Approval vs preparation: adoptive parents' views of the adoption process

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The tasks of assessment and preparation are the two major activities of the adoption worker as she/he gauges the suitability of couples to adopt and helps them anticipate the arrival of their adopted child. However, it is not uncommon for adopters to feel that adoption workers concentrate more on approval procedures than on preparing them to receive and handle a child (for a recent example see Dubois 1987). In many cases this is a reasonable perception, particularly when workers deliberately invite prospective adopters to consider the experiences they are likely to encounter as adoptive parents. Such contemplations, so the strategy suggests, helps both the would-be adopter and the worker decide whether or not adoption is an appropriate course of action for the couple. Once approval has been gained many prospective adopters receive little or no further preparation for parenthood.

The distinction between birth parents and adoptive parents couldn't be sharper at this point. Birth parents, having been subjected to no official scrutiny as to their 'fitness', have a nine-month period to adjust and prepare, and a range of ante-natal services of which, if they wish, they can avail themselves. Adoptive parents, on the other hand, having been subjected to rigorous scrutiny, wait for an unspecified period and have no services to turn to which are designed to meet their particular needs.

Extending ante-natal services to adoptive parents

Traditionally it is the midwife who not only delivers babies, but generally helps couples become parents. This process normally covers the ante-natal period, the birth itself and the first weeks after the baby is born. There are strong arguments for applying this tradition to people who adopt babies and one of the authors (Fraser 1988) has already described the parentcraft classes she runs for such couples at the Norfolk and Norwich Hospital. In September 1987, the opportunity arose to explore and compare the views and experiences of a number of adopters, some of whom had attended the special parentcraft classes and some of whom had not been offered such a service. The results provide not only a record of how adopters prepare for their baby but also an insight into the time between approval, placement and the first few months after the baby's arrival.

The study

Twenty adoptive couples were interviewed using a semi-structured schedule. To be eligible the couples had to be childless prior to the arrival of their adopted baby. They were therefore first-time parents. Eighteen of the twenty babies had been placed with their parents before they were four weeks old, with one arriving just three days after her birth. There, were no 'special needs' babies. Ten couples had attended the parentcraft classes for adopters and they were interviewed by the author who had not led the classes. The remaining ten adopters had not attended such classes and they were interviewed by the class organiser, Jenny Fraser. Interviews were conducted in the adopters' own home, they were audio-tape recorded and normally lasted between thirty and sixty minutes.

Many of the adopters' experiences and anxieties are typical of any first-time
parents. However, there are special circumstances surrounding the arrival of an adopted baby and these are highlighted by all twenty respondents. The interview material has been organised into three sections. Firstly, adopters' reactions to being offered conventional antenatal classes. Secondly, those who did not attend parentcraft classes identified a 'void' between approval and placement. They comment on how this affected the early days of their parenthood. Thirdly, ten couples who did receive parentcraft education make additional observations about the content and conduct of the classes.

Conventional ante-natal classes

A common practice amongst many adoption agencies is to recommend that couples, once approved, contact their health visitor with a view to joining conventional ante-natal classes. On the whole this was greeted with a distinct lack of enthusiasm. Nevertheless some judged it prudent to attend:

'I went to these ante-natal classes to please the adoption agency. You don't want to do anything wrong. You must go... You get to the situation, although you don't care to admit it, you start to get scared of the agency.' [Mr and Mrs Payne]

For some it seemed merely irrelevant to their needs as adoptive parents. Mrs March, who did go along to her local ante-natal class, thought it 'seemed rather pointless. I never really felt part of that group. I felt strange being there'. Others found the experience distinctly uncomfortable. 'I felt left out really', reflected Mrs Loveday, 'upsetting really'. The remaining seventeen couples, most of whom were offered conventional ante-natal classes, chose not to attend, finding the whole business of pregnancy and birth very painful to contemplate. In the majority of cases feelings ran high on the matter. 'I suppose I was so desperately jealous of them', confessed Mrs Revell. For Mrs Eden the prospect 'would have been absolutely horrific. That's something mentally I could not have coped with because as I said, being in that dreadful position of having gone through a lot of trauma which is what anybody waiting for a baby will have been through, so to go to something like that, surrounded by pregnant women, I just couldn't cope with it. To see anybody pregnant or see any tiny babies, there was a barrier went up immediately.'

The non-class group

Four things emerged from our interviews with those who had not attended the special parentcraft classes: the lack of shape and structure to the waiting period between approval and arrival of the baby, the absence of any formal or expert preparation for baby care, the arbitrary nature of professional support once the baby had been placed, and the wish to make contact with other adopters. Although for some the lack of any one or more of these resources was not a matter of great concern for others it was at least regrettable and in a few cases most unfortunate.

