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Helping birth parents in adoption

A literature review of birth parent support services, including supporting post adoption contact

An expertise for the German Research Center on Adoption (EFZA)

Elsbeth Neil



Wissenschaftliche Texte

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Forschung zu Kindern, Jugendlichen und Familien an der Schnittstelle von Wissenschaft, Politik und Fachpraxis

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1 Introduction

1.1 About this review

This literature review was commissioned by the German Research Centre on Adoption (EFZA) located at the German Youth Institute in Munich (Germany). The overall aim was to consider the support needs of birth parents¹ in domestic and intercountry adoptions (excluding stepparent and relative adoptions), and to review the evidence about best practice in supporting birth parents. The review primarily discusses birth parents (although most research pertains to mothers not fathers) but reference will be made to the needs of other birth family members where evidence is available. The review is aimed particularly at adoption practitioners currently working or planning to work with birth family members.

Key questions addressed in the review are:

- How does the welfare of birth parents relate to the welfare of adopted children?
- What are the experiences of birth parents whose children are adopted?
- What support do birth parents need to cope with adoption related issues and to participate constructively in post-adoption contact with the child?
- What models of practice are there, and what evidence is there about the impact of support services on birth parents?

The review process involved:

- Drawing on the author's previous literature reviews and own research
- Searching of databases (social care online, Zetoc, Web of science, and Google scholar) focusing on literature published in English since 2000
- Hand searching from references in publications, and citations to publications
- Checking with experts in the field

1.2 How does the welfare of birth parents relate to the welfare of adopted children?

There are strong humanitarian and moral arguments for considering the needs of birth parents in adoption. Birth parents are frequently in highly disadvantaged situations when their children are adopted, and the impact of adoption

¹ The use of terminology in adoption is controversial. For example some people consider terms such as "birth parent" or "biological parent" as reducing the role of parents to the simple fact of birth or genetics. Other people dislike the term "natural parent", as this may suggest there is something "unnatural" about adoptive parents. Some people propose the term "first parent" or simply "parent". These perspectives are all important, but as most of the literature uses "birth parent" this term will be used in this review; the content of the review makes it clear that after adoption in most cases a birth parent does not cease to be a parent in their own mind or in the mind of the adopted child.

on the parent is a further experience of adversity; minimizing the harm to parents is therefore a moral imperative (Neil et al, 2010). But it is also vital to bear in mind that the welfare of birth parents can and often does remain relevant to the welfare of adopted children and adults. This is because although adoption ends a child's legal connection to their birth parents, the child often feels an emotional connection (Brodzinsky, 2011).

In the past adoption was typically shrouded in secrecy and contact between birth and adoptive families was strongly discouraged, a "clean break" being thought to give everyone involved a "fresh start". But for many adopted people, this disconnection from their origins left them with unanswered questions and unresolved feelings (Triseliotis, 1973). The personal meaning of adoption is highly individual but the majority of adopted individuals are interested in their early life history, their birth family, and the reasons why they were adopted (Brodzinsky, 1990; Juffer, 2006; Wrobel & Dillon, 2009; Neil, 2012; Howe & Feast, 2000; Rushton et al, 2013). Adopted individuals can experience a sense of loss of their birth family, culture, or social status causing unhappiness, distress and affecting their sense of identity (Brodzinsky, 2011). For those adopted as babies, these losses are covert and emerge over time, but for children adopted at older ages relationships may have developed with birth family members, and the loss is overt (Brodzinsky, 1990). Difficulties in resolving issues of loss and identity may be intensified where adoptive parents are reluctant to talk about adoption (Grotevant & Von Korff, 2011 ; Neil et al, 2015; Brodzinsky, 2005).

Contemporary adoption practices have moved towards more open models of adoption. "Open adoption" has no uniform definition and it is probably more helpful to think about the spectrum of practices which encourage information exchange and/or contact. This spectrum could include for example:

- the rights of adopted people to access their birth/adoption records
- contact registers to allow adoptees and birth parents to "find" each other
- "reunions" between birth parents and adopted adults
- the preservation of information for adoptees for example through agency records, life story books, memory boxes, and "letters for later life" written by birth parents for children to read when they are older
- face-to-face (meetings) or indirect contact (e.g. letters, phone calls, social media) between adoptive parents/and or the adopted child and birth relatives. This may be ongoing or time-limited, mediated by the adoption agency or managed by families, and arrangements can vary in frequency and in the number and type of birth relatives involved
- life story work with adopted children
- the encouragement of adoptive parents to be "communicatively open" (Brodzinsky, 2005)
- the involvement of birth parents in choosing adoptive parents (this is common in domestic infant adoptions in the US - Siegel & Smith, 2013)

The participation of birth parents is essential to many of the activities outlined above; how birth parents are coping with the loss of their child to adoption will affect their ability to take part positively in information sharing and contact activities - hence the welfare of the birth parent remains linked to the welfare of the child.

Ongoing contact between children and their birth parents can be positive for all involved. For example, findings from a longitudinal study of US domestic infant adoptions found individuals who had experienced contact were more satisfied than those who had not, and satisfaction with contact was related to better adjustment for adopted young people (Grotevant et al, 2013). In the same study the adoption communication openness of adoptive parents predicted the identity development of the adopted young people, this communication being promoted by ongoing birth family contact. The satisfaction of birth mothers with their contact arrangements was related to lower levels of unresolved grief many years after the adoptive placement (Grotevant et al, 2013). Similar findings have emerged from a longitudinal UK study following children adopted up to the age of four, most of whom were adopted from the public care system (Neil et al, 2015). Adoptive parents, birth relatives and adopted young people all appreciated being able to find out more about each other through contact. Adoptive parents and adopted young people felt that contact arrangements had promoted their family communication about adoption, and higher levels of contact were linked to optimal identity development for young people. Birth relatives appreciated receiving ongoing information about the child, and higher levels of contact were linked to a greater acceptance of adoption.

A common conclusion that emerges from all the research on post adoption contact is that contact plans must be individualised rather than following a standard formula, and that the quality of contact is vital in understanding if and how an arrangement is likely to be beneficial. A key determinant of contact quality is the extent to which adoptive parents and birth relatives are able to work together to meet the child's needs. As Grotevant et al (2013, p. 193) point out this requires "flexibility, strong interpersonal skills, and commitment to the relationship", skills that can be promoted through learning and support. Supporting birth parents to take part in contact is a vital consideration.

1.3 Summary

- It is important to support birth parents in terms of promoting their own welfare; it is also important support to support birth parents for the sake of the adopted child
- Adopted children and adults can have an ongoing psychological connection to their birth parents, and may want information about or contact with them
- If birth parents can be supported to provide initial or ongoing information to the adoptive family, and/or in take part positively in contact and this can benefit all parties in adoption

2 What do we know about birth parents' experiences of adoption and their support needs?

2.1 Domestic infant adoptions

Most of the research about the experiences of birth parents has been carried out with mothers of babies in domestic infant adoptions. These adoptions are sometimes called "relinquishing" adoptions, but this term can obscure the involuntary nature of many of these placements. Much research reflects adoption practices in a climate where the stigma of unmarried motherhood was high, when a mother's ability to make a free choice to place her child for adoption was often compromised, and where secrecy was the norm; many mothers felt both coerced and shamed into placing their babies (Kelly, 2005). It is important therefore to contrast these research findings with more recent research where mothers may have been able to have more choice over whether to place their child, and over openness arrangements. In supporting birth parents it may be important to distinguish between a birth parents' legal consent to adoption (voluntary vs. involuntary) and their emotional experience (totally voluntary vs. coerced) (Wiley & Baden, 2005).

2.1.1 Ambiguous and disenfranchised loss

Relinquishing a child for adoption is an experience of loss and grief that can be long term even to the extent of a lifespan (Winkler and Van Keppel, 1984). As one birthmother said:

"The feeling of loss has been strong for 18 years - it was as though she had died only worse, she was out there somewhere. I don't even have a right to wonder or ask how she is. Well, law or no law, I do wonder, cry and ask."
(Winkler & Van Keppel 1984, p. 54).

The mother above expresses two key features of the loss of her child to adoption: firstly that this is an **ambiguous loss** (Boss, 1999) - it feels "as though" her child had died, but her daughter continues to exist "out there somewhere". Although her daughter is physically absent, she is strongly psychologically present, as described in Fravel's study of US birthmothers (Fravel et al, 2000).

