

Intercountry adoption in Ireland for Adoptive

Parent's and those in the Childcare services.

Sarah May Lynch

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Supervisor: Vanessa Long

Head of Department: Bernadette Quinn

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Department of Social Science

DBS school of Arts

INTERCOUNTRY ADOPTION IN IRELAND

FOR ADOPTIVE PARENTS AND THOSE IN THE CHILDCARE SERVICES

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Abstract

This is a study of intercountry adoption in Ireland through a qualitative approach. The aim of this thesis is to present an overview of intercountry adoption for adoptive parents and those in the childcare services. Six interviews with adoptive parents have taken place. A Dictaphone has been used to record this data. This study will illustrate how intercountry adoption is a positive option for institutionalised children, and that prolonged institutionalisation can result in emotional and physical deprivation. Also indicated is that the procedure for adoption can be overly complicated, cost prohibitive, and discriminatory. Thematic analysis was the method used for this study, this focuses on specific themes to gain an understanding of personal experiences.

Introduction to Literature on Intercountry Adoption

According to the Health Service Executive website, Intercountry adoption is when a child born outside of Ireland is adopted and brought back into Ireland. Intercountry adoption was not a feature of Irish society prior to 1990, because of this; this study will refer only to adoptions from this date. From the early 1990's a spectacular growth occurred in intercountry adoption in Ireland, mainly due to the publicity given by the media at that time, to the abandoned children in the Romanian orphanages.

The literatures most relevant to this study were the following publications: Adoption, A reference handbook by A Moe, this book was used to source information on adoptive countries such as Russia, Romania, and China. The British publication, Inter-Country Adoption Practical Experiences edited by Michael and Heather Humphrey, gave an insight to adoption experiences from various countries. Also impacting on this study was the documentary 'Ceausescu's Children' by Chris Rogers, which was first screened in October 1990, which highlighted the horrific conditions in Romania's orphanages.

The author embarked on this study for personal reasons, having been adopted herself in 1990 from an orphanage in Romania, and subsequently, having always had an interest in all matters concerning foreign adoptions into Ireland. There has been little research done into the process of intercountry adoption into this country. An earlier study, (A Study of Intercountry Adoption Outcomes in Ireland) by The Children's Research Centre, Trinity College, published in 2007, focused on the psychological and developmental outcomes for children adopted from other countries. While this research will refer to aspects of this earlier study, the title of this study is

Intercountry Adoption in Ireland, and the main focus of this study is to provide background information for those considering intercountry adoption, and those in the adoption support services. The main research question is that 'Children are better in a foreign family than in an institution in their country of origin'. This will be shown through referenced literature, interviews and documentary evidence.

This information is of paramount importance to those embarking on the route of intercountry adoption, and would also be of interest to those in the childcare sector. These questions are explored through qualitative interviews with adoptive parents and research from various journals, books and documentaries. Qualitative design will be used to demonstrate people's viewpoints and personal experiences.

Adoption Laws and Guidelines

The Hague Convention

(The Adoption Authority, 2010) The Hague convention, on protection of children in respect of intercountry adoption was concluded on May 29th 1993. This was developed to ensure the safeguard of the children and to ensure that the adoption taking place is in the best interest of the child and with respect for the child's fundamental rights. This convention also highlights that growing up in a family is of primary importance and that the happiness and the rights of the child are essential. Inter country adoption is an advantage to a child as the child's country of origin may not be available to offer the child a family. This convention ensures great security, predictability, and transparency to all parties of the adoption including the prospective parents. It prohibits improper financial gain. The Hague convention also establishes a system of co-operation between authorities in the country of origin and receiving country. This process is to ensure that the process takes place under conditions which help to guarantee the best adoption practices and to eliminate abuses. This convention allows for intercountry adoption to be done fairly giving both the full rights to the child and the prospective parents. In order for a country to be a component of the adoption process, that country must ratify The Hague Convention to solidify their agreement to the high standards required to ensure the protection of the children. There are a list of about 80 countries in the Hague Convention, half of which are labelled sending countries. When choosing a country of adoption it is important to know if the adoption law of that country is recognized under Irish law and if the adoption can be registered in their home country. Irish citizens can adopt from all countries that have ratified the Hague Convention. (The Adoption Authority of Ireland, 2010)

Adoption Law in Ireland

Health Service Executive, 2010) Residents of Ireland who wish to adopt from abroad must have their eligibility and suitability assessed. This assessment must be carried out by a social worker, usually an officer of the local Health Board. The eligible criteria for adoption are under the adoption acts 1952-2010.

Applicants

1. You must be a married couple and living together. This is the only circumstance where the law allows the adoption of a child by more than one person.
2. You are a married person and living alone. In this circumstance the spouse's consent to the adoption must be given, unless they are living apart and are separated under (i) a court decree, (ii) a deed of separation, (iii) the spouse has deserted the prospective adopter or (iv) conduct on the part of the spouse results in the prospective adopter, with just cause, leaving the spouse and living apart;
3. You are the mother, father or a relative of the child (relative meaning a grandparent, brother, sister, uncle or aunt of the child and/or the spouse of any such person, the relationship to the child being traced through the mother or father);
4. You are widowed
5. You are a sole applicant not covered in any of the categories above and that the Adoption Authority of Ireland is satisfied that, in the particular circumstances of the case, it is desirable to grant an order.

6. *Additional criteria*

1. According to the Adoption Authority, 2011, there is a minimum age of 21 years old if the child is not a relative. If the child is to be adopted by a natural mother or Father then only one of the applicants must be of the minimum age. An assessment of suitability must be carried out and must only be done so by the HSE or registered adoption society. They also carry a list of standards which must be obeyed. These standards include: The capacity to safeguard the child throughout his or her childhood;
2. The capacity to provide the child with family life that will promote his or her development and well being and have due regard to the physical, emotional, social, health, educational, cultural, spiritual and other dimensions. The resources that families can draw on will vary from family to family and may change over time. Whatever circumstances the family find themselves in, the applicant/s will be able to demonstrate their understanding of the importance of maintaining an on-going and meaningful relationship with their child;
3. The capacity to provide an environment where the child's original nationality, race, culture, language and religion will be valued and appropriately promoted throughout childhood. This will include the capacity of the parent or parents to recognize the differences between themselves and their child within these areas and be able to recognize and try to combat racism and other institutional and personal oppressive forces within society;
4. The capacity to recognize and understand the impact of being an adopted child from an overseas country on the development of the child's identity throughout their childhood and beyond;

5. The capacity to recognize the need for and to arrange for appropriate support and intervention from health, social services, educational, and other services throughout childhood.

