarding ethnicity or race possible’ (Rykkie, 2007, p.508), Rykkie nevertheless argues for careful matching and adequate post-placement and post-legal services.

Several of these recommendations have already been put into practice in other Oceanic countries. New Zealand’s ‘New Framework’ for adoptions specifically refers to mandatory pre-adoption and access to post-adoption counselling for birth and adoptive parents (*Adoption and Its Alternatives: A Different Approach and a New Framework* 2000). It also retains state control of the assessment of prospective parents and the placement of children, but allows for private and state provision of services, subject to the accreditation of private providers.

However, the most comprehensive guide surveyed on service-provision, at all stages of IC adoption is *Guidelines on Post-adoption Services* (Bernacchi, Pregliasco, & Crine, 2007). This guide summarises the physical, developmental and behavioural issues covered in the health literature (see section 9) and provides an excellent overview of a best practice advisory on pre- and post-adoptions services. The Australian government could not do better than to follow this document. It considers issues from the assessment of children

(disruption, health, well-being, behaviour, care in the country of origin) and parents (assessment, training, matching) prior to placement, through to 'when things go wrong', and the appropriate supportive services that should be made available. As Bernacchi et al., state:

Areas in which adopted children may need special help vary from one child to another. Their difficulties may appear in any (and frequently in several) of the following areas: physical growth and health, emotional development, language acquisition, cognitive development, school learning, social integration, behavioural problems, identity issues and search for origins. Parents' need for professional support and services mirror children's needs. There are a number of areas in which adoptive parents may benefit from professional adoption related services: feelings of belonging, attachment difficulties, behaviour management strategies, expectations and identity related issues. (2007, p.19)

Rather than speaking only to the specialist practitioner, this report engages with the issues involved at a level accessible to most interested parties. It takes up the attempts of those such as Trisielotis et al., (Trisielotis, Shireman & Hundleby 1997) who have done so previously.

Further research

For those charged with the responsibility of developing and delivering services for the support of special needs and older children in ICA, the research literature is helpful and unhelpful in equal measure. Overwhelmingly the literature advocates supports and services for adoption, and for special needs adoption in particular. Although, as noted, there is very little research which takes up these issues in relation to ICA. When it comes to advising service providers on the kinds and nature of supports required, the literature is less helpful. The situation, with respect to domestic special needs adoption is assessed well by Berry (1996):

Although practitioners stress the need for recruitment, proper assessment matching, preplacement preparation, and postplacement services, much more information is needed about *the specifics of optimal service*. There is little empirical evidence on what constitutes a good match, how much preparation is enough, and how long postplacement services should last (p.101) (emphasis added)

In the absence of work on ICA, the need for further research as outlined here is especially pressing.

SECTION 11

Cultural issues in ICA

Much of the literature on 'cultural issues' in adoption exists in the disciplines of psychology and social work and is concerned with what can broadly be termed identity issues. Identity issues are pertinent for all adoptees, however, may be particularly so for ICA and older children with memories of their time in their country of birth. Frequently, IC adoptees also face the experience of being visibly different from their adoptive parents and other family members, and negotiating their 'bicultural' status and relationship to their countries of origin (Rosenwald, 2004; Rojewski, 2005 and Mohanty & Newhill, 2006).

To some extent, the debate in this area is characterised by imprecision about the terms culture, ethnicity and race. In a clarifying article that cites the Study Group on Race, Ethnicity and Culture (Murry, Smith & Hill, 2001), Johnston et al., (2007) define:

Race as 'phenotypic differences that arise from genetic or biological dispositions, such as skin colour and hair texture' ... *ethnicity* as 'perceived group membership based on nationality, ancestry or both', and *culture* as a much broader construct including individual differences within families, their values, beliefs and practices' and 'family roles communication patterns; affective styles; and values regarding personal control, individualism, collectivism, spirituality and religiosity'(p. 913). Racial, ethnic, and cultural socialization are means by which children of colour learn about their race, ethnicity and cultural heritage and about living with racial bias (Johnston et al., 2007: pp 390-391).