Secondly, the mother says she has no "right" to wonder or ask about her daughter - her grief is **disenfranchised** (Doka, 1999) in that it cannot be openly acknowledged, publicly mourned or socially supported. Mothers may hide their loss from others in an attempt to conceal what Howe et al (1992) describe as a "spoiled identity" (Goffman, 2009) - they risk being seen as discreditable for having broken rules about sexual behavior and for giving their child away. As Kelly (2005) said in her study of Irish birth mothers, their motherhood (and subsequent grief) is 'silenced'. This suppression of grief is

itself damaging. De Simone (1996) studied 264 birth mothers whose children had been adopted on average 25 years earlier. Feelings of having been forced into the adoption by others, and a lack of opportunities to talk about feelings, were both associated with high levels of unresolved grief.

The consequence of the stigma attached to adoption is, for many birth mothers, shame - affecting women's sense of self and identity (Smith, 2006). Adoption related losses can complicate future relationships for birth mothers (Deykin et al, 1984, Smith, 2006; Higgins et al, 2014). For example, feelings of having been betrayed by their partner, family, or authority figures may make birthmothers reluctant to enter into future relationships, or have further children. Feelings about the lost child can resurface when subsequent children are born. Mothers may hold back from getting close to partners or children, particularly when the adoption remains hidden. Poor self-image may lead some mothers to choose unsuitable partners in the future (Kenny et al, 2012). Thus how to manage adoption related issues in future intimate relationships is an area where birth parents may need help.

2.1.2 The impact of placement choice and contact

There are some studies (all from the US) comparing pregnant teenagers who relinquished their baby with those who decided to parent (McLaughlin et al, 1988; Donnelly & Voydanoff, 1996; Cushman et al, 1997). In these studies most young women were satisfied with their decision to place their child, though a minority felt regret and/or suffered from ongoing worry or grief. There were few differences (between parenting mothers and those whose babies were adopted) in life satisfaction or depression. Few women reported pressure to place, but signing the adoption papers was nevertheless difficult. About two thirds of the respondents in Cushman et al's study (1997) had helped choose the adoptive parents, and over half had some ongoing contact. Both of these factors were associated with lower levels of grief, regret, and worry and greater feelings of being at peace with their decision.

The impact of contact on birth mothers was also studied by Henney et al. (2007). Twelve to 20 years after placement they found no evidence that staying in contact with the adopted child prevented birth mothers from resolving their grief and moving on with their lives. In fact mothers in the most open adoptions (fully disclosed) had the lowest levels of unresolved grief, and mothers whose early contact had stopped had the highest levels. A recent survey of 235 American birth mothers (Brodzinsky & Smith, 2014) similarly highlighted the negative consequences for mothers of "violated expectations" (p.180) with regard to contact, suggesting the importance of supporting contact arrangements to continue as planned. In the US almost all adoption agencies now offer open adoptions, and the vast majority of birth mothers choose an open adoption (Brodzinsky & Smith, 2014).

There is only limited research into the experiences of birth fathers (Cicchini, 1993; Clapton, 2002; Deykin et al, 1988). In these studies the majority of fathers reported having little say over the adoption decision, and many had never seen or held their child. Many fathers had ongoing thoughts and feelings about

their child and some experienced long term grief, guilt or depression, particularly in situations where they had no choice or control over the adoption (Clapton, 2002). Twelve fathers took part in the Kenny et al's (2012) survey in Australia, and all showed some symptoms of PTSD. It is hard to generalize from these few studies of birth fathers as the participants were all recruited either via public appeal or through adoption organizations. Nevertheless there is enough evidence to suggest that the support needs of fathers should not be overlooked. Furthermore adopted children and young people are interested in knowing about and possibly having contact with their birth fathers as well as their mothers (Neil et al, 2015; Wrobel and Dillon, 2009).

2.1.3 The impact of adoption on birth parents' mental health

Over half of the 213 respondents in Winkler and Van Keppel's (1984) study of Australian birth mothers rated the adoption of their child as the *most stressful* experience of their life. The psychological functioning of these mothers was significantly worse than a matched sample of women who had not had a child adopted. Logan (1996) found that many birth mothers reported intermittent depression linked to feelings of guilt, anger, sadness and grief; one third of women in her study had been referred for specialist psychiatric treatment. Many similar findings have been outlined by other researchers across different English speaking countries (e.g. Bouchier et al, 1991; Howe et al, 1992; Wells, 1994; Condon, 1986; Deykin et al, 1984; Rockel and Ryburn, 1988) and key themes are obvious in biographical accounts (e.g. Fessler, 2006; Powell and Warren, 1997). Brodzinsky & Smith (2014) found that birthmothers reported improvements in their emotional health with the passing of time, but emotional problems persisted for over a third of women on average 3.5 years after placement.

Recent reports by the Australian Institute of Family Studies have explored the support needs of parents in "forced" adoptions in Australia (i.e. where parents felt coerced into the adoption) and these highlight the traumatic nature of the loss, and the consequent trauma related symptoms for many (Kenny et al, 2012; Higgins et al, 2014). Findings from a survey of 505 birth mothers identified that 46% were likely to currently have a moderate or severe mental disorder (Kenny et al., 2012). Post-traumatic stress disorder (PTSD) symptoms were present for more than half of mothers as a result of the traumatic circumstances in which they lost their child. Examples included physically and emotionally abusive treatment by medical or maternity home staff, being given drugs which impaired capacity to consent, being tricked into signing papers, and their views about the adoption being totally disregarded by others.

2.2 The adoption of children from public care

In the UK and the US (and in a more limited way in a few other countries) the adoption of children from the care system (without the consent of their birth parents) is a central aspect of government policy to achieve *permanency* for

children who cannot be looked after by their birth families. The research on the impact of such placements on birth parents is extremely limited, most having been carried out in the UK. Some small scale UK studies have been published (e.g. After Adoption, 2007 & 2008; Charlton et al, 1998; Mason and Selman, 1997; Memarnia et al, 2015, Smeeton & Boxall, 2011, Clifton, 2012) and there is a study in progress in Canada (Côté & Poirier, 2016). Birth relatives have taken part in studies exploring postadoption contact (Neil et al, 2015; Neil et al, 2011). A key study focusing on birth relatives' experiences and support needs in 'from care' adoptions is the 'Helping Birth Families' study carried out by Neil et al (2010). In-depth interviews and mental health questionnaires were used with 77 birth relatives close to the time of adoption (44 birthmothers, 19 birth fathers, and 10 birth grandparents).

2.2.1 Birth relatives' needs that pre-date the adoption

Most birth parents will have a long history of psychosocial difficulties prior to their involvement with the child protection system. Birth parents describe multiple and long standing problems that had affected their parenting of the child (particularly relationship difficulties including violence and abuse - current and in childhood, mental health problems, intellectual disabilities, poverty, and substance misuse) (Neil et al, 2010). Such pre-existing difficulties may be **exacerbated by the loss of the child, will reduce birth parents' capacity for coping** with adoption related losses, and will make parents **hard to reach** when providing services. It is therefore vital that service providers take account of these issues, and working in partnership with health and social care professionals in adult services (e.g. mental health or substance misuse teams) to ensure that parents get specialist help is an important consideration (Neil et al, 2010; Neil, 2013).

2.2.2 Needs during the adoption process

The legal process leading to adoption is often adversarial and unpleasant and has a traumatic emotional impact for the birth parent (Neil et al, 2010). Parents can feel helpless in a powerful system where there is "*no one in my corner*", as one parent described: "*these people have got so much power, and they can ruin your life like that [clicked fingers]. In a snap.*" (Memarnia, 2015). Many parents perceive the adoption process as being unfair and unjustified and this no doubt reflects bad practice in some cases, highlighting the need for advocacy (including legal advocacy) and independent support before adoption (Neil et al, 2010). But parents may also seek to deny or minimize their own role in the child's abuse or neglect (Neil et al, 2010, Memarnia, 2015), possibly in an attempt to create an account of the adoption they can live with, and to try and manage their 'spoiled identity' (Memarnia, 2015). This suggests that support providers may need to work with parents to "help them to hold more responsibility" something which may "ameliorate their anger with services and make their voices more likely to be heard." (Memarnia, 2015, p. 312)

The child's removal into care may precipitate a downward spiral with par-

ents experiencing extreme emotional turbulence and symptoms such as feeling physically sick, disorientated, numb, intensely angry, paranoid, or suicidal (After Adoption, 2007; Neil et al, 2010, p.85). Parents may turn to drugs or alcohol to cope with negative emotion; others may withdraw or turn their anger towards professionals - these behaviors sadly only reinforcing professionals' views of their unsuitability to parent (Neil et al, 2010). By the time children are legally adopted, there may be little semblance of a working relationship between birth parents and social workers, this having consequences for the child as the involvement of parents in planning to meet the child's identity needs may not be possible (Neil et al, 2010).