An Understanding of Intercountry Adoption

A widely asked question when talking about intercountry adoption is ‘In who’s best interest is inter-country adoption?’ In the case of intercountry adoption, especially in underdeveloped countries there is normally a huge need for families and homes as the child's country of origin cannot offer this. When talking about intercountry adoption the interest of the child should be the primary topic. According to John Triseliotis, (Hunphry, M, et al,1993) adoption should be about providing a home for a child, not a child for the home. There are many reasons why a child may be placed for adoption by their biological parents or by the state. Some parents are seen as unsuitable for parenthood due to drug or alcohol problems. Other reasons include religion, a mother having a child out of wed-lock, having a child at a very young age or simply being unable to afford to look after a child. Poverty is probably the main factor in underdeveloped countries. Also their social welfare policy is poor or non-existent. Other reasons include state policies as in China’s one child rule, or in Romania, where multiple births were mandatory. Parents see placing their child in a state home as a positive option for their child. There are also many reasons why a parent/s wants to adopt a child. The main reason is usually infertility, this is an increasing problem in Ireland today for many couples, particularly as most couples now marry at much older age and do not attempt to start a family until their mid thirties. Another reason is compassion, some couples believe it is better to give an unwanted child a

stable home and a loving family and feel that there are enough unwanted children in the world without bringing another child into it.

When a family decide they want to adopt a child, it is a long thought out plan, but prospective parents are often unaware of what is involved in the adoption process. There are many factors, including the expenses; which may be prohibitive for those on a low income. Costs can vary greatly; the chosen destination and the amount of travelling involved can be a major factor. The following should be considered before embarking on intercountry adoption.

The waiting period for assessment by the HSE,

The paperwork involved ensuring the welfare of the child is the main priority,

Additional documentation needed after candidates have completed the assessment,

The finding and funding of a foreign agency,

The Waiting period for placement of a child.

Travelling and staying in a foreign country, and

The conditions of the child, certain behaviours and health issues.

Statistics (Global)

According to Kane, 1993, During the 1980s, around 180,000 (an average of 17-18,000 per annum) were involved in inter-country adoption worldwide, although figures were unavailable from Britain, Israel, Canada and Austria.(Kane, 1993), (Greene,S,et al,2004/2005, a study of intercountry adoption outcomes in Ireland, summary report,p2) In 1989 the five leading countries of intercountry adoption were Korea, Chile, Columbia, Paraguay and Haiti. In 1998, the countries of origin with the highest intercountry adoption rate were Bulgaria, Romania, Russia, South Korea, Guatemala, Vietnam and Columbia. Following allegations of corruption in the system, Romania closed its borders for intercountry adoption in July 21st, 2001. In 1998 32,000 intercountry adoptions were recorded globally. This showed a rise of 50% higher in comparison to previous years. These figured were dominated by adoptions in the United States, China and Russia. Standardisation against population size of live births does suggest that the highest rates among receiving states are seen in Scandinavia, while the highest rates for countries of origin were to be found in Eastern Europe and then Korea. (Greene, S. et al, (2004/2005).

Irish Statistics for foreign Adoption

Between the years of 1991 and 2002 1,766 children were adopted from abroad to Ireland. A high percentage of these children had origins in Romania. Other common countries of foreign adoption in Ireland include Russia, Guatemala, China, Thailand, Belarus and India.

(Health service Executive, 2010) According to the annual reports by the Adoption Authority, statistics are as follows: between the years 2004 and 2008, the number of intercountry adoptions

recognised and entered in the register of foreign adoptions is 2,257. These are divided into categories dating from 2004 to 2008.

In 2004, there were 483 adoptions registered, in 2005 there were 442 registered adoptions, in 2006 there were 406 registered, in 2007 there were 436 adoptions and finally in 2008 there were 490 registered adoptions into Ireland. Statistics for 2009 show 394 registered adoptions and 2010 figures stand at 292 registered adoptions at present. These figures for 2009 and 2010 are at present provisional and unpublished, but were provided following a request to the Adoption Authority. (The Adoption Authority Website, 2011)

The Adoption Process

The assessment

With the criteria and standards noted, it is important to know the adoption process. This is to ensure that the correct measures are being carried out and that a child will not be placed with a family that are not seen as suitable for adopting a child.

- 1) The first step is to contact the health board or registered society. Then if the prospective parent/s wishes to proceed, they must ask for the relevant forms to be sent out.
- 2) The application forms must be filled out and forwarded to the local health board and / or agency and a preliminary assessment will be carried out.
- 3) The third step is named education and preparation. This consists of structured group meetings held by either the Health Board or Chosen agency. These group meetings are essential and it is prerequisite for moving on to the final stages.
 - a) This stage is labeled Home Study/Assessment, here the possible parent/s is assigned a social worker, and the social worker then carries out a series of interviews. At least one of these interviews will be carried out in the home. This is to ensure that the social worker feels that the environment and family are suitable for a child. A final report will then be made out by the social worker. The social worker will also interview friends of the applicants to question whether the participants feel that the applicant/s would be suitable parents.

- b) The final step is the decision; the placement committee of the assessing agency, (usually the HSE), will consider the social workers report and recommendation in the case and then make a recommendation to the Adoption Authority. The Adoption Authority will then decide on whether or not to issue a declaration of eligibility and suitability on this basis. (Health Service Executive, 2010)

Following the issue of the declaration, applicants must then pursue the other documentation relevant to their chosen country of adoption. The following is an example.

Documents required for adoption applications in the Russian Federation

The following is a recent (December 2010) list of documents required by the Russian authorities. While many of these would be applicable to other countries, this list is intended as a guideline only, as document requirements can vary between countries and are regularly updated. The most recent (January 2011) costing for an adoption from Russia is Eur27, 000; this is inclusive of legal fees, travel, and accommodation expenses.

1. Request to register.
2. Application form (one for each applicant).
3. Passport copies (3 sets).
4. Commitment letter from adoptive parents to provide post-placement reports.
5. Commitment letter from adoptive parents to register the child with the

Consulate of the Russian Federation in Ireland.

