A FOLLOW-UP STUDY OF ROMANIAN FAMILIES WHO ADOPTED ROMANIAN CHILDREN

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PURPOSE

Romania became notorious in the early 1990s because of media exposure about problems in its child welfare system. During this period, several thousand children were adopted from Romania by families in North American. Several studies have been published about the positive and negative aspects of children adopted from Romania by American families (see Groza, in press; Groza, Ileana, & Irwin, 1999; Groza, Proctor, & Guo, 1999; Groza, 1998; Cermak & Groza, 1998; Groze & Ileana, 1996; Ames & Carter, 1992; Ames, Fisher, & Savoie, 1994; Chisholm, Carter, Ames & Morison, 1995; Ames, 1997; Kaler & Freeman, 1994; McMullan & Fisher, 1992; Morison, Ames & Chisholm, 1995). Overall, the results from these studies suggest that most children are doing well and most families are stable and committed to their children.

In the last 5 years there also have been many innovations in Romania. In particular, there has been an increase in the number of children placed for adoption in-country. According to the Department of Child Protection, there were 1092 national adoptions in 1998 (Tabacaru, 1999). Nongovernmental agencies (similar to the private, nonprofit sector in the United States) have taken the lead in placing Romanian children in Romanian families. To date, little but anecdotal information is available about the experiences of these families and the children they adopt. This project provides nongovernmental organizations (NGOs) and the Romanian government with empirical information on Romanian children adopted by Romanian families.

Data for the project were collected in collaboration with Holt International Children's Services (abbreviated as Holt). Holt is a private, nonprofit agency recognized as the unparalleled leader in the field of international adoption and permanency planning for children. Holt pioneered the concept of intercountry adoption in the 1950's in response to the needs of orphaned children in Korea.   In the four decades since, more than 100,000 children have found permanent homes through adoption and other child welfare programs of Holt. Holt has programs in China, Ecuador, Guatemala, Hong Kong, India, Korea, Philippines, Romania, Thailand, Vietnam and the United States.

Holt works to secure permanent solutions for children with these priorities:

- Return the child to the biological family if possible and appropriate for the child.
- Place the child in an adoptive family within the birth country.
- Place the child with an adoptive family internationally.

Holt has been working in Romania since 1991. It has offices located in Bucharest, Turgu Mures and Constanta. For the last 5 years, about 500 children have been placed with Romanian families for adoption through Holt. This project focused on the adoptions that occurred from 1996 through the end of 1998. During this period, Holt had placed about 219 children for domestic adoption.

The purpose of his project was to provide research-based information about the experiences of Romanian families who adopted Romanian children as part of program evaluation of Holt-Romania.

CONCEPTUAL FRAMEWORK USED IN THE STUDY

The theoretical perspective used in this article is a family systems model. One version of this model views families as a system of resources and stressors (Groze, 1996). Family difficulties are connected to normal developmental processes as well as to the task of integrating the child into the family. Integration is not a one-time event, but an ongoing process. As the child changes, the families must also change.   Most families navigate transitions successfully. However, a crisis may occur when there is an imbalance of resources and stressors during the transition. The adoptive family often encounters more and unique stressors during transitions and have different types of transitions compared to other types of family systems (Talen & Lehr, 1984; Digilio, 1987; Rosenberg, 1992). Stressors in the adoptive family include those from the community,

those imposed by the service system, those that the child as a subsystem brings to the family as well as those the family system brings to the new adoptive family system (Barth & Berry, 1988; Rosenthal & Groze, 1992; Groze, 1994). This evaluation used this conceptual framework in the development of the evaluation plan, as well as in the selection of the items to include in the research/instrument. While it was beyond the scope and purpose of this project to evaluate all aspects of the stressors and resources in the adoptive family, the framework was used as a general way to orient the project.

METHODOLOGY

The project was designed primarily as a program evaluation. There are two major types of program evaluation. The first type focuses on program processes (process or system evaluation). The second type focuses on program outcomes (outcome evaluation).   Process evaluation in this project examined activities and services as it related to the adoption and post adoption period. Outcome evaluation assesses the immediate and long-term results as a consequence of program activities. We used both qualitative and quantitative approaches to address evaluation. Qualitative approaches tend to produce rich and descriptive findings. Quantitative approaches reduce activities and outcomes to numeric form, which allows mathematical manipulation of the data. A mix of both approaches produces the strongest information for documenting program development and effectiveness. The evaluation was organized around the following questions:

- What problems/issues are families facing related to the adoption/child?