Supporting birth parents *during* contested proceedings is therefore vital to try and prevent these downward spirals. Support with the emotional crisis, advice, advocacy, information and help participating in key decision-making processes are all needed.

During care and contested adoption proceedings, birth parents are likely to value the following from their child's social workers (Neil et al, 2010, pages 89 to 96):

- ***Honesty, openness and integrity.*** E.g. being clear about what needs to change, not giving false hope, keeping promises.
- ***Availability, reliability and competence.*** E.g. returning phone calls promptly, responding to crises, social workers not constantly changing, being experienced and competent.
- ***Being kept informed, involved and consulted about events.*** E.g. being given accurate information about what will happen next, being consulted about contact plans for the child, being kept informed about the child's progress in the foster home, having the opportunity to meet adoptive parents.
- ***A sensitive and supportive attitude.*** E.g. recognizing the personal pain they are experiencing, offering emotional support with difficult events such as having a final contact meeting with the child, being treated with empathy, humanity and decency.

2.2.3 Needs related to the loss of the child

The feelings of birth parents whose children are adopted from care are much the same as described by birthmothers in domestic infant adoptions: this is an experience of intense loss, it is felt acutely and it persists over time often without closure, and the child remains in the heart and mind of the birth parent (Neil et al, 2015; Charlton et al, 1998; Neil et al, 2010). Issues of disenfranchised loss are also highly relevant. Having a child adopted from care carries huge social stigma and has been described as the last social taboo (Charlton et al, 1998). As one birth father said "*some people look at you like you have crapped in their handbag ... People just treat you like scum*" (Neil et al, 2010). It can be hard to get support from friends and family; the adoption can drive couples apart and set parents against grandparents (Neil et al, 2010). Selwyn et al (2011) identified the role of 'izzat' (or family honour) in the adoption of children from some Asian families; these birthmothers may be particularly isolated from formal and informal sources of support.

After adoption parents can struggle to move forward with their lives. They may be worn down by feelings of shame, worthlessness or guilt, as one mother said the adoption had made her feel "like you are no good for nothing" (Neil et al, 2010, p.162). Parents can be left with a sense of hopelessness and worthlessness that stops them attempting to improve their situation or accept help from others, and future relationships can be affected, as one mother said:

"It's made me not want to deal with kids... I absolutely adore kids but it's maybe not want to be around them... It's made me not able to [have a partner]" (Neil et. al, 2010, p. 164).

High levels of psychological distress have been reported by birth mothers, fathers and grandparents of adopted children; mothers scores on a symptom inventory being equivalent to those of psychiatric patients (Neil, 2013). Whilst some birth relatives may have long-standing mental health problems that pre-date the adoption, the difficult nature of the adoption process and the impact of the loss of the child are both likely to cause or exacerbate psychological distress, and symptoms may indicate 'unease' with life circumstances and the adoption process rather than 'disease'.

Although in Neil's (2013) study levels of distress were highest for mothers, fathers and grandparents were also experiencing troubling psychological problems at a much higher level than the general population and the needs of these groups must not be overlooked. Particularly where children are adopted from care, grandparents may have played a significant role in supporting children when they were at home, sometimes in a primary caring role. The grief and support needs of grandparents can be similar to that of parents (Neil et al, 2010). Birth fathers may be particularly hard to reach in terms of providing support services, but without the provision of services they may fare even less well than birth mothers who do not use services - possibly because women find it easier to access support from friends and family than men (Neil et al, 2010). Birth siblings of adopted children may also need help to cope with the loss of their brother or sister (Cossar and Neil, 2013).

The vast majority of birth parents are likely to want to maintain contact with their adopted child, but the experience of contact can be challenging as well as rewarding. When it comes to letter contact a range of problems can affect birth parents' ability to respond to contact, these including literacy or learning difficulties, lack of clarity over the rules or disagreement with these rules, difficulty in finding the right words, and worries about the impact of the contact on the child (Neil et al, 2010; Young & Neil, 2004).

Birth parents involved in face-to-face contact arrangements generally find this mode of contact highly rewarding, valuing the chance to see for themselves how their child is faring (Neil et al, 2011; Neil et al, 2015). Such contact promotes higher levels of adjustment to the adoption (compared to letter or no contact) for birth relatives as it offers reassurance about the child and an ongoing role in their life (albeit limited), and helps birth parents accept the adoptive parents (Neil, 2007, Neil et al, 2015). But there are challenges (Neil, 2010) as birth parents have to cope with seeing their child embedded in another family and then go home without them. They may find it harder and harder to connect to their child as time goes by. There can be tensions or distance and

strangeness in the relationship with adoptive parents. Birth relatives may be unsure of their role in the child's life. The 'rules' of contact can be unclear and parents are afraid of breaking these. Sometimes the supervision of contact meetings can be experienced as punitive and controlling. Contact meetings can feel unnatural and not very "family like". Without support some birth relatives will be overwhelmed by the challenges of direct or indirect contact and may withdraw from arrangements, this generally being a disappointment to the child (Neil et al, 2015).

Where birth parents remain highly angry about the adoption, or overwhelmed by powerlessness and passivity, this may be a barrier to contact happening or can affect the experience of contact for the child and adoptive parents, in some cases threatening the child's wellbeing (Neil et al, 2011; Neil et al 2015). In extreme cases angry or reclaiming birth parents may pose a risk to the adoptive family or to professionals. For example in Clifton's study of birth fathers, those described as "vindicators" saw themselves as involved in an ongoing fight with social services and sometimes with the adoptive parents, occasionally engaging in "dramatic displays of dominance" (Clifton, 2012, page 48).

2.3 Birth parents in intercountry adoptions

Literature on the experience of birth parents in intercountry adoption is sparse. In many sending countries the birth parents may live in fear of censure, of social and indeed physical punishment if the relinquishment of the child becomes publicly known (Gibbons & Rotabi, 2012). This means that such parents are likely to be hard to research and birth fathers in particular are all but invisible (Baden et al, 2013). A recent working paper by Hogbacka (2014) for the International Forum on Intercountry Adoption and Global Surrogacy offers a useful overview of what little research there is available, and the edited collection by Gibbons and Rotabi (2012) contains several chapters about sending country perspectives. A paper by Baden et al (2013) is a key resource in discussing the support needs of birth parents in intercountry adoption.

2.3.1 The circumstances of 'relinquishment' - inequality and adversity

Intercountry adoption takes place in the context of extreme inequality both between countries, and within countries. Within sending countries, birth parents of adopted children "belong to the most vulnerable sections of their countries" (Hogbacka, 2014, p 2). The circumstances in which birth parents relinquish their children vary. For example in some Latin American and African countries and also in India extreme poverty is likely to be a key factor (Hogbacka, 2014). In China it is population control policies that push parents to give up daughters they would otherwise dearly love to raise (Johnson, 2012). The stigma of illegitimacy and subsequent social and family pressure to relinquish is pertinent in countries such as India and Korea (Bos, 2007; Hayes & Kim, 2008)

2.3.2 Freely given and informed consent?

For birth parents in intercountry adoptions, there are a range of ways in which pressure to relinquish is brought to bear, the most extreme examples being illegal practices such as child selling and abduction (Rotabi, 2012; Bunkers et al, 2009). Pressure can come from all directions: family members, adoption agencies, professionals working with pregnant women, law enforcement (Roby and Matsumura, 2002; Bos 2007; Hogbacka, 2014). In Guatemala, for example, birth mothers during pregnancy were paid subsidies by ‘baby finders’ which they had to repay in the event of choosing to keep their babies (Bunkers et al., 2009). In India, counsellors ‘helping’ pregnant “*merely coached mothers towards a signature on a document by communicating conservative middle-class values, and they were influenced or directed by personal and organizational interests.*” (Bos, 2007, p. 246).

2.3.3 Cultural perceptions of adoption

How adoption is practiced and perceived is dependent on the cultural context. Different cultures will have different child-rearing traditions and familial/kinship strategies to ensure children are cared for. In collectivist cultures, the child may be seen as belonging to the family, not to the parents (Baden et al, 2013). Traditional models of child care may lead to the profound misunderstanding by birth parents about the irreversible and often quite closed nature of intercountry adoption. For example, birth mothers from the Marshall Islands firmly believed that their children would return to them someday (Roby & Matsumura, 2002) and similar findings are described in Brazil, India and South Africa (Hogbacka, 2014). For example, an Indian mother said:

“I did not realize what the word “adoption ” implied. I thought he was going to study abroad. I thought that there would be big schools, and that someone would make him study and send him back ... I also did not read the document. I even still don’t know whether it was in Tamil or English. I blindly signed” (Bos, 2007, p. 107).