6. Commitment Letter from the Family Doctor.
7. HSE Commitment letter (contact your social worker).
8. HSE positive recommendation (social worker).
9. HSE letter re outstanding post placement reports (social worker).
10. Declaration of suitability from the Adoption Board.
11. Letter of introduction from the Adoption Board for the Russian Federation –contact Adoption Board, Inter country Section.
12. Adoption Assessment Report.
13. Photos (16-20 photographs of your home, family, local school, play area etc.).
14. Marriage Certificate- 2 sets (originals).
15. Birth Certificates for your children (originals) - *if applicable*.
16. Medical Certificates (form attached) (valid for 3 months only).
17. Copy of Annual Doctor's license to practice.
18. Medical certificate for your children or relatives who resides with you permanently. (Valid for 3 months only)- *if applicable* 2 sets of documents (original and copy) required, both sets have to be notarized by Notary Public and apostilled at the Department of Foreign Affairs in Dublin or Cork.
19. Police Certificates of Character (for each applicant) contact your Local Garda station.
20. Statement of Assets and Liabilities (Accountant or Bank).

21. Copy of Annual Accountant's License to practice.
22. Employment Status Letter stating your position and current annual salary -for each applicant.
23. Residence verification letter.
24. Title Deed (copy).
25. Letter of good standing from your bank.
26. Letter re minimum income in Ireland.
27. Immigration Clearance Certificate from the Department of Justice,
Equality and Law Reform (copy). Immigration Operations –
01 616 7700 or 1890 551 500.
28. Power of Attorney (forms attached).
29. Extracts from the Adoption Acts 1952 and 1991

Notes:

Two sets of documents (original and copy) required, both sets have to be notarized by Notary Public and apostilled at the Department of Foreign Affairs in Dublin or Cork. Some regions in Russia now require medical assessment to be completed in Moscow or St.Petersburg. This is carried out in approved medical centre. Approx fee is €500-€600 per person, fee is payable at the Medical centre in Russia.

- Documents have to be notarized by a Notary Public.
 - Notarized documents then have to be authenticated at the Department of Foreign Affairs.
- Dossier then has to be checked by the Russian Consulate- phone 01 492 204.

Adoption Support Groups

The International Adoption Association

The IAA, (International Adoption Association) formerly known as the Irish Foreign Adoption Group, was set up in 1990 to provide help and guidance for Irish people who were intending to adopt from abroad. The main goals set by the IAA include promoting intercountry adoption in Ireland, to provide support and information for parents who are adopting or planning to adopt from abroad. They organise seminars on countries that it is possible for Irish people to adopt from and provide valuable information on these countries. They also provide ongoing support for parents who have already adopted from abroad. (International Adoption Association website, 2010)

P.A.R.C

This Irish adoptive parents support group was originally set up in July 1990 as 'The Irish Romanian Adoptive Parents Group' (IRAPG). Their main aim was to establish the rights of the foreign adoptive child in Ireland. This was done by campaigning for proper legislature in the Dail. Finally, a bill was passed in 1991 called the 'Foreign Adoption Bill 1991.' The group then turned its focus to the support of Romanian adoptive parents. The name of the group was changed to Parents of Adopted Romanian Children (PARC) in 1991. PARC supported parents through educational seminars, highlighting the various challenges that might face parents who had adopted children who were institutionalised or otherwise emotionally or physically deprived. They also have a social aspect, running events that has brought adoptive families together throughout the years and fostered an understanding of their Romanian heritage. PARC can be contacted through their secretary, at 53 Castlelands, Balbriggan, Co.Dublin.

Barnardo's

Barnardo's is the largest child welfare charity in Ireland today. They offer a variety of specialised services that give support to children, parents, and families. They have provided a post adoption service for birth parents, children, and adoptive parents since 1977. This service is funded by the HSE, and operates in the Dublin mid-Leinster area. Some of the services provided include a therapeutic service for intercountry adopted children, which operates in Dublin, Kildare and the Wicklow area, Barnardos also run training and support meetings, for parents who have adopted from abroad. Barnardo's also feature an origins tracing service, for children adopted from Ireland. This service is provided for those who have spent all or part of their life in an Industrial Irish School. This service is completely free of charge and has a high successful rate. (Barnardos website, 2011)

Parents Network for the Post Institutionalised Child (PNPIC)

According to 'Help for the Hopeless Child', 2010, the PNPIC is an American Organisation that was established in the early 1990's by a group of parents whose intention it was to provide comprehensive information to families who have internationally adopted children. PNPIC issue regular newsletters and mailings to members providing information on research and training programmes for families in need. Some European organisations such as PARC are affiliated to PNPIC and publish their reports and research in their newsletters.

Countries of Origin for Intercountry Adoption

Romania

A main country of focus by the media in 1989 and 1990 was Romania. Following the fall of the Communist regime, and the execution of its Dictator, Nicolae Ceausescu in December 1989, news footage of abused and abandoned children in state orphanages was widely broadcast by the world media. This led to an exodus of prospective Irish adopters travelling to Romania in the hopes of finding and saving a child. There are many reasons why a child is put for adoption in Romania, but the main causes for their overflowing orphanages, stem from Romania's social policy and economy. During the communist years, Romania's wealth went into funding the vast building programme embarked on by Nicolai Ceausescu. Romanian women were obliged to have a minimum of four children. Many of these mothers and families were homeless. 'Children's homes' were set up to home the children whose or families could not afford to feed or house them. This policy of multiple pregnancies went totally out of control, resulting in many children left in these state homes. In December 1989 abortion was first made legal in Romania. This was within days of the execution of the dictator, Nicolae Ceausescu. Yet ten years later, the concept of having so many children had not changed in this society. There was still a very high amount of children being left in institutions. (A, Moe B. 2007)

According to A. Moe B, 2007, in 1991 Romania put a moratorium on intercountry adoptions because of abuses within their adoption system including child trafficking. There were reports of orphaned and abandoned Romanian children being sold to anyone who was willing to pay high prices. Rumours of bribery, forged documentation and women being forced to give up

their children, surfaced. As a result of this, in 1991, the Romanian Government changed its laws for intercountry adoption. Private adoption was eliminated. Intercountry adoption would be processed through an approved agency in the country of the prospective parents. The amendments tried to encourage domestic adoption, by only allowing children who had been awaiting adoption for at least six months, to then be available for intercountry adoptions. Those who worked with the children were encouraged to find a Romanian family to adopt the children. When these changes were made, the government then reopened for intercountry adoption. In June 2000, the Romanian Government doubled budget allocations for child protection to the equivalent of \$209 million annually. This was to finance 440 orphanages that sheltered up to 100,000 abandoned or sick children. Another moratorium was announced at the beginning of 2001. The Romanian government was pressing hard for domestic adoptions, foster carers and family preservations, where possible. In September 2005, the president and CEO of the National Council for Adoption, Thomas Atwood testified before the Commission on Security and Cooperation in Europe to protest against the ban on intercountry adoptions in Romania. Atwood described the ban on intercountry adoption in Romania as being 'Cruel and arbitrary'. He did agree that domestic adoption was the preferable option. According to Romania's own child protection and adoption authorities, a total number of 37,000 orphans filled state run institutions, at that time. Atwood argued that that the Romanian Government should allow these children to be placed with non relatives outside of Romania. In 2005, Romania implemented new child protection and adoption legislations. In 2007, on January 1st Romania became a member of the European Union. Andrew Bainham (2009) believes that many would not have appreciated the connection between these two events. The reform of Romania's public care system has been, and

continues to be, a highly publicised issue, mainly because the EU made it a condition for its accession to the union. (Bainham, A. 2009), (A,Moe B. 2007) A report on the appalling conditions in some of Romania's orphanages as seen on the documentary 'Ceauscescus Children' (Chris Rogers 1990) and other media programmes, will be discussed in detail later in this study.