Internationally, adoptive parents tend to be from white middle class backgrounds (according to Quiroz, 2007, p. 64, in the United States seven out of ten are white). All parents invariably enculturate children, however, and in recent years, ICA has been associated with increased awareness about the need to incorporate the adopted child's birth culture into this socialisation. This contrasts with the past, when the birth culture of adoptees was minimised in favour of assimilation, including in Australia (Rosenwald, 2004), the USA (Rojewski, 2005) and Britain (Triseliotis, 2000). As Rosenwald comments of the Australian context: '[f]ew ... intercountry adoptees seem to have had the opportunity or the desire to continue their culture of origin' (2004, p. 2). This change and increased awareness is partly attributable to the Hague Convention which states that 'the eligibility criteria to adopt internationally should include the central authority of the country of origin's judgement of the ability of an adoptive parent to undertake facilitating the child's identity development (Article 15, No. 1) including 'his or her ethnic, religious and cultural background' (Article 16, No. 1b)' (Mohanty & Newhill, 2006, p. 385). Unsurprisingly, this shift in approach – from minimising and denying an adoptive child's birth culture and heritage to acknowledging, celebrating, integrating, or some would argue 'exoticising' (Nelson, 2006) these differences – is increasingly discussed in the literature, particularly in the USA. This represents a development, for as Carstens & Julia (2000, p. 63), writing only eight years ago, note: 'Several studies ... have

looked at how adoptive parents attempt to deal with the racial and cultural identity needs of ethnoracially different children, but only Kim's (1978) study of South Korean adoptees evaluated this question with regard to ICAs'.

In their contribution to this body of work, Carstens & Julia (2000) discuss the relationship between prospective parents making a pre-adoption visit to the child's country of origin and their later attempts to engage or build relationships with 'cultural consultants', i.e. people from the adoptees' ethnic group or country of origin. They found a significant association between the presence of a cultural consultant and a pre-custodial visit to the child's country of origin (p. 67). They also noted that respondents were typically alerted to the need for such a consultant by foreign adoption officials rather than domestic social workers (p. 68). Discussing the US context Dorow comments that the silence about cultural matters among domestic workers may be because of the tensions that exist between servicing the needs of adoptive parent clients who harbour 'the desire for a child that can be reproduced to belong to a white middle-class American family despite difference' (Dorow, 2006, p. 88), and servicing the adoptive child 'clients' who appear, ultimately, to require and benefit from this acknowledgment. In her discussions with social workers, Dorow found that in the pre-adoption stage, they tend to focus on the more 'immediate stuff' (p. 88) to do with background and developmental issues, rather than 'race and culture issues' (p. 88). Interestingly, given the present review's focus on older and special needs children, Carstens & Julia also reported that '[p]arents of ICAs who were over the age of 2 at the time of immigration tended to stress the child's 'special needs' in the areas of education and health care more than ethnoracial identity' (p. 69). Nevertheless, confirming the general cultural shift toward recognising the birth culture of adoptees, they conclude that; '[e]xploration of the sociocultural milieus in the self-selected sample of 37 families indicates that many White adopters recognize the importance of ethnoracial awareness' (p. 71).

This finding about parental recognition of the importance of ethnic and cultural heritage matters is confirmed in two other studies including Rojewski (2005) who examined how families with children from China 'address the myriad issues surrounding cultural heritage' and Johnston et al's (2007) study. Rojewski states that parents had 'strong beliefs ... about the importance and benefits attributed to acknowledging cultural heritage' (2005, p. 159). Though Johnston et al., (2007) only studied mothers, they too found that 'adoptive mothers engage in racial, ethnic and cultural socialization practices ... and perceive the importance of recognizing their child's cultural heritage' (p. 400). Nevertheless, if increased efforts to be sensitive about adopted children's birth and cultural heritage are related to adoptees' adaptation and overall wellbeing, there remains cause for disquiet. Concerns are raised, for example, by Rojewski's findings that the strong commitment among parents did not produce a growth in parental knowledge 'about China and Chinese culture comparable with their child's age' (p. 160) and that almost 'one-third of adoptive families [with children from China] have little or no contact with children or adults in their neighbourhoods who are Chinese' (p. 160). These

findings are particularly disturbing when we consider that, like both the Carstens & Julia study before it and the Johnston et al., one that followed it, the Rojewski study involved a self-selected sample that may have been biased towards families who were *more likely* than non-participants to respond positively to cultural heritage matters.