Understanding cultural issues and providing culturally appropriate interventions is therefore “the primary challenge” and the provision of “non-biased counselling that provides accurate, thorough information” is needed (Baden et al, 2013, p.220).

2.3.4 Parents’ support needs after adoption in intercountry placements

As with other birth parents, long-lasting grief and loss will affect many birth parents in intercountry adoption. Children remain psychologically present in their mothers’ minds, as one South African birth mother said (Hogbacka, 2012 p.155)

“I just think about her. How is she doing? Is she crying wherever she is? Is

someone picking her up?"

The available evidence suggests that a majority of international birth mothers would like to see or hear from their children again, but most intercountry adoptions have been closed to the prospect of contact (Baden et al, 2013). Challenges in establishing contact in intercountry adoptions are multiple, beginning with the “*clash between the exclusive permanent adoption of the ‘receiving’ countries and the...expectations of the continuity of the tie between a mother and her child in the ‘sending’ countries*” (Hogbacka, 2014, p 4). Adoptive and birth families will often differ vastly in wealth, geography, language and culture. Nevertheless, Hogbacka’s review (2014, p14) strongly proposes moving from “severance of ties to the maintenance of contact”. Her specific suggestions include:

- giving birth family members the right to receive information about the child (including through agreements between sending and receiving countries)
- making open adoption available and accepted as good practice
- offering help to adoptees and birth family members in searching
- archiving and making comprehensive information available to adoptees
- setting up a secure database or register with information on adoptees and birth families

2.4 Chapter summary - birth parents’ needs and experiences

- For all types of birth parents, and sometimes other relatives, adoption involves loss and long-lasting grief which is both ambiguous and disenfranchised
- Birth parents may have a range of mental health issues with which they require support including depression, anxiety and trauma related symptoms
- Parents who have choice about the relinquishment decision have better outcomes
- The choice of an open adoption, and successful ongoing contact, can help birth parents
- Birth parents may need help in managing their sense of self and their relationships in order to move forward with their lives after adoption.
- Where children are adopted from care, their birth parents are likely to have longstanding complex and overlapping needs which must be taken into account in providing services
- In contested adoptions birth parents need help *before* adoption to ensure that they are fully informed about the adoption process. They need to be treated fairly and respectfully. Support is needed to prevent downward spirals of distress and difficult behaviour and subsequent alienation from the adoption process
- Where children have been abused or neglected birth parents may need help in finding a way to accept their own role in the child’s removal and adoption

- Birth parents in intercountry adoption may be forced by range of people and circumstances to give up their child - independent support before adoption to ensure consent is informed is therefore essential to ethical adoption practice
- Birth parents in sending countries need accurate information about the nature of adoption as their understanding may vary significantly from the legal reality
- More consideration needs to be given to openness in intercountry adoptions

3 How can birth parents be supported, and what evidence is there about the impact of support services?

The need for birth parents and other relatives to be supported before, during and after adoption is evident when considering the experiences outlined above. There is virtually no systematic research on the provision of adoption support services for birth relatives, and none that offers definite evaluations as to the efficacy of different models of support/interventions. But descriptions of practice and suggestions for practice are available. There are more similarities than differences between birth parents in the three types of adoption described above. Key crosscutting themes about the support needs of parents are as follows:

- Independent non-biased support prior to the adoption and support through the adoption process and in the immediate aftermath
- Support in coping with ambiguous and disenfranchised grief and loss and managing mental health problems
- Support with contact
- Help to reconstruct their life, relationships and identity and move forward

3.1 Birth parents need independent non-biased support prior to and during the adoption

For parents in domestic infant adoptions and intercountry adoptions support is necessary to ensure parents make a free and informed decision about whether to relinquish the child. The process of counselling parents needs to provide education and support, link clients with appropriate resources, explore parents' worries and ambivalence, help them anticipate implications of the choice for themselves and think about future coping strategies (Smith, 2006). Parents need to be advised not to sign any relinquishment papers until they are certain about the choice of adoption.

In considering international adoption, the need to ensure birth parents fully

understand the implications of the choice is particularly paramount (Baden et al, 2013). For *all* groups of parents it is vital that those providing such support do not have a vested interest in the adoption occurring. As far as possible, this means the support should be provided independent of the placing agency.

For parents of children to be adopted from care, given the severe and life-long implications of the child's permanent removal, state funded legal advocacy is vital. In addition, independent support prior to and during adoption is necessary to ensure parents understand the adoption process and are able to participate constructively in this - particularly in activities that may be of use to the child such as providing information and planning contact. Parents involved in contested adoption proceedings have reported their greatest need to be advocacy, alongside counselling (Charlton et al, 1998). Advocacy can mean having someone to explain 'what is going on', to accompany parents to important meetings and to help them put their point across to professionals. Providing information and helping parents role play in preparation for important meetings are other important aspects of pre-adoption birth relative support (Charlton et al, 1998).

Parents with learning disabilities may find it particularly hard to understand their rights, and to say what they think when their children are removed (Gould & Dodd, 2012). When supporting such parents workers need to be particularly clear about their role and the purpose of the service (e.g. to provide emotional support), whilst also discussing what the service cannot do (e.g. bring their child back). Professionals also need to give mothers clear explanations about why their children were removed and to ensure they have legal representation (Gould & Dodd, 2012 p. 36).

Neil et al's study (2010) found that about three quarters of birth relatives who had used birth parent support services were extremely positive about them, and 'coping with adoption' was higher in those who had used services. Birth relatives valued in particular:

- ***The relationship with the worker***, a caring and non-judgmental approach being vital
- ***Confidentiality and independence*** from the adoption decision making process; many parents expressed that they simply would not have accepted a service from the agency making the adoption placement
- ***A flexible and proactive service*** - where workers were willing to persist in reaching out to them despite their chaotic behaviours - including offering home- based and "out of hours" support which was responsive to a range of needs, both practical and emotional.

Independent birth parent support services did not typically resemble or consist of specific therapeutic models. Generally services could be described as "social casework" with workers providing a mixture of advice and information, advocacy and liaison with social services and other agencies, emotional support, support with postadoption contact, and peer support. The greater number of these different types of support activity that birth parents received, the more their mental health improved (Neil et al, 2010).

There are significant barriers to overcome in engaging parents with support services (Neil et al, 2010; Cossar and Neil, 2009). Multiple referral routes are recommended - and selfreferral or referral by a trusted professional (as op-

posed to the child social worker) is more likely to result in engagement with services. Thus it is important for service providers to promote their service amongst other professionals who will come into contact with birth parents such as probation officers, mental health, learning disability or substance misuse workers, and parent's legal advocates or court social workers. It may be important not to brand services using the word "adoption", as some birth parents will resist the idea that the adoption will ever happen. There may be further barriers to accessing services for relatives of minority ethnicity and suggestions for improving access include making services available to members of the extended family, locating drop-in services in the community, having black workers with relevant linguistic skills and putting information leaflets in mosques, libraries, and community centres (Harris, 2005).

3.2 Birth parents (and other relatives) need support in coping with ambiguous and disenfranchised grief and loss; some may need specialist support to manage mental health problems, particularly trauma related symptoms

3.2.1 Counselling

Individual counselling is important for birth parents: giving an opportunity to talk with another person, to be heard, understood, and not judged (Charlton et al 1998). Because adoption related losses can be lifelong, birth parents may need counselling at any point after the child's adoption, including many years later. Hughes (1997), herself a birthmother, describes how having another person to hold and contain her pain until she could manage it herself helped her to come to terms with her experience:

"...the most valuable and meaningful thing ... that a counsellor can do for a birthmother... is to accept the pain we experience without escaping into the notion that this can somehow be made better" (p.9).

Birth mothers surveyed in Australia identified a need to be able to 'tell their story' (Higgins et al, 2014). Menarmia (2015) discusses the potential usefulness of narrative approaches with birth parents whose children are adopted from care, arguing that these could offer mothers the opportunity to re-author their adoption story, including telling about their love for their children, and positive aspects of their parenting - something that may reduce feelings of shame and disenfranchised grief. Robinson (2002) gives a detailed account of the narrative-based counselling approach employed by a support organization for Australian birth mothers.