One of the most difficult and disorientating times for adopters was that between approval and placement. Waiting times varied but on average lasted between eighteen months and two years. Many felt that it was rather like a pregnancy of indefinite length on top of which there were no indications about the baby's progress and development and little warning about the day of arrival. 'The big void' was how Mr Haynes described it, 'the big gap between being accepted by the adoption people and being told you're having a baby'. 'When you're pregnant', observed Mr Payne, 'you've got a time-scale'. Developing this theme, Mrs Eden believed that 'with pregnancy you've got that nine month slowing down period. You are mentally adjusting to the responsibilities, the total change of life'. The flatness and amorphousness of the waiting period was contrasted with a time
of great activity that characterised the assessment phase. Mrs Farrow said:

'Suddenly, when they were processing you, interviewing you, it was all going on; letters, coming to visit you, telling you this, that and the other and then suddenly you go on their lists and you don't hear anything from them... You know its going to happen but it did seem unreal.'

Generally, the waiting period was experienced as stressful and disorientating by this group, a time without benchmarks, without structure.

Several couples had either friends or relatives who had recently had babies. Much was learned from these informal sources. Others felt that mothering and parenthood came, 'naturally' to them. But four of the ten adopters had had no child care experience and for them looking after a baby was initially a matter of trial and error added to which there was a lot of anxiety. For example, Mr and Mrs Bordeaux had never seen a bottle being prepared:

'We followed the instructions on the box. We'd no idea how much to give him, when or knew very much about sterilisation... When you get a 'phone call on a Tuesday and you're parents on a Thursday and you spend the day in Mothercare on Wednesday ... it would have been much easier if we had some preparation I'm sure.'

For many, bathing the baby was a particularly anxious occasion. Mrs Eden thought 'bathing one of the worst' and found babies to be particularly 'slippery' objects that were prone to cry a great deal. She said it took her about three weeks 'to get the hang of things' and wished she could have received some preparation. We shall be examining the role of health workers in more detail in a later paper, but the usefulness, sensitivity and availability of midwives, health visitors and doctors varied a great deal. The key factor seemed to be whether or not the health worker understood the special concerns and anxieties of those who had adopted their baby. Those who did were greatly appreciated. Their practical knowledge was valued and helped bring about a growing confidence. However, Mrs Eden found her midwife a 'cold personality' who 'didn't seem to understand my feelings' though she did make regular home visits. Other adopters had only a couple of brief, perfunctory visits from their midwife or health visitor. Asking for help was not always easy, particularly if the adopters felt they had been chosen because of their special competence. Many wished that the health worker had shown more interest but were reluctant to ask for further visits. Four mothers believed that their health worker regarded them as 'over anxious' and as a consequence felt misunderstood. Mr Blake summed it up in this way:

'The difficult thing is that although your baby is on Day 10 or 11, you are back on Day 1, so you missed out all these days and I don't think the midwives that come to you really appreciate that.'

The final area concerned the need to share feelings of anxiety and uncertainty with other adopters 'who were in the same boat'. A couple in this group did have friends who had Adopted and they were a source of advice, support and understanding. However, others felt they had missed out on this experience. They felt isolated, particularly during the waiting period. 'You feel you're the only person in this situation', said Mrs Loveday. 'It would be nice', thought Mrs Larkin, 'if there was some sort of group that you had, someone to talk to who had adopted a child or a baby'. Mrs Eden agreed:

'I suppose I should have read books and things, but as I said you're in that state (of infertility) and you veer clear of anything like that, anything to do with normal pregnancy and child care until you actually meet someone who has adopted and then you can talk a bit more... There is so much preparation that
could be given ... I mean apart from the practical side, the emotional side.'

The parentcraft class group

All members of this group had benefited from the practical experiences provided in the classes which included preparing a bottle and seeing a baby being bathed. 'If it wasn't for the classes', said Mrs Prosser, 'we would have been in quite a muddle I think.' Not surprisingly, no-one reported any major difficulties in these areas. But as well as this practical competence, adopters noted three major benefits from their attendance at the special parentcraft classes: the waiting time between approval and placement was given structure and purpose, there was the chance to meet other adopters who were at the same stage in the adoption process, and there was support both before and after placement, from the midwife who ran the classes.

As we have observed, the waiting time proved difficult for many couples. Meeting other adopters allowed members to gain a collective sense of progress and movement towards having a baby. Seeing other group members receive their baby 'proved there was an outcome' which made it all feel 'quite real and you sort of felt that next time it'll be M'. For Mrs Green 'the meetings were a marker ... it was encouraging to hear that babies were coming through and that there was something happening'.