- What post adoption resources have they found/would like to find?

- How could Holt's adoption program be improved?

- What are the indicators of success in adoptive placements?

Sample. A power analysis was conducted prior to data collection, based on 500 placements. The power analysis focused on a multiple regression model using 7 independent variables.[2] Assuming these variables explain 25% of variation in the outcome variable, a sample of 55 cases will have a power of 0.84 and a probability of making type I error (alpha) of 0.05. Assuming these variables explain 30% of variation in the outcome variable, the study will only need 42 cases to yield the same power and alpha.

To interpret this recommendation, if we collected information for 42 cases and have no missing information, provided that adoption research findings from the United States are applicable to Romania, we have a statistically appropriate sample.

Phases of the Project. This study was conducted in four phases: (1) start-up/training, (2) on-site training; (3) data collection; and (4) a data analysis. Each phase is described in detail below.

Phase 1
Phase 1 included drafting research instruments, translation, and pre-testing questionnaires and interview questions to be used during data collection in Romania; the development of linkages with the Romanian NGO for whom we were working; and, the selection and training of volunteers to assist with the interviews. Graduate students participating in this project received 1.5 days of training in Cleveland before leaving the U. S. in spring 1999, as well as on-site support in Romania. By the time the team arrived in Romania, the mailed surveys were sent, the letters requesting interviews had been mailed, and interviews had been set up.

Phase 2
Phase 2 was conducted in Romania. We conducted one day of training/team building about basic interviewing skills and working as a bi-lingual team. The Romanian staff were employees of Holt. The Romanian staff and American students received joint training on confidentiality and the safeguards for human subjects. Both

Romanian and American project staff were reminded that they are prohibited from discussing identifiable results obtained from family interviews. Most of the project staff had minimal experience in conducting research interviews, although they had experience working with families and were familiar with informed consent.

Phase 3
Adoptive families were interviewed in teams of 3: 2 Americans and 1Romanian. Each interview was expected to last approximately 60-90 minutes. One of the American students would read the question, which was translated by the Romanian, and the other American student would record results. The interviews were semi-structured around the questions, but additional items were explored by the team. Half way through the interview the team reminded the participant that they could terminate the interview at any time without consequence.   Each team member made notes about any additional impressions they had about the interview, once they returned to the office. Once a day, group members processed each interview to highlight what they had learned and what they felt the implication for policy and/or practice were as a result of the interview.

Phase 4
Phase 4 consisted of data analysis and report writing. It was conducted in Cleveland ,by the Principal Investigator during the summer of 1999. A draft of findings from the study were made available to NGO staff for their review and comments before the report was finalized.

Data Collection Strategy. Data collection occurred in two stages. In stage one, all the families from the Turgu Mures office (n=8) and a random sample of half of the families (n=41) from Constanta received mailed questionnaires from the Holt Bucharest office—which is the same methodology we have used in the United States to study American families who have adopted. Included in the questionnaires were envelopes for mailing back to the Holt office in Bucharest. The letter to families and a copy of the survey instrument are included as an Appendix to this report. The returned questionnaires had no family identification. Thus, the PI did not know family names nor was Holt able to trace individual responses. This methodology has not been used in research in Romania, in part, because the mail system is unreliable.

To supplement this method of data collection, in the second stage the plan was to draw a random sample of additional families from Bucharest for interviews. At the time of the study for the years under observation, there were 106 adoptive families living in Bucharest and 23 families who were part of the Bucharest Center but who lived outside the city. The plan was to draw half the families (n=53) from the list living in Bucharest and mail questionnaires to the 23 families living outside the city. Questionnaires were mailed to 23 families but not returned. Fifty three families were asked to participate in in-home interviews; however, the families were not randomly selected because complete addresses were not available for almost half of the families. Thus, the Bucharest families were not randomly selected. Two weeks after the letters were mailed, about a week before the American team arrived, Holt staff contacted families to set up a date and time for interviews.

The interviews contained the same survey as the mailed survey. The interview format was structured, but in a face-to-face interview we could further probe the issues and experiences of families.

In Romania, because of 40 years' experience with communism and the secret police, Romanian people are suspicious about any form they may be asked to sign, as well as video or audio recordings of conversations. As such, we used oral consents so as not to arouse suspicion. The data collection technique had human subjects approval from Case Western Reserve University.