Birth mothers who relinquish their children for adoption may need support in making peace with their adoption decision (Smith, 2006). Similarly for birth

parents whose children are taken away by social services, an important dimension of coping is managing their feelings about the outcomes of adoption for the child; where parents are confident that their child is having a good life they can feel that "something good has come out of something bad" (Neil et al, 2010 p. 154-157). For many having some level of openness in the adoption will promote peace of mind about the child.

Wiley & Baden (2015) offer a guide, including case examples, to counselling birth mothers in different types of adoption. They argue that professionals must be "adoption sensitive", arguing such practitioners should:

- be attuned to their own attitudes and biases about birth parents
- be conscious of the social, cultural, political and economic factors that affect birth parents
- be familiar with the resources available for birth parents such as support groups, online resources and reading materials, advocacy organisations, searching services etc
- be able to allow birth parents to experience their loss without minimising it
- help birth parents identify their strengths and plan for the future

A number of authors have noted that some birth parents will find it difficult if not impossible to receive counselling from the organisation which carried out their child's adoption, or indeed organisations currently arranging adoptions, and hence it is important that birth parents have a choice of who to work with.

3.2.2 Group support

There is no published research evaluating the efficacy of group support for birth parents but practice descriptions are available (Post-Adoption Centre, 2000; Perl and McSkimming, 1997; Harris and Whyte, 1999; Jackson, 2000). These accounts suggest groups can help diminish people's sense of isolation and increase self-esteem:

"What a relief it was sharing our experiences which were so alike... We had all suffered what we saw as a form of punishment as we all thought at the time we were basically bad people" (Harris and Whyte, 1999, p. 44).

Some birth parents in the "Helping Birth Families" study (Neil et al, 2010) had attended professionally-led support group meetings, these including discussion of feelings and issues with other parents, emotional support, information, advice and feedback. In some cases groups addressed more specific tasks for example birth mothers had worked together on life story books for their children, and groups for mothers in prison had been accessed - these also involving ongoing peer support for the women after their release. Higgins et al, (2014) mention some potential complexities of group support such as group members having competing interests, and poor facilitation. They also discuss group therapy to address trauma issues, and this will be considered further below.

3.2.3 Specialist support to address mental health issues, including trauma symptoms

The most comprehensive analysis of birth parents' mental health needs and support services that may help them is contained in the report by Higgins et al (2014). Their literature review found no published accounts of evaluations of interventions specifically with birth parents, so they reviewed the use of different interventions with other groups focusing particularly on people who have experienced trauma. They suggest that the potential impact of trauma should be considered when working with all birth parents, and they set out some general principles for trauma informed services. They suggest that services need to be safe to avoid re-traumatising parents, and that there should be a focus on what has happened to a person rather than what is wrong with them (Higgins et al, 2014, page 33). They review a range of therapies which could be used in treating trauma and a brief summary is given below.

Table 1 A review of therapeutic interventions to treat trauma symptoms (adapted from Higgins et al, 2014, pp 330-341)

Psychoeducation - information can be provided verbally, or through handouts, books, websites, or self-help manuals.	Provides patients with information that can help them understand their traumatic experience, legitimise their reactions and responses to that event, and provide a rationale for treatment
Cognitive behavioural therapy - targets irrational thoughts and maladaptive behaviours; can be delivered individually, in groups, or online.	Effective in resolving a wide range of trauma symptoms. Ineffective in treating personality disorders.
Exposure therapy - involves exposing the client to the traumatic event in a safe environment, often via imaging, and monitoring their reactions to that event	Can be used in treating PTSD and anxiety. Exposure therapy can be distressing in the short-term, and is therefore not recommended for those with a severe mental illness or suicidal clients.
Eye movement desensitisation and reprocessing (EMDR) - involves the recall of traumatic events or images while engaging in a distracting task such as eye movements or hand taps	A relatively effective model for reducing posttraumatic stress symptoms and is considered to be as equally effective as exposure-based therapies
Psychodynamic therapy - therapy aims to provide the client with insight into how past experiences may be affecting their current personality and psychological symptoms	Might be most beneficial for trauma survivors presenting difficulties with relationships and connectedness with others.

Neurofeedback - provides a recording of the client's brainwaves via an electroencephalograph (EEG). This feedback is combined with training programs to try to alter the patient's brainwaves.	Is effective in treating trauma symptoms including anxiety, PTSD, depression and drug dependency and should be used as an adjunct to traditional psychotherapies.
Mindfulness and acceptance-based therapy - involves the client cultivating a nonjudgemental and curious awareness of oneself in the present moment	Growing evidence that can decrease symptoms for a range of disorders and conditions, including depression and anxiety but CBT remains the gold standard treatment of anxiety disorders and depression.
Supportive therapy - involves listening, reassurance, suggestions and encouragement (elements of this are involved in all psychotherapies)	An option for clients who are not ready to participate in exposure-based therapies but need support to control and manage trauma reactions in a safe environment
Psychopharmacology - use of medication to treat psychological symptoms	May be required as an adjunct treatment for clients who prove incompatible to trauma-focused therapies or are experiencing particularly severe symptoms. Should not be used as a first-line treatment for PTSD
Group therapy - includes cognitive behavioural groups, psychodynamic groups, supportive groups, and psycho educational groups. Brings survivors together in a safe environment to share experiences and learn positively from each other.	In treating trauma, rather than using group therapy alone, better results are achieved by using structured group therapy in conjunction with some form of individual therapy. Is associated with favourable outcomes in a range of symptom domains.
Peer-facilitated supportive groups for people affected by forced adoptions	For counselling purposes, there are risks to groups run without a trained therapist, and these are not recommended.
Creative therapies - e.g. art therapy, dance therapy, music therapy, drama therapy and narrative therapy. They can be delivered in individual or group settings	May be recommended alongside other therapies for some people in the treatment of PTSD when conducted by a qualified practitioner.

3.3 Support with post adoption contact

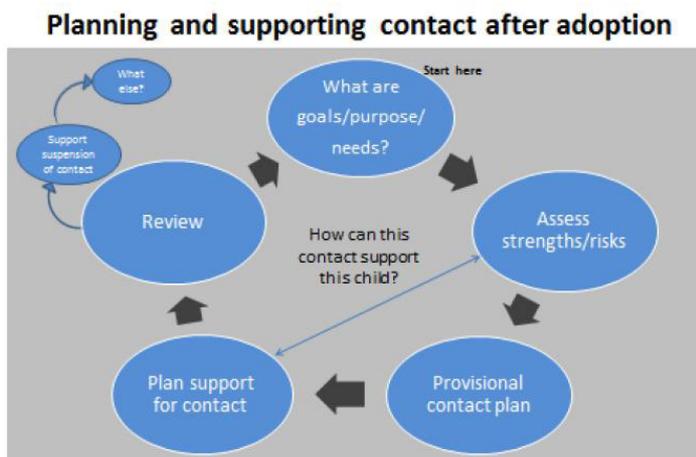
3.3.1 Planning and supporting contact with adopted children

Comprehensive discussions of what should be considered when arranging post-adoption contact can be found in the review of contact for relinquishing mothers in the US (Siegel & Smith, 2012) and in the studies of contact for

children adopted from care (Neil et al, 2011; Neil et al, 2015). For contact to be successful it is essential that *all* parties involved are *offered* support, though in some cases adoptive parents and birth parents will be comfortable and competent in managing contact arrangements themselves. But for many, help in managing emotions, relationships and boundaries may be needed. This review will focus primarily on issues in supporting birth relatives in contact.

Neil et al, (2015, chapter 14) suggest a model for planning and supporting contact and this will be outlined below with particular consideration for birth parents whose children are adopted from care.

Figure 1 Planning and supporting contact after adoption



The principles underpinning the model are that contact should be *purposeful* (how contact can benefit the child is the central question); *individualised* (taking account of the particular needs of the child, and of the particular qualities of children, adoptive parent and birth relatives that can have a bearing on contact), and that contact is a *relationship-based* process that is *dynamic* across time. Throughout the stages described below, it is important to involve in some way all relevant parties (the adoptive parents, the adopted child where old enough, the birth relatives).