Without exception, all ten of those who had attended a special class said that meeting other adopters was one of the most valuable experiences for them. 'It is a forum', said Mr Haynes, 'where you can talk about adoption at all levels with people who understand.. The classes were a place where couples could legitimately talk about babies without feeling uncomfortable. Mr and Mrs Oakley were relieved to feel that they were not the only people going through some difficult emotions.

'The classes were excellent... When you find.. out you can't have children yourself, you feel alone, you don't have any contact.'

'You feel hard done by at first that you can't have your own naturally. I think the classes brought it home that there are other people, other than yourself.'

'You can sort of explain to someone something thing and they know exactly how, what you mean because they're going through the same thing. It does really help.'

Most interestingly, five of the couples inter,, viewed had formed lasting friendships with ~t~ least one other couple from their class. Even, though the classes had finished they continued to meet socially, gaining further mutual support and advice.

Meeting a midwife in the context of the parentcraft classes before the arrival of the baby and finding that she was available for professional support and advice after placement was very important for several couples.

'She became a known, familiar figure who was seen to be both accessible and approachable. 'She was very helpful', said Mrs Green, 'I knew her. I was very grateful to be able to 'phone her, you know, she didn't feel a stranger.' Mrs Brooks described her as an important 'back-up'. There was no hesitancy or anxiety in contacting her outside the classes, should the need arise, which it did in a number of cases:

'She was a great support. We benefitted more than anything from having someone in the medical service whom we also regarded as a friend, who has been a sounding board, who, however small and silly our fears or our worries, was there.' [Mrs
Prescriptions for practice

We believe that parentcraft classes run especially for prospective baby adopters are a valuable addition to the normal range of adoption services. The adopters whom we interviewed expressed a clear wish to have the following four views appreciated by placing agencies:

1 Parentcraft classes tailor-made and exclusively for first-time baby adopters would help them prepare practically for the arrival of their baby. However, there is reluctance to concede that 'something is better than nothing', that ordinary ante-natal classes can do no harm and may do some good. Most of those interviewed felt considerable discomfort at the prospect or the experience of attending classes with other women who were pregnant.

2 The chance to establish a friendly, trusting relationship with a midwife before and after placement would provide continuity in the professional care offered. The evidence suggests that the traditional expertise of the midwife transfers exceedingly well to those who have their baby by adoption. She seems a natural and normal source of support. However there is one important caveat. The midwife who chooses to run such classes must have a genuine commitment and great sensitivity to the special needs of those who adopt and those who are to be adopted.

3 The opportunity to meet and gain emotional support from other approved prospective adopters would be most welcome.

4 Parentcraft classes would help give shape and purpose to that difficult time between approval and placement.

However, we wish to counsel strongly against such provisions being provided solely by placing agencies. This advice is supported by the comments of several of our respondents who felt that those who assess a couple's suitability to adopt are not well placed to prepare them for the particular task of looking after a baby. Adopters felt that if the small group classes were run by the adoption agency, the feeling might be that they were still being assessed, and not simply receiving preparation for their baby's arrival. Those whom we interviewed said that they were in favour of parentcraft education but that such practical and emotional preparation, though supported by their adoption agency, should be seen to be independent of it. Placing agencies, for which praise was generally high, should feel relaxed about the independence of the parentcraft input and view it as a useful complement to their own activities. Here are Mrs Brookes and Mrs Eden on these matters:

'It was good knowing that there was somebody there that you could talk to that is not actually connected with the adoption agency; someone that you know if you said something it wouldn't get back to them and spoil your chances.

You can't open up your heart to (Your agency worker) and say 'look I'm frightened about doing this' or 'I don't think I could do this' because if you say anything like that you think 'oh god, she'll think you're not capable of looking after the baby' so you don't relate problems like that to her although she was a warm, open, smashing person, but to have somebody completely independent who it doesn't matter when you say 'look I can't cope' or 'this child is driving me mad'.

The unequivocal satisfaction of the adopters who attended the special classes encourages us to conclude that adoption agencies might profitably explore the
setting up of similar groups with interested and sympathetic midwives or health visitors in those regions where babies are placed on a regular basis. Adoption agencies, clearly, need to take the initiative in making health authorities aware of the needs of adoptive parents. Other than the special classes held at the Norfolk and Norwich Hospital we know of only one other similar scheme. This has been run for many years by Noreen Harper, a parentcraft Sister at the Queen Mother’s Hospital, Glasgow. We believe that the pioneering efforts of these two groups offer a useful model for others to follow and develop when helping first-time adopters prepare for the arrival of their baby.

References

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