Russia

In his book 'Help for the Hopeless Child, 1998' Dr Ronald S. Federici explains how the fall of Communism and subsequent break-up of the Soviet Union caused the collapse of the Russian economy and threatened the very fabric of their society. Overnight, families lost everything they had known under the Communist system and workers were now required to pay for housing, food and medical care that previously had been supplied free by their government. Many lost their jobs and for others a drastic reduction in salary occurred under the new system. The increased cost of living left very little for families to survive on. Pregnant women could not afford adequate medical care and many people became homeless. Federici went on to state that he had visited multiple institutions in Eastern Bloc countries and considered them 'dismal failures.' Levels of dirt, infections and contagion were overwhelming. It was typical to see urine and feces covering the institution floors. Viral infections such as HIV, Hepatitis B/C and cytomegalovirus (one of the main causes of mental retardation) are rampant. He summarizes by saying that approximately 75% of children from Eastern European institutions will show developmental delays, which will require treatment.

Similar to Romania, the Russian government has tried to encourage Domestic Adoption. This was seen in a special adoptive families update during the months of September and October

2005, demonstrating incentives in Russia, which encouraged Russians to adopt within Russia. According to A. Moe B. 2007, in 1996, an estimate of 9,000 children were adopted in domestic adoptions, unfortunately the number of children becoming available for adoption yearly is estimated at 30,000. In 1991, Russia opened up for intercountry adoption. Similar to both Romania and China it was seen as a solution for the overcrowded orphanages in Russia. In 2004, estimates of 5,865 Russian orphans were adopted by U.S citizens. In 2005, these numbers dropped to 4,639. Offices responsible for adoption, the Russian ministry of Education and Science began to scrutinise the adoption process more carefully while changing some adoption procedures. As a result of this, families wishing to adopt in Russia have now a longer waiting time. The particular reason for this scrutiny was because of reports that Russian children being adopted into America were being mistreated, and as many as 13 children had died. As a result of these cases being made public in Russia, 62% of Russian nationals wanted the restrictions in intercountry adoption made stricter while 39% of the Russian population wanted intercountry adoption in Russia stopped completely. In March/April of 1989, a child psychologist from Child Welfare gave her opinions on what can happen to children that are left in residential institutions. She stated that many of the children showed evidence of deviance in their physical and mental development. Due to so many children being put together, children receive no individual attention or affection. There is no place that they can call their own or be away from the other children or adults. They can develop aggression as a result of this, and although they are craving love and attention from their peers and adults, they then reject this attention and love when they are presented with it. She also noted that the Government under Mikhail Gorbachev began paying more attention to these abandoned children. Gorbachev began trying to give these

children some real care and psychology based assistance. This was to try and eliminate their negativism and alienation. A fund was set up to try and accommodate the large numbers of children in these institutions with caring persons who love children, this fund also aimed at reducing the number of children in each facility. He felt that although the homes were equipped with the best toys and cloths the children still needed an adult who could support them and give them love and care. The children needed an adult whom they could place their trust in. These teachers and carers needed proper training in caring for children who have been neglected.

Many other writers have backed Mukhina up, like Carol Weitzman and Lisa Albers in Paediatric clinics of North America. Albers, L. And Weitzman, C. (2005) stated in a report in 2005, that a result of longitudinal studies of Romanian children who had been institutionalized, displayed significant cognitive difficulties. Both Weitzman and Albers did a report on adopted British children. They explained in the report that children who had displayed both indiscriminate sociality and attention seeking in earlier years were displaying difficulties with peers by the age of 16 years old. Some observers believe that the concept of adoption in Russia is not as accepted in Russia as in other countries. Domestic adoptions in Russia have dropped by 50% in the past ten years, which is a huge drop. For the first time in history, in 2004 intercountry adoptions in Russia exceeded the number of domestic adoptions. In an attempt to raise the numbers of domestic adoption, Russia has now passed a legislation that requires a child to stay on a list for domestic adoption for at least 6 months before they are put on the list for intercountry adoption.

(A Moe, B, 2007), (Khlinovskaya-Rockhill, E. 2010)

China

China is a country with a very high population and a very large number of children in institutions. The latter is mainly a result of their social policy, which allows only one child per family. Having a male heir has been an important part of Chinese culture; males traditionally inherit the family wealth, as a result many parents abandon female babies in the state orphanages. China has turned to intercountry adoption to try and minimise the number of children in its institutions. The one child policy was introduced in 1979 as a result of overpopulation. Previously, families in China had been encouraged to have as many children as possible; this was to show that China was both a wealthy and strong country. According to an article in the Arizona Journal of international and comparative law done in 2003 by Sarah R. Wallace, the one child policy had resulted in 100,000 abandoned babies in China, 95% of who were girls. Domestic adoption was first recognised in china in 1981. In 1991, the Chinese government passed the adoption law of China, this meant that people outside of China could adopt from China. In 1992, another adoption law of China was passed. This law meant that foreigners were treated the same as their own citizens regardless of their heritage or Chinese connections. This main purpose of the 1992 law was to protect against unlawful adoptions from China and eliminate black market adoptions. As a result of the continuation of black market adoptions in China, the government suspended adoptions for ten months in 1993. During these ten months, the Chinese government ratified procedures for international adoption. The CAO, the Chinese Adoption Organisation was also established as a central administrative entity to coordinate intercountry adoptions of Chinese children. Dowling, M, et al, (2009) examines ways in which Globalisation has contributed to the development of international adoption from China.