- **Thinking about the purpose and goals of contact.** Successful contact arrangements start with clarity about the purpose and goals of the contact for the child in particular, but also for the adoptive parents and birth relatives. Birth parents should be offered an opportunity to discuss their wishes and feelings and explore different options. Birth parents' starting point may be unrealistic (Siegel & Smith, 2012), and so information about different types of contact and effects of contact needs to be provided. The extent to which birth parents can fully choose openness will vary from case to case, and parents whose children are adopted from care or in intercountry adoptions may have only limited choices. Where possible birth parents should be supported to meet adoptive parents so that contact plans can be discussed; this however should take place only after each party has had the chance to explore these issues with their own worker. The first meeting between birth parents and adoptive parents can be very emotional and hence a more

detailed discussion to plan contact might need to take place subsequent to this initial meeting.

- **Initial assessment.** Contact plans should be sensitive to the individual wishes, feelings, and strengths and difficulties of all parties. In particular it will be important to assess the birth parents' ability to support the child's membership of their adoptive family and their commitment and ability to stick to contact agreements - it is important that planned contact has a realistic chance of being maintained and that it will be a positive experience for the child. Where children are adopted from care any risks the parent may pose to the child in contact also need to be considered. In contested adoptions it might be particularly difficult to assess the ability of birth relatives to support the adoption at a time when they are fighting to keep the child in the birth family. The possibility that birth relatives can move on from this position after adoption should be considered. In some cases planning for contact may need to be looked at again after the legal adoption as it may be only then that birth parents can engage with thinking about contact plans.
- **Making the provisional contact plan.** The plan should include a clear vision of how goals will be met, and the expectations of each party should be explicit. Birth parents may need help in understanding expectations and boundaries. For example, with letter contact, how should letters be addressed and signed? What should a parent do if they have news that might be sensitive (e.g. if they are expecting another baby)? In contact meetings is it OK for a birth parent to spend time with the child alone? Are they allowed to bring a present for the child, and if so what? Written agreements may help clarify expectations and goals, but contact cannot be 'set in stone' and arrangements for making changes or reviewing contact should be set out.
- **Planning contact support.** When thinking about what support (if any) may be needed, support should build on people's identified strengths and address their problems and needs. Where children have been abused and neglected agencies may have a controlling/risk management function - though it is important to remember that adoptive parents are now the legal parent, and some may wish to manage the contact themselves. It is also essential that the approach to risk is proportional and that professionals do not lose sight of the fact that contact meetings should be as child friendly, natural and enjoyable as possible. Questions to consider are:
 - Are there any potential risks to the child and if so, how exactly can these be managed? Birth parents will need a clear explanation and rationale about the rules and boundaries of contact.
 - What help might the birth relative need in building a relationship with the child and the adoptive parent? Birth parents might need a chance to think through how they can still have a positive role in their child's life for example by showing the child they still care about them or by being ready to answer the child or the adoptive parent's questions.
 - Do birth relatives need some guidance as to their role during meetings or in writing letters? In some cases a visit to the par-

ent before a contact meeting will be needed to talk these issues through. Some parents may need help in writing a letter to their child; this is particularly true in the early days of letter contact, and where parents have learning difficulties and mental health problems. Parents may need help to understand that sending a letter back is likely to be important for the adoptive parents and child.

- Do people need help in understanding or maintaining appropriate boundaries in contact? Birth parents might need the chance to debrief after contact meetings and talk through what went well and what was difficult. Parents are likely to worry about how the meeting was perceived by the child and adoptive parents, and getting feedback can be helpful.
 - When and how will the child be involved in contact? How can meetings be made to be fun and child friendly? When and how should children be involved in letter contact?
 - Do birth relatives need help in dealing with feelings? Contact can be hugely emotional for birth parents, particularly in the early days of the placement. For example when young children are adopted, and contact meetings have been infrequent, parents may need to be prepared for the fact that their child might not recognize them or feel comfortable with them. They may find meetings both reassuring but incredibly sad and a chance to talk to someone afterwards is valued.
 - What practical assistance with contact may be needed (for example the provision of a venue, help with transport or other costs, logistical help arranging meetings, help with writing letters). Birth parents often have very real financial constraints, and are juggling relationship and health problems. Attending a contact meeting should not be seen as a difficult test birth parents must overcome.
- **Reviewing contact arrangements.** Over time the child may grow and want and need different things, the circumstances of birth relatives and adoptive parents (and their strengths and vulnerabilities) can also change. Birth parents may need a chance to discuss the contact when their personal situation changes for example if they get a new partner or have another baby. Not all contact arrangements will require a formal review by professionals, as in many cases adoptive parents will feel comfortable in adjusting arrangements. But systems need to be in place to review the contact should any party require this, to ensure that it is meeting its intended goals and if not, to make appropriate changes (including, where needed, changes to contact support). If it is necessary to suspend contact plans, birth relatives will need clear explanations and support with this.

3.3.2 Search and reunion services

Birth parents who have lost contact with their child may seek to re-establish

this after the child has reached adulthood. Some will not necessarily seek contact with their child, but would like information about how he or she is getting on. Other birth parents will be "found" by their adopted child, and may need support when this happens. These "reunions" between adult adoptees and their birth parents are viewed positively by the vast majority of people, though birth parents and adoptees do not always go on to develop a relationship (Triseliotis et al, 2005). Although it is highly unusual that a birth mother regrets a reunion - either when they seek or are found (Triseliotis et al, 2005), the process is not necessarily easy. March (2014) interviewed 33 Canadian birth mothers who had experienced a reunion with their adopted child (now an adult). Many reported that the reunion brought about an outpouring of repressed grief. Although mothers were happy to meet their son or daughter, this did not always compensate for the loss of their adopted *baby*. One mother explained this as follows:

"It was such a whirlwind. All of these emotions coming out... I cried and cried... I didn't realise how much was all locked up. I didn't know how angry I was... When we met... I realised I wanted to be a mom. But your baby is all grown up. And all you are is a stranger. And you have to start a relationship with this baby who is not a baby any more. It's incredible." (March, 2014, p. 415).

This therefore is an important area where birth parents can need support. Many of the above suggestions in relation to adoption sensitive counselling will be relevant. Birth parents may need help to make decisions about whether to search, to anticipate what this might mean for them, their adopted child and the rest of their family. Research by Howe and Feast (2000) included non-searching adopted adults who were contacted by an adoption agency on behalf of a birth relative. The majority of adopted adults thought that it was the right thing to do for the agency to inform them that the birth relative was looking for them, enabling them to come to their own decision about contact. Thus in the UK birth parents now have the right to request an *intermediary service* in making contact with their adopted child, and offering such services is another important area to consider. Providing information to birth parents about their rights to get in touch with the adopted person, helping them to understand what this process might be like, and directing them to appropriate agencies who can help is important. For example in the UK this information is included in a well-used website (www.adoptionsearchreunion.org.uk).

3.4 Help for birth parents to reconstruct their life, relationships and identity and move forward

Helping birth parents to rebuild their life, relationships and sense of self after adoption may be achieved through many of the support services described above, but this section will cover some of the additional ideas about this area of need. In Neil's study (2010, pp 216-220) both practitioners and birth parents helped generate suggestions for practice. Suggestions relating to helping birth parents re-build their lives after adoption included:

- using birth parents as peer support workers and volunteers
- working with birth parents to help them anticipate and deal with the reactions of other people to adoption; this could include rehearsing or role-playing how to respond in certain situations
- offering social activities for birth parents (to reduce isolation)
- working with birth parents to help them develop hobbies, interests, employment, educational opportunities or voluntary work
- providing services focused on helping birth parents who are planning to have more children, or who are parenting subsequent children

Birth parents were involved as consultants to the research process in Neil et al's study (Cossar and Neil, 2015), and these parents reported finding meaning, satisfaction and self-esteem through making a positive contribution to this project. Service providers could consider involving birth parents in consultation about service development and management.

Higgins et al. (2014) suggest that some parents may overcome shame by taking part in public activities such as memorials, days of reflection or action, art, exhibitions and other ways of raising awareness of adoption in the broader community.

Birth parents who stay together after the adoption of their child may have poorer adjustment (Christian et al, 1997). Claridge (2014) proposes using 'emotionally focused couple therapy' as a treatment approach with birth parent couples. This is an adaptation of Johnson's (2004, cited in Claridge, 2014) emotionally focused therapy (EFT) model, adapted to suit the needs of birth parents. It draws on systems theory, attachment theory and communication theory and aims to help couples use their strengths in addressing the emotional and social consequences of adoption. Although EFT has proved effective with other couples, this approach has not yet been empirically tested with birth parents.

The "On Your Feet Foundation" in the US has developed an interesting model of helping birth mothers after the legal finalisation of their child's adoption (Brodzinsky, undated).