Mohanty and Newhill (2006) address the matter of why some international adoptees adjust better than others. Reviewing the literature that demonstrates the benefits of providing adoptees with a strong sense of their ethnic identity, they recommend that '[i]ntercountry adoption agencies ... provide post-adoption parent training in culturally competent parenting strategies and cultural socialization' (2006, p. 392) and that 'social workers ... properly assess the eligibility criteria of adoptive parents according to the Hague Convention and their motivation to adopt internationally' (p. 393). In a very clear and practical article, Bailey adds weight to these arguments, and then identifies a 'practice model for producing culturally astute parents who possess the skills, motivation, and resources to facilitate the development of the ethnic identity of their internationally adopted children' (Bailey, 2006, p. 1). Bailey's model is fourfold: first, social workers need to know about ethnic identity issues; second, they must possess the skills to assess prospective parents' 'ability and readiness to parent ... in a way that upholds the children's right to their ethnicity' (p. 8); third, agencies must have resources to support parents in this role and; fourth, parents must be monitored and supported over time to assist their children's ethnic identity formation (p. 9). We support Bailey's conclusion that: 'if the social work profession is to take seriously adopted children's rights to ethnic identity as outlined in international policies and conventions, a formal system of practice that promotes these rights must be instituted' (p. 10).

The second – and much smaller – body of work that comes under the category 'cultural issues' has to do with the movement of people - in this case children - from one country to another and the inequities that underlie this migration, despite the good intentions that may accompany it. This situation has led some scholars to argue that the process of international adoption as it is driven in affluent industrialised nations prioritises 'the nation's needs and the needs of nationals ... over the well being of the child of a different national origin' (Lovelock, 2000, p. 911). If, for instance, the practice of ICA consistently and genuinely gave primacy to the 'best interests of the child', it seems likely that older and special needs placements would increase, if only because wealthy, western nations are more likely to possess the resources to provide for such children, than the sending countries from whence the children originate. This is not the case, however. In fact, as Selman (2001, p. 23) argues 'there is a growing demand for young light-skinned healthy babies', a finding which has led Quiroz to comment that 'the real issue seems to be which children are desired by which parents' (2007, p. 64). The production of healthy babies for the 'market' of intercountry adoption is less a reflection of the needs of children internationally than it is of the desires of adoptive parents in the wealthy countries to which they are sent. At the very least, accounts such as these

indicate the need for a paradigm shift when we are discussing future adoptions of older and special needs children.

One direction for this paradigm shift is suggested by Triseliotis (2000) who offers pertinent insights into the historical view of the adoption of older and special needs children, noting that most post-war adoptees, including those adopted as a consequence of the Korean and Vietnam wars, 'had the characteristics of children with special needs, that is being older and sometimes displaying many physical, cognitive and emotional defects' (2000, p. 48). Arguing that adopters, in these instances, were primarily motivated by compassion and humanitarianism, he suggests that this changed when parents turned to intercountry adoption in the face of a decline in the number of domestic infants available for adoption (p. 48). Once this occurred, IC adoptees became much younger (under two) and the adopters were motivated, first and foremost, by a desire to have or expand their family, rather than by humanitarian concerns. If, in Australia, we are moving toward an increase in the adoption of older and special needs children, this suggests the optimistic possibility that humanitarian concern, and not only the desire for a family, might again become a primary motivation for ICA.

Significantly, adoptees are increasingly addressing these matters themselves. This is especially noteworthy for as Quiroz points out '[o]ne of the most important criticisms surrounding debates on intercountry adoption is the bias of who gets to talk' (2007, p. 62). Volkman (2005, p. 17) notes in her introduction to the edited collection, *Cultures of Transnational Adoption*, that: '[a]lthough there is a voluminous, well-established body of adoption literature in psychology and social work (to a large extent focused on adjustment and 'outcomes'), in other disciplines adoption is an emergent field of study'. This is regrettable for sociologists, anthropologists and other social scientists have much to offer studies of adoption, including their particular skills at analysing cultural interaction and changing notions of family and society. On a positive note, the increasing amount of 'insider' reflection on adoption (Armstrong and Slaytor, 2001, Volkman, Johnson, Kendall, & Honig in Volkman, 2005, and Trenka, Oparah, & Yung Shin 2006) provides insight into the complexities of race, ethnicity, culture, identity and belonging. Written chiefly by adoptive parents and adoptees involved in IC and transnational adoption, these diverse contributions to the literature enrich debate about the cultural issues surrounding IC adoption. Because of the insight it provides into the lives and experiences of adoptees, it seems likely that it is this literature which possesses the greatest potential to improve the lives of older, special needs and intercountry adoptees, now and in the future.

SECTION 12

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