This paper also explores both culture and historical attitudes to population growth, child abandonment and adoption. China's practical and efficient approach to international adoption is regarded in relation to policies that demonstrated the best interests of children in China and overseas. Globalization has always affected, and continues to affect intercountry adoption. Its affect in China is explored using Masson's value positions on international adoption. These are abolitionists, promoters and pragmatics. Globalization refers not only to the economy and economic interdependence but to the transformation and ties spent in one's life. Without applying the concept of globalization to international adoption, these authors feel it would have been impossible to adopt from a country on the other side of the world. In recent years bureaucracies have developed both national and international standards to regulate and allow these adoptions to happen. George and Wilding (2002) believe that closer links have been made between different countries, especially in relation to different cultures. When an adoptive family visits China for the first time, they become aware of another culture, resulting in a greater understanding of that culture, and allowing them to gain a further interest into a new culture so that they can then share this culture with their child. The one-child policy was implemented over 2 decades ago as a structure to stabilize China's fast growing population. As a result of this, according to Xuefeng Chen (2003), 90% of all urban children and 60% of rural children have no brothers or sisters.

Another documentary, 'The Dying Rooms', directed Kate Blewett and Brian Woods, screened in 1995, displays the terrible conditions of Chinese orphanages. The 'Dying Rooms' was the name given to places in some orphanages where children were left to die through neglect. In one instance an infant baby girl was shown lying in a dark room. She was being denied food or any other care. After 10 days the child died. Also shown are children being tied,

to what they call 'potty chairs'. The commentator remarked 'they feel nothing for the children, like they are not even human'. It was explained that the orphanages are state run, and the workers do not have any choice in having to work there. One 'care worker' was seen handling a baby in a very rough and harsh manner. The documentary was filmed by three undercover reporters posing as aid workers, hidden cameras were used. They had some difficulty locating the orphanages, because like in Romania and Russia, they were placed in remote rural areas. Even the local population was unaware of their location.

METHODOLOGY

Data Analysis

For this project Nvivo 9, data analysis software was used for organized codes. In qualitative research descriptions of feelings, opinions and thoughts are identified and coded. The type of analysis used in this research was thematic analysis. Initial coding of transcripts through thematic analysis allowed for themes to emerge.

Design

Qualitative research was used for this study. Qualitative research is the study of people's thoughts and perceptions. The job of a qualitative researcher is to seek out the relevant information through interviews. Interviews allow for people to discuss their experiences in relation to the questions asked by simply giving an answer, or by telling a story, it is the job of the researcher to take the relevant information from what has been supplied by the participant. The participant group tends to be smaller than in a quantitative group. Variables were not used in this study. Interpretive validity was used, as the data collected was considered accurate. Interpretive validity has four dimensions; these are usefulness, contextual completeness, and research positioning and reporting styles

Sampling:

The type of sampling used in this thesis is purposive sampling. This is used when participants are selected as they fit a certain criteria. In the case of this study the participants selected had to be Irish citizens who had adopted from a foreign country and taken their child back to Ireland to be raised. This type of sampling is non-random. Because of time restrictions, geographical restrictions also applied, so all participants chosen come from the Dublin area, where the author resides. The type of analysis used in this study is thematic analysis. Thematic analysis is a process used for encoding qualitative information. The researcher looks for and identifies common threads that are used throughout an entire set of interviews. Themes must be selected from the interviews that have taken place. In order to do this accurately the researcher must read and re-read the interviews. Then the researcher must choose the main points that are reflected throughout the whole interview.

Materials:

Interviews were conducted with parents who had adopted from five foreign countries. Through these interviews, It was hoped to achieve an insight into the various problems and difficulties impacting on adoptions in different countries. Also referred to in this study were the television documentaries 'Ceausescu's Children' (1990), 'The Dying Rooms' (1995), and the media programme 'Newline' (Sky News 1990), all of which gave views on life for institutionalised children. Other research came from various books and journals as listed in the index.

Apparatus

The apparatus used for the interviews was a sound recording device. Written field notes were also taken during and after the interviews.

Participants

Six interviews with adoptive parents took place. Participants were members of either Parents of Adopted Romanian Children or the International Adoption Association. While participants were selected through purposive selection, only a small number of those available could be used due to time and travel restrictions. The resulting sample of adoptive parents all reside in the Dublin area. All of these participants are adults over the age of 18. In order to preserve confidentiality, participants have been given alphabetical pseudonyms only. In each family the researcher was able to interview only the mother due to scheduling and work demands of their partners. One family is a one parent family. Five interviews took place in the participant's home while one interview was conducted in the mother's place of work. In addition to these participants further information regarding current documentation and costs relevant to Russia only, was obtained from a couple who had completed their adoption in January 2011. This couple were not part of the interview participants as they were known to the author; however it was felt that the information should be included as it is the most current available.

While all of the parents are Caucasian, their adopted children comprised of Oriental (2), Mayan (1), and Caucasian (5). Four of the children were Romanian, one Russian, one from Kazakhstan, one Chinese and one from Guatemala. The children had lived with their adoptive families for period's ranging from five to twenty-one years. One participant had adopted as a single mother, while all others were in a married relationship. Adoptive ages of parents ranged from late thirties to late forties.

Participant (J) has 1 child, adopted from Guatemala in 2004 at age 14 months; Participant (H) has 1 child, adopted from Romania in 2001 at age 13 months. Participant (N) has two children adopted from Romania in 2002, at age 6 months. Participant (G) has 1 child, adopted from Romania in 1990 at age 18 months. Participant (B) adopted 1 child from Russia in 2006 at age 22 months. Participant (C) adopted 2 children, 1 child from Kazakhstan in 2000 at age 6 months, and the second child was adopted from China in 2002 at age 1 year.

The aim of these interviews is to gain an insight into (a) The opinions of adoptive parents on the adoption process, (b) Time frames for intercountry adoption, (c) Assistance/support for prospective adoptive parents, (d) Views on state agencies in Ireland. (e) Parents views on intercountry adoption and (f) Financial.

Procedure:

The interviews were conducted in the participants own home or workplace at a time convenient to them. No time limit was placed on the interviews. Firstly, all participants were provided with a letter explaining what was involved in this study and asked to sign a consent form. The participants will be made aware that they can withdraw from the study at any time.

They were presented with a letter of permission. These letters were returned signed with their permission before any interviews were completed. Interviews were between 45 minutes and 90 minutes duration. The type of interviewing used was semi-structured. Semi structured interviewing does not rely purely on the questions chosen prior to the interview. More questions are presented during the interview. Semi-structured interviews encourage conversation. This was a positive aspect as it resulted in the participants being more at ease with the researcher.