They aim to help birth mothers through providing a range of services and supports to help with educational and vocational training, to enhance their independence and self-esteem, and to promote emotional healing. Key elements of the model are:

- educational and vocational grants;
- counselling grants;
- mentoring and peer support;
- weekend retreats - the latter involving meeting other birth mothers, educational and therapeutic workshops and holistic healing experiences.

An recent evaluation of the service drawing on feedback from 70 birth mothers (Brodzinsky, undated) found that mothers valued all aspects of the service, but particularly the weekend retreats which were rated moderately or extremely helpful by almost all women.

A final but vitally important area of support for mothers whose children have been removed in the child protection process, is preventing this experience happening again. The issue of "repeat removals" - women who lose one

child after another to the care system has been highlighted by Broadhurst et al (2015) - their analysis of UK court records found that one in four women who lose one child to the care system will go on to lose another, this figure rising to 1 in 3 for women aged 16-19. The "PAUSE" initiative in the UK (<http://www.pause.org.uk/>) is a support service designed to prevent these repeat removals.

The "PAUSE" model offers women a range of therapeutic, practical and behavioural support with each woman having an individual programme designed around their needs. Crucially, the programme requires participating women to take long acting reversible contraception in order to delay a second pregnancy, the idea being that this gives them time to address problems impacting their parenting, and to process past losses. The programme is also forward-looking helping women to develop aspirations for the future. The service is currently being evaluated, and the results of this are not yet available, but a pilot project suggests promising results.

3.5 Summary - supporting birth parents

- There is not yet a strong body of empirical evidence about "what works" in helping birth parents, but many different approaches have been described, and some evaluated.
- To ensure ethical adoption practice, all birth parents need independent non-biased support prior to the adoption and support through the adoption process and its immediate aftermath.
- Birth parents need support in coping with ambiguous and disenfranchised grief and loss and managing mental health problems. Counselling, group therapy, and trauma informed mental health interventions should all be considered.
- Birth parents need help with contact with the adopted child. Birth parents need information about types of contact and the rules and boundaries involved. They need help with the emotions of contact, relationships with their child and his or her adopters, and sometimes with practical issues. Search and reunion services are needed, as are intermediary services which make an approach to the adopted adult on behalf of the birth parent.
- Birth parents need help to reconstruct their life, relationships and identity and move forward. Suggestions here include involving birth parents in peer support, service development or research work; involving birth parents in awareness raising public activities; focusing on employment, education, hobbies and interests; bringing birth parents together in group settings; offering couple therapy; specialist interventions focused on preventing repeat removals of children into care.

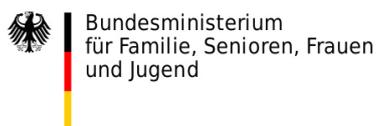
4 References

- After Adoption** (2007). Moving from the sidelines: A Study of the provision of Independent Support in Wales for the Birth Parents and Relatives of Children in the Adoption Process. *Cardiff: After Adoption*.
- After Adoption** (2008). After Adoption: Specialist Interventions with Young Birth Mothers. Merseyside: After Adoption
- Baden, A. L./Gibbons, J. L./Wilson, S. L./McGinnis, H.** (2013). International adoption: counseling and the adoption triad. *Adoption Quarterly*, 16(3-4), 218-237.
- Boss, P.** (2009). Ambiguous loss: Learning to live with unresolved grief. Harvard University Press.
- Bos, G.** (2008). Once a mother: Relinquishment and adoption from the perspective of unmarried mothers in South India.
- Bouchier, P./Lambert, L./Triseliotis, J. P.** (1991). Parting with a child for adoption: The mother's perspective (Vol. 14). British Agencies for Adoption and Fostering.
- Broadhurst, K./Alrouh, B./Yeend, E./Harwin, J./Shaw, M./Pilling, M./Kershaw, S.** (2015). Connecting events in time to identify a hidden population: birth mothers and their children in recurrent care proceedings in England. *British Journal of Social Work*, *bcv130*.
- Brodzinsky, D. M.** (1990) A Stress and Coping Model of Adoption Adjustment. In Brodzinsky, D. M. and Schechter, M. D. (eds.) *The Psychology of Adoption*. New York: Oxford University Press.
- Brodzinsky, D. M.** (2005). Reconceptualizing openness in adoption: Implications for theory, research, and practice. In Brodzinsky, D. & Palacios, J (eds) *Psychological issues in adoption: Research and practice*, 145-166. Praeger: Connecticut
- Brodzinsky, D. M.** (2011). Children's understanding of adoption: Developmental and clinical implications. *Professional Psychology: Research and Practice*, 42(2), 200.
- Brodzinsky, D. M.** (undated) On Your Feet Foundation services and supports: perspectives of birth/first mothers (report obtained from author)
- Brodzinsky, D./ Smith, S. L.** (2014). Post-placement adjustment and the needs of birthmothers who place an infant for adoption. *Adoption Quarterly*, 17(3), 165-184.
- Bunkers, K. M./Groza, V./Lauer, D. P.** (2009). International adoption and child protection in Guatemala. *International Social Work*, 52(5), 649-660.
- Cicchini, M.** (1993) *The Development of Responsibility: The Experience of Birth Fathers in Adoption*. West Australia: Adoption Research and Counselling Service.
- Charlton, L./Crank, M./Kansara, K./Oliver, C.** (1998) *Still Screaming: Birth Parents Compulsorily Separated from their Children*. Manchester: After Adoption.
- Clapton, G.** (2002). *Birth fathers and their adoption experiences*. Jessica Kingsley Publishers.
- Claridge, A. M.** (2014). Supporting Birth Parents in Adoption: A Couple Treatment Approach. *Adoption Quarterly*, 17(2), 112-133.
- Christian, C. L./McRoy, R. G./Grotevant, H. D./Bryant, C. M.** (1997) The grief resolution of birth mothers in confidential, time-limited mediated, ongoing mediated and fully disclosed adoptions. *Adoption Quarterly*, 1 (2), p. 35-58.
- Clifton, J.** (2012). Birth fathers and their adopted children: Fighting, withdrawing or connecting. *Adoption & Fostering*, 36(2), 43-56.
- Condon, J. T.** (1986) Psychological disability in women who relinquish a baby for adoption. *Medical Journal of Australia*, 144, p. 117-119.
- Cossar, J./Neil, E.** (2010). Supporting the birth relatives of adopted children: how accessible are services?. *British Journal of Social Work*, 40(5), 1368-1386.
- Cossar, J./Neil, E.** (2013). Making sense of siblings: connections and severances in postadoption contact. *Child & Family Social Work*, 18(1), 67-76.
- Cossar, J./Neil, E.** (2015). Service User Involvement in Social Work Research: Learning from an Adoption Research Project. *British Journal of Social Work*, 45(1), 225-240.
- Côté, C./Poirier, M-A.** (2016) Adoption in the context of child protection. Experience of the mothers and social workers who support them. Paper presented at the EUSARF conference, Oviedo September 2016.
- Cushman, L. F./Kalmuss, D./Brickner Namerow, P.** (1997) Openness in adoption: experiences and psychological outcomes among birth mothers. *Marriage and Family Review*, 25 (1/2), p. 7-18.
- De Simone, M.** (1996). Birth mother loss: Contributing factors to unresolved grief. *Clinical Social Work Journal*, 24(1), 65-76.
- Deykin, E. Y./Campbell, L./Patti, P.** (1984) The post adoption experience of surrendering parents. *American Journal of Orthopsychiatry*, 54, p. 271-280.
- Deykin, E. Y./Patti, P./Ryan, J.** (1988) Fathers of adopted children: A study of the impact of surrender on birth fathers. *American Journal of Orthopsychiatry*, 58, p. 240-248.