The final strategy for collecting data was to interview Holt staff who worked with Romanian families to obtain qualitative data from these key informants. Their observations and comments are integrated into the final section of this report.

Measures. We used indicators used in previous research on Romanian adoptions in the United States (Groze & Ileana, 1996) to assess behavior. We used multiple indicators of outcomes (family satisfaction/impact of adoption, thoughts of ending the placements, etc.), which are separate questions on the survey. The main

questionnaire used in the study was used previously on older child and special needs adoptions in the United States (Rosenthal & Groze, 1992; Groze, 1996) and Romanian children adopted by Americans (Groze & Ileana, 1996). Parents reported on the services they received after adoption adapted from a survey of adoptive families of special needs children in North America (Marcenko & Smith, 1991).

RESULTS

Response Rates

In Turgu Mures, all 8 families were successfully located. In Constanta, 41 families from the random sample were successfully located. In Bucharest, only 19 of the 23 families from outside the city were successfully located (as verified by registered mail). Seventy two surveys were mailed or left at the homes of families (8 from the Turgu Mures office, 41 from the Constanta office and 23 from the Bucharest office). Forty-three surveys were returned for a response rate of 60%. The response rates by site for the mailed survey were 88% for Turgu Mures, 74% from Constanta, and 26% from Bucharest.

Of the 53 families contacted from Bucharest, 25 agreed to be interviewed, for a response rate of 47%. While the overall response rate for mailed surveys was acceptable by scientific standards, the low response rate for Bucharest was problematic from a social science standard. In addition, the Bucharest sample ended up not being random for those contacted who lived within the city. Addresses and phone numbers were unavailable for a large part of the 106 families, so only families with complete and accurate addresses were contacted. Thus, the 53 families contacted to participate in the study were not randomly chosen as planned.

While the total number of families participating in the project (n=68) exceeded the number required by either power analysis (n=42 or n=55), the sampling problems must be kept in mind in interpreting the results. The following results are presented for families overall. In instances where there were significant differences by methodology (mailed vs. face-to-face), these differences are highlighted in the narrative.

For face-to-face interviews, 48% were held with adoptive moms, 48% were held with both parents present, and in one case (4%) the interview was conducted with the adoptive dad. In the mailed survey, the questionnaire was completed by the mothers most of the time (67%), by the father 26% of the time, and by both parents 7% of the time. This difference was not statistically significant.

Demographic Description of Children and Their History

Over half the children were female (57%). At the time of the study, children ranged in ages from 1 to 6 and were 2.7 years old, on average. They had been placed from infancy to age 4; average age at placement was 7 months. The children had been in their respective adoptive placements from 1 to 5 years; average length of time in their adoptive homes was 2 years. Most children were described as Romanian (99%), although at least one child was described as mixed (Romanian and Roma/Gypsy).

About one third of the children (35%) had been in an orphanage or institution before placement, for an average of 4.6 months. Length of time in an institution or orphanage for these children ranged from less than a month to 30 months; about 90% of the children had spent a year or less in an institution or orphanage. The majority (79%) had been in a maternity hospital before placement, for an average of 3.2 months. Length of time in a maternity hospital for these children ranged from less than a month to 42 months; about 90% of the children had spent 6 months or less in a maternity hospital. Almost half (41%) of the children had been in a foster family, for an average of 2.6 months. Length of time in family for these children ranged from 3 months to 12 months.

The families interviewed expressed concern about the limited social and medical backgrounds on the child they adopted. Information about a specific child was often limited only to basic data such as birth date, weight, and name. Most social and medical history was absent. Rarely did families have much information beyond race/nationality, marriage and age of birth parents.

There was a tendency for more families who were interviewed to have adopted a child from an institution or orphanage compared to families who participated in the mailed survey (chi-square=4.05, p<.05).

Families were asked to evaluate the quality of the pre-adoptive placements. The following summarizes their evaluations. We rounded percents to the nearest whole number on all tables.

Type of Placement			
	Institution or Orphanage	*Maternity Hospital*	*Foster Family*
Evaluation			
Excellent	31%	24%	46%
Good	44%	31%	43%
Fair	19%	12%	6%
Poor	6%	10%	
Don't Know		22%	6%

For the most part, the institutions and foster families were well rated with maternity hospitals receiving more mixed ratings.