Limitations

Research into this study commenced in November 2010, however on reflection it appears that this time frame was inadequate. There is a vast amount of material available on the subject of adoption. A greater time frame would have been desirable in order to study this research more thoroughly. Interviews were conducted in early February. However, later research yielded information relevant to these interviews, unfortunately the time frame did not allow for follow up interviews to take place. Due to ethical restrictions, it was not possible to interview adoptees, only one of the adopted children was over the age of 18 and this would not form a useable sample. This placed limitations on the interviews. Another area of difficulty was obtaining current information from state bodies, in this case, the CSO and Adoption Authority. Statistics for Irish Intercountry Adoption was sought first from the CSO who did not have these figures. The Adoption Authority were then contacted for this and other current adoption information but were unwilling to supply this information without a written application. It had already taken

some time to elicit this reply, and an application was then made in writing. While the statistics information was provided by them, this report would have liked to explore also the criteria used by the Adoption Authority for denial of the Declaration of Suitability to Adopt. This information is not clarified on their website; unfortunately the Adoption Authority will not discuss anything on the telephone. The time restraints on this study did not allow for further investigation.

Results

The following themes remained constant throughout the participant's data, these are opinions on adoption process, time frame, assistance and support, views on state agencies, intercountry adoption: the parent's views and Financial issues.

The following are the findings resulting from the parents interviews.

Views on state agencies

Five of the participants had applied to the HSE (Eastern Health board) for their home study assessment. In one case the home study had to be obtained through private means, as this adoption relates to 1990 and the HSE were not involved in intercountry adoption at that time. The other five parents had found definite negativity in the approach of the health board towards intercountry adoption. It was described by participant (H) as 'unbalanced' towards the negative aspects of foreign adoption; Participant (H) also described the system as 'obstructive'. Participant (J) felt the HSE 'highlighted the most negative factors of foreign adoption'. Views were also expressed on the lack of information regarding documents and practical help in pursuing your adoption abroad. All of this information had to be obtained via word of mouth, or support groups such as the I.A.A. or PARC. Many participants agreed with the view of parent (C) who said that she would have liked the health board here to have taken a more active part in the adoption itself. Participant (B) explained parents are often faced with health issues of a child

which they are not qualified to judge. 'It would be of great support to these parents to be able to contact the health board here, for guidance or information.' Often people have had to resort to phoning their GP in Ireland for help with these issues. Participant (J) felt that their social worker here did not always appreciate that delays due to their administrative problems were very upsetting to a couple. More than one of the participants felt that the system in Ireland is too bureaucratic and that there was too much red tape, this is often the cause of more delays for couples. It was also felt that the adoption board in Ireland should be more aware of adoption requirements in other countries, as great difficulties are experienced by individuals who have been asked to provide information or documentation which Irish authorities do not supply. Based on her experience, Participant (B) thought that the Adoption Authority should be linked with adoption agencies in foreign countries, as systems and requirements in other countries can often change very quickly and people may not be made aware of this until they have already travelled.

Time Frame:

From the initial application, the time frames for completion of the adoption varied greatly, the time frame for the shortest adoption being 18 months, but the longest taking 6 years. However lengthy time frames are often the result of the assessment process being interrupted or delayed, sometimes due to changing circumstances within the adoptive family. Other reasons for can be changes in the system or requirements of foreign countries, or, as already stated, the bureaucracy within both home and foreign systems. The feelings regarding the time frame differed greatly among the participants. Participant (B) stated that 'bureaucracy and red tape caused continuous delays in my adoption, these delays came from both sides and I feel that had

there been more liaison between both countries, my daughter would have been home with me at least one year earlier.’ While participant (N) stated “ our time frame worked very well for us and we actually had great assistance from the state agency here in speeding things up when it became necessary to travel earlier than we expected.”

Assistance / support with adoption:

All participants had received some information via word of mouth from other recent adoptive parents. Most of the participants had also received help and support prior to their adoption from the International Adoption Association (IAA) and Parents of Adopted Romanian Children (PARC). Bernardos has also been praised for their post adoptive services. Participant (B) expressed her appreciation for the assistance she got in the Department of Foreign Affairs and the Department of Justice.

Views on the adoption process:

Participants were asked about their experiences of the adoption process abroad. Participant (J) expressed the view of feeling vulnerable and anxious when abroad, as she felt she had little control over the foreign process, yet participant (H) praised her foreign agent and felt they had been given great support and assistance and they have remained in close contact with their agent to the present day. Participant (N) was very positive about the adoption process abroad, which she felt was done by the book and within the time frame they were led to expect. Their adoption agency was the charity foundation ‘Inima Pentru Inima.’ She quoted ‘Language difficulties are not a problem for those who have efficient agencies abroad, and some have been luckier than others on their choice of a foreign agent.’ However, some people had difficulty because of language, in obtaining or understanding information on their child’s background or

health. In the case of one couple who had adopted in 1990, Participant (G), the mother expressed the view that because there were no adoption laws in place for intercountry adoption at that time, that in some ways; this made the process quicker and more straightforward. However, the lack of any regulation or control meant that until she was on the plane with her child, the outcome was always uncertain, whereas, present day regulations provide security for a successful outcome in the majority of cases.

Intercountry Adoption: The Parents views

All participants in this study had very positive feelings regarding Intercountry Adoption. They felt that they could ‘make it happen.’ All parents felt that foreign adoption was a genuine solution for children in institutions. From their experiences and observations abroad, they felt that the child in an institution is not given love, and lacked individual attention or security, and that adoption provided that for the children. Participant (N) stated that the process of foreign adoption for her was both ‘enriching’ and ‘interesting.’ She went on to describe how when in Romania they had visited three orphanages and it broke her heart to see the expectant faces of the children when their car arrived. The older children ran towards the visitors in the hope of being chosen . Children asked to be brought with them. They had tried to learn English from the television in the hope of being adopted. When asked about any concerns regarding the child’s loss of their birth culture, all of the participants felt that the need of these children for love and family outweighed anything else. Some parent’s have tried to introduce aspects of the child’s birth culture and traditions into their home. Participant (N) summed it up by saying ‘ If I were a child living in an institution or in state care of any description, in one of those countries, poverty would mean I was never going to get any chances in life . The last thing I would be worrying

about is losing my culture or language.’ It was also noted from the interviews that in international adoption, parents accept that children are unlikely to resemble them, unlike in a domestic adoption. As already stated in this study, this lends a transparency to the adoption which in turn helps the foreign child to adapt and accept a situation which they have been brought into. Parent (C) adopted her second child from China specifically because she wanted both her children to resemble each other, even though they would never resemble their parents. She went on to explain that they had used the Frank Foundation, an American agency. She was quite surprised at the level of choice offered in choosing a child and that the agency initially assumed that she would want a Caucasian child. Participant (N) stated that she had chosen foreign adoption over domestic adoption because she felt very confident that the outcome would be a success. Others have expressed a similar view that intercountry adoption offers a near certainty of a successful outcome, since unfortunately there is no shortage of unwanted children in the world.