- Doka, K. J.** (1999). Disenfranchised grief. *Bereavement Care*, 18(3), 37-39.
- Donnelly, B. W./Voydanoff, P.** (1996). Parenting versus placing for adoption: Consequences for adolescent mothers. *Family Relations*, 427-434. Etter ?
- Fessler, A.** (2007). *The girls who went away: The hidden history of women who surrendered children for adoption in the decades before Roe v. Wade.* Penguin.
- Fravel, D. L./McRoy, R. G./Grotevant, H. D.** (2000). Birthmother perceptions of the psychologically present adopted child: Adoption openness and boundary ambiguity. *Family Relations*, 49(4), 425-432.
- Gibbons, J. L., & Smith Rotabi, K. E.** (2012). *Intercountry adoption: Policies, practices, and outcomes.* Ashgate Publishing Co.
- Goffman, E.** (2009). *Stigma: Notes on the management of spoiled identity.* Simon and Schuster.
- Gould, S./Dodd, K.** (2014). 'Normal people can have a child but disability can't': the experiences of mothers with mild learning disabilities who have had their children removed. *British Journal of Learning Disabilities*, 42(1), 25-35.
- Grotevant, H. D./McRoy, R. G./Wrobel, G. M./Ayers-Lopez, S.** (2013). Contact between adoptive and birth families: Perspectives from the Minnesota/Texas Adoption Research Project. *Child development perspectives*, 7(3), 193-198.
- Grotevant, H. D./Von Korff, L.** (2011). Adoptive identity. In *Handbook of identity theory and research* (pp. 585-601). Springer New York.
- Harris, P.** (2005). Family is family...it does affect everybody in the family: Black birth relatives and adoption support. *Adoption and Fostering*, 29(2), 66-74.
- Harris, F./Whyte, N** (1999). Support for birth mothers in a group setting. *Adoption and Fostering*, 23(4), 41-48.
- Hayes, P./Kim, H. E.** (2007). Openness in Korean adoptions: From family line to family life. *Adoption Quarterly*, 10(3-4), 53-78.
- Henney, S. M./Ayers-Lopez, S./McRoy, R. G./Grotevant, H. D.** (2007). Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness. *Journal of Social and Personal Relationships*, 24(6), 875-889.
- Higgins, D./Kenny, P./Sweid, R./Ockenden, L.** (2014). *Forced Adoption Support Services Scoping Study: Report for the Department of Social Services by the Australian Institute of Family Studies.* Melbourne: Australian Institute of Family Studies.
- Hogbacka, R.** (2012). Maternal thinking in the context of stratified reproduction: Perspectives of birth mothers from South Africa. *Intercountry adoption: Policies, practices and outcomes*, 143-159.
- Hogbacka, R.** (2014). Intercountry adoption, countries of origin, and biological families. *ISS Working Paper Series/General Series*, 598, 1-19.
- Howe, D./Sawbridge, P./Hinings, D.** (1992) *Half a Million Women. Mothers Who Lose Their Children by Adoption.* London: Penguin.
- Howe, D./Feast, J.** (2000) *Adoption, Search and Reunion.* London: The Children's Society.
- Hughes, D.** (1997). *What can a counsellor do? A personal account of counselling by a mother who parted with her child for adoption.* London: Post Adoption Centre.
- Jackson, J.** (2000). Developing a Post-Adoption Groupwork Service for Non-consenting Birth Mothers. *Adoption and Fostering* 24(4), 32-39.
- Johnson, K.** (2012). Challenging the discourse of intercountry adoption: Perspectives from rural China. *Intercountry Adoption Policies, Practices, and Outcomes*, Farnham: Ashgate, 103-117.
- Juffer, F.** (2006). Children's awareness of adoption and their problem behavior in families with 7- year-old internationally adopted children. *Adoption Quarterly*, 9(2-3), 1-22.
- Kelly, R. J.** (2005). *Motherhood Silenced: The experiences of natural mothers on adoption reunion.* Liffey Press.
- Kenny, P./Higgins, D./Soloff, C./Sweid, R.** (2012). *Past adoption experiences: National Research Study on the Service Response to Past Adoption Practices (Research Report No. 21).* Melbourne: Australian Institute of Family Studies.
- Logan, J.** (1996) Birth mothers and their mental health: Unchartered territory. *British Journal of Social Work*, 26, p. 609-625.
- March, K.** (2014). Birth mother grief and the challenge of adoption reunion contact. *American Journal of Orthopsychiatry*, 84(4), 409.
- Mason, K./Selman, P.** (1997) Birth parents' experiences of contested adoptions. *Adoption and Fostering*, 21 (1), p. 21-28.
- McLaughlin, S. D./Pearce, S. E./Manninen, D. L./Winges, L. D.** (1988). To parent or relinquish: Consequences for adolescent mothers. *Social Work*, 33(4), 320-324.
- Memarnia, N./Nolte, L./Norris, C./Harborne, A.** (2015). 'It felt like it was night all the time': listening to the experiences of birth mothers whose children have been taken into care or adopted. *Adoption & Fostering*, 39(4), 303-317.
- Neil, E.** (2007) 'Coming to terms with the loss of a child: The feelings of birth parents and grandparents about adoption and post-adoption contact', *Adoption Quarterly*, 10, pp. 1-23
- Neil, E.** (2012) 'Making sense of adoption: integration and differentiation from the perspectives of

- adopted children in middle childhood', *Children and Youth Services Review*, 34, pp. 409-416
- Neil, E.** (2013). The mental distress of the birth relatives of adopted children: 'disease' or 'unease'? Findings from a UK study. *Health & social care in the community*, 21(2), 191-199.
- Neil, E./Beek, M./Ward, E.** (2015). Contact after adoption. A longitudinal study of post-adoption contact arrangements. BAAF, London.
- Neil, E./Cossar, J./Jones, C./Lorgelly, P./Young, J.** (2011) Supporting Direct Contact after Adoption, London: BAAF
- Neil, E./Cossar, J./Lorgelly, P./Young, J.** (2010) Helping Birth Families: services, cost and outcomes, London: BAAF
- Perl, L./McSkimming, J.** (1997). No longer ashamed and alone: The experience of a birthmother's weekend group. *Australian Social Work*, 50(1), 45-49.
- Robinson, E.** (2002). Post-adoption grief counselling. *Adoption & Fostering*, 26(2), 57-63.
- Roby, J. L./Matsumura, S.** (2002). If I give you my child, aren't we family? A study of birthmothers participating in Marshall Islands-US adoptions. *Adoption Quarterly*, 5(4), 7-31.
- Rockel, J./Ryburn, M.** (1988) *Adoption Today: Change and Choice in New Zealand*. Auckland: Heinemann/Reed.
- Rotabi, K. S.** (2012). Fraud in intercountry adoption: Child sales and abduction in Vietnam, Cambodia, and Guatemala. *Intercountry adoption: policies, practices, and outcomes*, 67-76.
- Rushton, A./Grant, M./Feast, J./Simmonds, J.** (2013). The British Chinese Adoption Study: orphanage care, adoption and mid-life outcomes. *Journal of Child Psychology and Psychiatry*, 54(11), 1215-1222.
- Siegel, D. H./Smith, S.** (2012). *Open adoption: What we know (Policy Perspectives Series)*. New York, NY.: Evan B. Donaldson Adoption Institute.
- Selwyn, J./Wijedesa, D.** (2011). Pathways to adoption for minority ethnic children in England- reasons for entry to care. *Child & Family Social Work*, 16(3), 276-286.
- Smeeton, J./Boxall, K.** (2011), Birth parents' perceptions of professional practice in child care and adoption proceedings: implications for practice. *Child & Family Social Work*, 16: 444-453.
- Smith, S. L.** (2006). Safeguarding the rights and well-being of birthparents in the adoption process. Evan B. Donaldson Adoption Institute.
- Triseliotis, J.** (1973) *In Search of Origins*. London: Routledge and Kegan Paul.
- Triseliotis, J./Feast, J./Kyle, F.** (2005). *The Adoption Triangle Revisited*. London: BAAF.
- Post-Adoption Centre** (2000). *Thoughts on adoption by birthmothers in contested adoptions..* London: Post Adoption Centre.
- Powell, S./Warren, J.** (1997). *The Easy Way Out?: Birth Mothers: the Hidden Side of Adoption*. Minerva.
- Wells, S.** (1994) *Within Me, Without Me. Adoption: An Open and Shut Case?* London: Scarlet Press.
- Wiley, M. O. L./Baden, A. L.** (2005). Birth parents in adoption research, practice, and counseling psychology. *The Counseling Psychologist*, 33(1), 13-50.
- Winkler, R./Van Keppel, M.** (1984) *Relinquishing Mothers in Adoption: Their Long Term Adjustment*. Melbourne: Institute of Family Studies.
- Wrobel, G. M./Dillon, K.** (2009). Adopted adolescents: Who and what are they curious about. *International advances in adoption research for practice*, 217-244.
- Young, J./Neil, E.** (2004). The 'Contact after Adoption' study: The perspective of birth relatives after non-voluntary adoption. In E. Neil and D. Howe (Eds.), *Contact in Adoption and Permanent Foster Care: Research, Theory and Practice*, (pp 85-104). London: British Association for Adoption and Fostering.

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