The following table shows where children were living at various points in their development.

	Months			
	0-1	2-6	6-12	12- 24
Location				
Foster Family	4%	31%	16%	
Maternity Hospital	80%	22%	4%	
Orphanage or Institution		7%	20%	25%
Medical Hospital	12%	22%	24%	
Birth Family	4%			
Adoptive Family		18%	36%	75%

During the first month of life, most children were in the maternity hospital. The first major shift occurs during the second through sixth month, with the majority of children entering foster homes. During this time period, one-fifth remained in a maternity hospital and another fifth were in a medical hospital. During months 6 through 12, most children entered their adoptive family. One fourth were in a medical hospital and one fifth were in an institution or orphanage. By the first year and before the second year, the children were mostly in their adoptive family ,although 25% of the children not placed before then were in an institution (this is only 2 children). What is apparent from looking at the data is that the longer the children remained in the child welfare system without an adoptive placement, the more likely they were to go to an orphanage or institution.

Health, Disability and Other Developmental Descriptions of Children

For the most part, health problems, disabilities and other difficulties were not reported for the children.   Only 2 children (3%) had vision impairment, only 2 were reported to have physical disabilities, and 1 child (1.5%) was reported to be retarded. Overall, these children do not have special physical or health needs.

Parents were asked to evaluate lags in developmental skills for their children at placement and at the time of the study. Following is a summary of their report.

Developmental Assessment		
	Percent with delay at placement	Percent with delay at time of study
Fine Motor Skills	9%	0%
Gross Motor Skills	7%	2%
Language Skills	6%	2%
Social Skills	4%	0%

For the most part, there were no reports of developmental delays at placement or at the time of the study. For the children entering the family with some delays, at the time of the study most of these children had improved.

Parents were asked to evaluate sensory information for their children at placement and at the time of the study. Following is a summary of their reports.

Sensory Assessment		
	Percent with behavior at placement	Percent with behavior at time of study
Oversensitive to touch, Movement, sights or sounds	7%	3%
Under-reactive to stimulation or pain	4%	3%
Activity level too high for age	3%	2%
Activity level too low for age	4%	2%

For the most part, there were no reports of sensory difficulties at placement or at the time of the study. For children entering the family with some difficulties, most of these children had improved at the time of the study.

There was a tendency for more families who were interviewed to have adopted a child who was oversensitive at placement (chi-square=9.3, p<.01) and activity level too low at placement (chi-square=5.4, p<.05), compared to families who participated in the mailed survey. However, there were no differences between groups at the time of the study. This likely reflects that interviewed families were more likely to have adopted from an institution or orphanage, who enter placement with more difficulties.

Demographic Description of Families

Most families (82%) had no other children in the home. When there were other children, it was most often one other child. Most families (93%) had no other children join the family after the adoption.

Family income ranged from $66 USD per year to $20,000 USD per year; the salary of $20,000 was very unusual with only one family reporting such income. Sixty percent of the families made $2500 USD or less per year and 90% of families made $5000 USD or less per year. Average salary was $2636 USD per year. When the highest salary was removed because it was so extreme compared to other families, average salary was $2315 USD per year.

Attachment Relations

Families were asked to report on a series of indicator of the parent and child relations. The following table summarizes their responses.

Assessment of Parent-Child Attachment Relations

How well do you and your child get along?
Very well   87%
Fairly well   13%

How often do you and your adoptive child enjoy spending time together?
Just about every day   100%

How would you rate the communication between you and your child?
Excellent   77%
Good   23%

Do you trust your child?
Yes, very much   73%
Yes, for the most part   26%
Not Sure   1%

Do you feel respected by your child?
Yes, very much   60%
Yes, for the most part   39%
Not Sure   1%

Do you feel close to your child?
Yes, very much   100%

Overall, attachment relationships were very positive. The majority of parents reported getting along well with their children, spending time together they enjoy every day, good communications with their children, trusting their children, feeling respected by their children and feeling close to their children.

Behavior Concerns

Families were asked to report on a series of behaviors reported to be of concern to American families who adopted Romanian children. The following table summarizes this information.

Behavior Concerns		
	Percent with behavior at placement	Percent with behavior at time of study
Hits self	4%	2%
Rocks self	12%	3%
Always frightened or anxious	10%	3%
Inconsolable when upset	3%	3%

For the most part, there were no behavior concerns at placement or at the time of the study. For the children entering the family with some concerns, at the time of the study most of these children had improved.