It is clearly evident from these interviews that all of the family’s adoption experiences have been positive, they are all satisfied that they were placed with children suitable for their families and the children have settled comfortably and are happy in their new environment.

Financial:

All of the participants felt that the cost factor was an issue and that it prohibited foreign adoption for both couples and individuals. They all stated that it was especially relevant because of the current situation Ireland is in that many simply will not be able to afford it. When asked about this in the interviews participant (N) says ‘it is definitely cost prohibitive, there is no question about it.’ And participant (G) simply said ‘yes, of course it does’. Participant (B) noted that she

had found it a financial strain as she had travelled on four occasions. It should be noted that all participants were from a middle class background.

Discussion

A qualitative approach using thematic analysis was used to interpret these results. The aim of this research study has been to show the positive outcome of intercountry adoption in Ireland. From the interviews it can be seen that the outcome for the children who were adopted into Irish families has been positive. While this study was focused on a very small sample group, the researcher can draw from the more extensive study done by the Children's Research Centre, Trinity College (2007). In this study 170 families and 180 children were involved. Interviews took place with both parents and children. In the area of adoption outcomes, they concluded that had they not been adopted, it was highly probable that many of these children would eventually have suffered from compromised health and well-being. Also that their development would not have progressed as well as it had since adoption. The study also indicated that the older a child is when adopted the more likely the case for developmental or emotional problems. However children are naturally adaptive and their research has shown that once therapy is given the outcome is very positive. (The Children's Research, Centre Trinity College, 2007). Barnardos offer therapy to adoptive families of post institutionalised children.

The evidence from the families in this study has been that their children have embraced their new nationality without any feeling of loss for their original culture. A normal curiosity regarding their origins is shown as they grow older. The nature of intercountry adoption lends itself to a natural openness about adoption, this allows the child the freedom to speak of their adoption and their origins from early childhood, and so fosters a natural acceptance and understanding of their situation. Some parents have, or intend to visit their birth country with their children at an appropriate age.

At the outset of this study, it was stated that institutionalisation is damaging to children. The life of the institutionalised child is very clearly illustrated through the documentaries 'Ceausescu's Children', (Chris Rogers 1990) and 'The Dying Rooms' (Blewett, K. & Woods, B. 1995). The clear evidence of institutionalisation was seen in the blank stares of babies and infants, some appearing to be cyanotic, many making the repetitive rocking motion, often associated with emotional disturbance. 'The Dying Rooms' illustrated the plight of orphans in China's institutions. Particularly disturbing was the accepted policy of allowing unwanted children to die. This documentary is detailed earlier in this study. 'Ceausescu's Children' details the life of institutionalised children in Romania, filmed in 1990. Featured in this programme was Mihail Sadovici, a paediatrician from the Bacau health department in Romania, he explained that in his opinion the children who came directly from the hospitals as newborns were less disturbed in comparison to the children who had lived some of their lives with their family. For these children, life in an institution had a profound disturbing effect as the loss of family care was a major factor. Romanian institutionalised Children were assessed at 3 years old, to identify those who had any defects, whether it was a physical or mental handicap, including any physical weakness, or illness (e.g. cleft palate or club foot). It was the policy of the government that these children were then sent on to children's homes for the 'irrecuperables'. In these institutions, conditions were so poor, and coupled with the lack of state interest in these sick children, they quickly became withdrawn, eventually leading to severe mental impairment. Within a short time many of the children were indeed 'irrecuperables.' One young doctor interviewed, Adrian Guth, was the director of an orphanage in Bucharest. He states that this practise has led to the death of children, citing a case where a physically healthy child, died within three weeks of leaving his

orphanage. These children were rarely given the opportunity for adoption. Particularly since these institutions were in remote areas and it appeared to be state policy that they were kept hidden from the outside world. For most of the children, from the time they entered one of these homes, all chance of any education or therapy was gone. Their next move would be to a state mental institution at the age of 18 and so a permanent life of institutionalisation began. In his book (Help for the Hopeless Child, 1998), Dr Federici discusses what he refers to as 'the ultimate tragedy: Institutional Autism- an acquired syndrome.' He explains that as a child's memory of the few positive experiences in their life fade away; the child can regress to an infantile stage of development. This regression can then lead to an autistic state where the child becomes emotionally detached. He explains that he has observed this in children in Romanian institutions these children have 'learned' to become Autistic as a direct result of being institutionalised.

Returning to the documentary, it could be seen by the visiting aid workers from the British childcare charities that these children needed some basic love and care. Most would have been born mentally intact, but as a result of neglect they gradually began to withdraw from their daily existence. When Romanian care workers were asked to pick them up, the children rejected them and appeared frightened. Human contact was clearly not a common experience. It is the usual policy in orphanages for care workers not to have contact with children as they feel this may lead them to want and expect handling which they have neither the resources, or it appears, the, desire, to give. Many of these homes were put in remote country areas in an effort to 'hide' the overwhelming numbers of abandoned children. Most of the staff in these orphanages had no training in either childcare or medical care and were described as just 'child minders', local

people who were looking for extra money. The orphanages were also very short staffed. There was an estimation of twenty children to every two carers. In a report from Sky News (Newline 1990), evidence was shown that in some orphanages, what were described as 'strong' sedatives were given as a solution for 'controlling' the children. Children were tied to cots and newborns were tightly wrapped in swaddling. A Romanian worker explaining that this practise was to prevent the baby becoming 'frightened' by the movement of its arms and legs. These practises of curtailing the children's movement resulted in horrendous physical deformities, in addition to severe emotional and mental disturbance. In some orphanages toys were sent by the box-load for the children but were left unopened as the workers felt the children would just destroy them. It was also explained that due to malnutrition in the children, blood 'transfusions' were given in injection form to them. However, as there was a lack of needles, they were often used more than once, due to this, the spread of HIV and AIDS among the children was fast growing. There was a severe lack of knowledge on these diseases and staff of the orphanages became afraid of catching the disease from touching the children, so these children were then seen as "irrecuperables" as there was no cure for this. They were generally just left to die. Another practise which added to the distress of these unloved children was the fact that orphanages were segregated by age. Thus, when a child reached its third birthday it was sent on to a new institution, losing all that was familiar in its short life. There is clear evidence in this documentary and in the 'Newline' (Sky News 1990) reports that children became physically and mentally handicapped from abuse and neglect in these institutions. Also featured in 'Ceausescu's Children' (Chris Rogers 1990) is an orphanage in Hirlau, the northeast of Romania in the province of Moldavia. This orphanage was dedicated to the severely handicapped or for the 'chronics.' This is where the children who had

no chance of life went. The condition of this orphanage, as seen on the tape was appalling. The children were naked and cold, had no toys and were living on very basic food. Again, children were tied up. According to the staff this was for their own safety as they were violent towards each other. Their heads were shaved in an attempt to stop the spread of head lice. These children were without any human dignity. An American reporter described the conditions in Romania as 'A state imposed genocide by neglect'.