There was a tendency for more families who were interviewed to have adopted a child who rocked at placement (chi-square=10.04, p<.01) and was always frightened or anxious at placement (chi-square=8.04, p<.01) compared to families who participated in the mailed survey. However, there were no differences between groups at the time of the study. This likely reflects that interviewed families were more likely to have adopted from an institution or orphanage, who enter placement with more difficulties.

Adoption Stability

Several items were used to assess adoption stability. Families were asked to evaluate the impact of the adoption, the smoothness of the adoption over the last year, and how often they think of ending the adoptive placement. The following table summarizes the findings.

INDICATORS OF ADOPTON STABILITY

Overall, has the impact of this child's placement on your family been:

Very positive		85%
Mostly positive	6%	
Mixed: positives and negatives about equal		6%
Mostly negative		0
Very negative		0
No response		3%

Overall, during the past year has the adoption been:

Smoother than expected		31%
About as you expected	28%	
Had more "ups and downs" than you expected	31%	
No response		10%

How often do you think of ending the adoptive placement?

Frequently	16%
Most of the time	7%
Not very often	1%
Never	56%
No response	19%

Approximately 91% of respondents rated their adoptions as having positive effects on their families. There were variances in the smoothness of the adoptions: 31% reported their adoptions were smoother than expected; 28% reported the experience to be about what they had expected; and 31% reported more ups and downs than expected. While the majority of families never or seldom think of ending their adoptive placements, almost 25% have had some thoughts of ending their placements and about 20% did not answer the question. For at least some of the 20% who did not respond, the families could not believe we would ask such a question. However, at least some families expressed some concerns about the adoptions.

There was a tendency for more families who were interviewed to report that they less often think of ending the adoptive placement compared to families who participated in the mailed survey (F=266.8, p<.01). In looking at the factors that were associated with more negative outcomes, we recorded this variable into two categories: those families who never think of ending the placement (70%) compared to those families who had any thought (30%). None of the factors used in this report were related to the difference. It could be that families interviewed did not feel as comfortable talking about any thoughts of ending their placements when they were talking face-to-face, or families who had some difficulties were screened out of the interviewing process.

Service Importance, Use and Needs

Importance of Services to Adoptive Families
The questionnaire asked families to evaluate the importance of the following eight different types of services:

TYPE OF SERVICE	DESCRIPTION OF SERVICE
Financial Support	Adoption subsidy, insurance for health needs, financial help with needed services, etc.
Information About Child	Information about the child's experiences prior to adoption as well as current health, educational, and social needs.
Information About Services	Information about services and help in locating needed services such as subsidy, therapy, support groups, medical care, educational services, etc.
Medical and Health Services	Ongoing medical and dental care as well as specialized care to meet child's needs (medical care for disability, physical therapy, mental health services, etc.).
Educational Services for Child	Ongoing and specialized educational and academic services.
Parent Education and Counseling	Education or counseling about special-needs adoption including behavior management skills, helping the child adjust to a new family, dealing with a handicaps, stresses and rewards of adoption, planning for child's future, etc.
Respite Care and Other "Helping" Services	Planning some time away from the child as well as parenting tasks such as transportation, in-home nurse care, day care, etc.
Contacts with Other Adoptive Families	Adoptive parent support groups as well as informal contacts with families who have adopted special-needs or older children.

Families were asked to evaluate the importance of each of these services. The following table presents the results.

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Parent Evaluation of the Importance of Various Services (percents)

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	Essential	Very Important	Somewhat Important	Not Important
Financial support	28	34	6	32
Information about child	53	38	5	3
Information about services	30	51	15	4
Medical and health services	46	44	4	6
Educational services for child	38	42	10	10
Parent education and counseling	41	37	16	6
Respite care and other services	30	33	22	15
Contacts with other adoptive families	8	32	44	16

The majority of families evaluated the services as essential or very important, except for respite care and contact with other adoptive families, which they evaluated as somewhat or not important. Thus, the majority of services were considered to be of critical importance to families. While they felt they were important, most families did not believe that they would ever have these services available in Romania.

Post-Adoptive Services Used and Needed

Parents reported on the services they received after adoption, as well as services they needed but could not get.

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Parent Report of Services Used and Services Needed
_____

Services Used
Financial support | | 9%
Information about child | 78% |
Information about services | | 29%
Medical and health services | | 38%
Educational services for child | | 10%
Legal services | | 22%
Parent education and counseling | | 25%
Respite care and other services | 7% |
Contacts with other adoptive families | 52% |

Services Needed
Financial support | | 27%
Information about child | 10% |
Information about services | | 16%
Medical and health services | | 15%
Educational services for child | | 15%
Legal services | | 22%
Parent education and counseling | | 19%
Respite care and other services | 18% |
Contacts with other adoptive families | 19% |

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Several points stand out. Most families had social contacts with other adoptive families, and most families used information about the child. The question about social contact also asked families to evaluate how helpful these contacts were. Half said they were very helpful, 44% said they were somewhat helpful, and 6% said they were not really helpful. Thus, for the majority of families who had contacts with other adoptive families, this was a resource.

For the services needed most often, financial services assistance stood out with over one fourth of families suggesting that they needed better financial support. About one-fifth of families needed parent education and counseling, respite care, and social contact with other adoptive families.

Summary

It is clear that excellent progress is being made with regard to domestic adoption in Romania. Holt's domestic adoption program responds to a need in the community. We found good outcomes. Results are very hopeful and adoptions are quite positive. Most of the children are developmentally appropriate and have no health problems or sensory difficulties. Parents report good parent-child relations, few have behavior concerns, and the adoptions are very stable. Most Romanian families had positive attitudes about their children and were committed to the adoption. Families were positive about the role that Holt staff have played in their adoptions. Holt staff are well respected and liked by families

Results can be integrated into the conceptual framework of resources and stressors as outlined in the beginning of this report. Most of the stressors and resources outlined in the conceptual model regarding the community were not addressed specifically in this study. Nevertheless, there is anecdotal information and impressions that

provide insight into the community context of the lives of families. Families perceive a great deal of support for the adoption from other adoptive families and friends. Thus, for the most part, the community and informal supports in the community were positive for these families. The major stressor was to how to talk about adoption and the degree of openness families felt they could have about adoption in their communities.

At the service system level, post adoption services were mostly lacking, a potential source of stress to families, particularly as their children get older. As part of this difficulty, a significant proportion of families were not getting complete information on their children.

At the family level, the adoptive placements were very stable at the time of the study. There were many victories for these adoptive parents, and they could focus on the little positive changes that occurred. Flexibility in expectations and in family functioning, and positive, consistent support for the adoption were resources for most families.

At the child level, health, development, and behavior were not major stressors in the adoptive families. Parent-child relations were quite positive. Problems with attachment and parent-child relations were not apparent.

The conclusion to this section will summarize the answers to the questions posed initially in this report.

What problems/issues are families facing related to the adoption/child?

Consistently, families identified the bureaucracy of adoption as a barrier to their satisfaction with the adoption. The second biggest issue for families was related to how to discuss adoption with their child and the members of their informal network (family, friends, neighbors, etc.). There are three ways that families can view themselves as adoptive families. First, there are families that reject/deny the differences and create a less open and less reality based environment. Indeed, as adoption workers and some families reported, a number of families went to great lengths to create family myths and family stories to hide their adoption from their children, extended family, friends, and neighbors. Second, there are families that insist on differences and ascribe blame for difficulties to genetics or pre-adoptive history (i.e., "the bad seed"). Third, there are families that acknowledge the differences openly, sharing concerns and feelings about their adoptive status.

Depending on the family style of dealing with differences, families who deny or insist on differences are most at-risk for difficulties over time. In addition, families who acknowledge differences are more likely to be involved in support groups and be less crisis-oriented in their problem solving skills. Families denying or insisting on differences are more likely to become involved in clinical services. Often times, they will wait for a crisis before they initiate looking for help. Thus, families need assistance in dealing with adoption disclosure in order to reduce the risk for later difficulties.

What post adoption resources they have found/would like to find?

There are no formal supports for the adoption and often families are very alone in their unique situations. It did appear, however, that most of the families interviewed received informal support from their extended family. For the formal services needed most often, families suggested that they needed better financial support, parent education and counseling, respite care, and social contact with other adoptive families.