With the fall of communism in December 1989, the existence of these orphanages was documented and televised all over the western world. World media descended on Romania, these news reports shocked the world, resulting in a huge outpouring of humanitarian aid. As a result of this many volunteer workers from developed countries came to the rescue. Two of these volunteer aid workers were Mary Richardson and Jenny Whelan. They spoke on this documentary how children of the age of three and four were unable to walk or talk. These children were seen as being 'irrecuperables'. Yet, after a very short time of them being there, and the subsequent improvement in the children's care, they noticed significant changes in the children. The children started to look for affection. Most of the children were still being bottle fed and were unable to feed themselves. They found that these children were very capable of learning but what they needed was some time and love. In one of the 'Newsline' reports (1990), an American news reporter interviewed a woman who gave up her life in Maryland, to help these children. Barbara Bascom, a paediatrician attached to World Vision in Romania, explained that children were dying as a result of neglect in these orphanages. She also felt that some of these children were being labelled 'irrecuperables' when they had basic and curable illnesses such as infections that were easily treated with antibiotics. Children were going blind as a result of a

cataract. She did her best to prevent these children from going to Hirlau as there they stood no chance of a normal life. When visiting Hirlau, Barbara noted that there were many 'normal' children who should have never been placed there, they had been misdiagnosed. An American reporter described the conditions in Romania as "A state imposed genocide by neglect".

It should be mentioned that within Romania there have been a number of charitable foundations established in recent times to address the needs of its orphans and homeless children. 'Inima Pentru Inima', meaning 'Heart to Heart' is a Romanian children's charity. It was established in 1997, to undertake the welfare of institutionalised children, street children and young adults. In the past they have organised and facilitated foreign adoptions on behalf of the state. According to Lidia Dobre, the Director of the organisation of 'Inima Pentru Inima' 'The right to a family is one of the most important and accepted rights of the child, its importance and its complexity derive from its fundamental role in the child's growth. It implies, even though it does not explicitly assert it, the respecting of other rights of the child.' (<http://www.ipi.ro>)

This study advocates that adoption is the best option for institutionalised children. None of the research studied has indicated anything to the contrary. All studies indicate that institutionalisation results in both physical and mental problems for children. In the study done by the Children's Research Centre (Trinity College, 2007) it was concluded that infants who initially had developmental problems had responded well to their Irish adoptive families, and had shown 'remarkable powers of recovery'. As the children adopted into this country since 1990 are only now beginning to reach adulthood, future research needs to be done to establish the long term outcome for these children and the long term effect, if any, on their countries of origin, particularly in relation to those countries attitudes and care of their institutionalised children.

Criticism of intercountry adoption have often appeared in media reports over the past decade, however, this criticism has been focused on the corruption surrounding intercountry adoption rather than the concept itself. Corrupt practice is an unfortunate aspect of intercountry adoption that most likely stems from the fact that the countries of origin are usually underdeveloped and economically poor, hence the temptation of some to cheat the system for financial gain. The Irish government and others are continually seeking ways to control and monitor intercountry adoption to prevent corruptive practice.

In conclusion it should be noted that all participants in the interviews felt that the cost factor would prohibit intercountry adoption for many childless couples. In the study done by the Children's Research Centre (Trinity College, 2007) it was noted that most children were adopted into middle class homes and only 14.4% of the wage earners could be categorised as semi-skilled or manual. None of the children have been adopted into homes where the father was unemployed. This is clearly discriminatory against a large section of our society. The cost factor could probably be significantly reduced if adoption agencies within the sending and receiving countries were to form links. This would not only allow for greater efficiency in the provision of documentation, but would reduce the travel requirements on couples, also allowing for background information, eg: Medical, to be screened before couples travel. The process would become so much easier, and the financial outlay so much less. In the current economic climate that Ireland is in, it would appear that intercountry adoption may be another casualty of the 'Celtic Tiger.'

Appendix

Study Title or Topic: Intercountry adoption in Ireland

Researcher's Name: Sarah May Lynch

Information on researcher: My name is Sarah Lynch. I am a final year student of Social Science studying at the Dublin Business School. My thesis is based on Intercountry adoption in Ireland.

If you have any questions or would like to contact me , you can call me on:0871711484 or on 01-8326631.

Information on Research: The title of this study is intercountry adoption in Ireland, through a qualitative approach. The purpose of this is to present an overview of inter-country adoption for adoptive parents and those in childcare services. The main hypothesis question is ‘does foreign adoption benefit all those concerned’? The aim of my study is to show that intercountry adoption is a positive option for all concerned. The personal reasons why couples or individuals chose to pursue adoption is not relevant, however the reason for the selection of their chosen country is. Approximately Six interviews will take place. These participants will be adults over the age of 18 who have adopted from foreign countries or been adopted from a foreign country. All participants will be provided with this letter explaining what is involved in this study and asked to sign this consent form. The participants will be aware that they can withdraw from this study at any time.

Withdrawal from the Study: The participant has the full right to withdraw from the study at any stage before, during or after. If the participant decides after the interview has been completed that they wish to withdraw, their interview will not be made part of the study and will be immediately made void.

Confidentiality: Any information used for this study will be under the strictest of confidentiality and will not be discussed with any of candidates of this study. This interview will be recorded purely for the researchers benefit. The information used will be destroyed after this study is completed.

Your participation is Greatly appreciated.

I (fill in your name here), consent to participate in (insert study name here) conducted by). I have understood the nature of this project and wish to participate. My signature below indicates permission for my information to be used for this study.

Signature _____ **Date** _____

Participant

Signature _____ **Date** _____

Researcher

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