Better post adoption support is needed for families. One support that many families commented on was the need for parent seminars and education groups. They would like to attend groups about general parenting issues, child development, telling your child about adoption, and telling your family and friends about adoption. Another way to develop post adoption support is through the use of newsletters, where families can read about issues, parenting tips, and events. A newsletter can also serve as a marketing tool to recruit other families. It might be easy to find a business that would sponsor the newsletter, since it can also serve as an advertisement for their business. In addition, a lending library that includes books on adoption, child development, and parenting would give families easy access to resources that some feel might be helpful.

As part of post adoption support, the Romanian government should consider adoption subsidies. If the state would have to pay for these children in an orphanage, once children are placed in an adoptive home, it would be helpful if at least a sizeable portion of the money allocated to the child would go to families to assist them with adoption costs.

Formal services need to be developed to strengthen and support families, particularly as the child gets older and different issues arise. Most families were incredible that this can happen in Romania, but for the long-term development of the child welfare system, this will be essential.

What are the indicators of success in adoptive placements?

There are several indicators of success. Parent-child relations were extremely positive. Families evaluated the impact of the adoption on the family in very positive terms. However, some post-placement issues were identified. Some families may not have been well prepared for parenting or the adoptive experience. As such, at least some families had entertained thoughts of ending their adoptive placements. Fortunately, only a few families explicitly expressed this thought but there are enough to suggest that some things should be done with post legal services in order to strengthen and preserve adoptive families.

How could Holt's adoption program be improved?

The adoption process needs to be more "user friendly," accessible, and easier to navigate. There needs to be consistent and compassionate follow-up of families and children from recruitment to post-legal support services. Families felt that the process was a deterrent to Romanian families adopting children. Some of the families had to find the child by visiting orphanages or maternity hospitals. While they all expressed appreciation for the assistance given by Holt, they thought the governmental process needed reform.

More families need to be recruited to meet the demands for placement of children who cannot reside with their birth families. In addition, recruitment and family preparation activities need to be oriented towards assisting families in making social connections with each other and building networks of informal social support. While not all families want social contact with other adoptive families, a substantial percent of families either had social contact—which they evaluated as helpful—or wanted social contact with other adoptive families.

Children, even though they are infants and toddlers, need to have pre-adoptive preparation activities prepared for them by adoption workers. In particular, the children and their families would benefit from the development of a life book (Wheeler, 1978; Aust, 1981). The life book is a scrapbook that contains photos as well as other mementoes, drawings, and memories that form the child's life experiences before adoption. Included in the life book should be a placement genogram (Groze, Young & Corcran-Rumppe, 1991; McMillen & Groze, 1994). The placement genogram is a diagramming technique that traces the child's placement history starting from birth and records pertinent information about each placement. For instance, the date of abandonment, the dates the child was moved to various placements, and relationships with significant caretakers might be documented on the placement genogram. This information can help provide insight into the issues raised by adoptive families as they try to understand the child's behavior and its impact on their family (Hartman & Laird, 1983). When children are older, it can be used to help children connect and integrate their past to the present.

On an administrative level, there is need for improvement in the Management Information System (MIS) particularly at the Bucharest site. In order to conduct a stronger program evaluation and to understand better the issues faced by families post adoption, there is a need for better monitoring of families after the adoption is finalized. Families cannot be monitored if they cannot be located.

We suggest that a parent advisory board may be helpful for several reasons. Parents can assist in recruiting and marketing of domestic adoption to other Romanian families. Adoptive parents have a different type of credibility in the community than do social workers and adoption professionals—they can be a great asset in locating other families for adopting abandoned children. In addition, families know their own service needs as well as the service needs of other families in their communities—they can advise the agency on programs to be

developed that will strengthen and support families.

Community marketing and public relations would strengthened the domestic adoption program. There is a critical need for public education campaigns that present accurate information about adoption, adoptive parents, and adoptees. This must include working with the media to provide this information.

The low participation rate of families selected for interviews may be reflective of Holt staff's unfamiliarity with recruiting subjects for research, as well as the adoptive parent's unfamiliarity with participating in research/program evaluation. For future efforts at research and evaluation, there will be less of a need for a large American team because the Romanian staff by project end could have filled the role of one of the Americans. So, future teams should be pairs, not trios. In addition, crayons were a great ice-breaker for families. Anyone who interviews families should take crayons and paper as a gift for the children because it facilitated communication and the interview.

Closing Comment

In closing, we want to thank Holt and the families for this project. Without a doubt, one of the biggest lessons we learned is that we are more alike then we are different. As such, together we can solve the problems that face our communities and make the world a better place for children and families.

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<div align="center">**Interview Letter**</div>

March 1998

Dear Adoptive Parent,

For the last few years, several hundred Romanian children have been adopted by Romanians. We would like you to take part in an interview about your adoption. Your comments will help us understand the joys and difficulties you have experienced.

This study is being conducted by Dr. Victor Groza of Case Western Reserve University. He was raised with an adopted sibling, has conducted extensive research in adoption, and has been working in Romania since 1991.

Holt will contact you within 2-3 weeks of this letter to set up an appointment in your home at your convenience for an interview. The interview takes about 60 to 90 minutes to complete. It is about child development, family activities, and adoption services. Either parent can be interviewed.

Please help out. The opinions of adoptive parents provide the best information in understanding the adoption experience and planning services for families and children. Results will have relevance for both the United States and Romania. Understanding the issues faced by adoptive families from Romania allows us to focus on problems that we share in common with other countries, and explore common solutions. There are no known risks for participating in the project.

Confidentiality is important in adoption research. *All responses are <u>confidential</u>.* Individual responses will not be released to <u>anyone</u>; they will be combined with responses from other families. Also, you should know that your participation is <u>voluntary</u>. You do not have to participate. You may stop answering questions at any time. Participation or refusal will not have an effect on any current or future services with Holt.

Feel free to contact Dr. Groza at the Holt office in Bucharest at 323-3803 if you have questions.

Thank you for your time and help.

Mailed Survey Letter

March 1998

Dear Adoptive Parent,

For the last few years, several hundred Romanian children have been adopted by Romanians. We would like you to take part in a survey about your adoption. Your comments will help us understand the joys and difficulties you have experienced.

This study is being conducted by Dr. Victor Groza of Case Western Reserve University. He was raised with an adopted sibling, has conducted extensive research in adoption, and has been working in Romania since 1991.

The enclosed questionnaire takes about 30 to 45 minutes to complete. It is about child development, family activities, and adoption services. It may be filled out by either parent.

Please help out. The opinions of adoptive parents provide the best information in understanding the adoption experience and planning services for families and children. Results will have relevance for both the United States and Romania. Understanding the issues faced by adoptive families from Romania allows us to focus on problems that we share in common with other countries, and explore common solutions. There are no known risks for participating in the project.

Confidentiality is important in adoption research. *All responses are <u>confidential</u>.* The questionnaires will be returned directly to Dr. Groza in the enclosed envelope at the Holt office in Bucharest. Only he will open the envelope. Individual responses will not be released to <u>anyone</u>; they will be combined with responses from other families. Also, you should know that your participation is <u>voluntary</u>. You do not have to participate. You may stop answering questions at any time. Participation or refusal will not have an effect on any current or future services with Holt.

You can either circle or underline your response. Some require you to fill in information. Also, you can write anything you want on the form.

Feel free to contact Dr. Groza at the Holt office in Bucharest at 323-3803 if you have questions.

<u>Please respond within 2-3 weeks of this letter</u>.

Thank you for your time and help.

TRAINING OUTLINE FOR APRIL 15, 1999

INTRODUCTIONS

OVERVIEW OF HOLT'S DOMESCTIC CHILD WELFARE PROGRAMS (TANIA)

OVERVIEW OF PROGRAM EVALUATION (Victor)

EVALUATION OF THE DOMESTIC ADOPTION PROGRAM

QUESTIONS TO BE ANSWERED BY THE EVALUATION

METHODS USED IN THE PROGRAM EVALUATION-SURVEYS AND KEY INFORMANT INTERVIEWS

DATA ANALYSIS PLAN

PRACTICE INTERVIEWS IN TEAMS

_____

QUESTIONS TO BE ANSWERED BY THE EVALUATION

- What problems/issues families are facing related to the adoption/child?

- What post adoption resources they have found/would like to have?

- How could Holt's adoption program be improved?

- What are the indicators of success/failure in adoptive placements?

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METHODS USED IN THE PROGRAM EVALUATION-SURVEYS AND KEY INFORMANT INTERVIEWS

 Mailed Survey
        Strengths
        Weaknesses

Face-to-Face Survey
        Strengths
        Weaknesses

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[1] The American members of the team were Nancy Berry, Beth Brindo,Virginia Douglas, Peggy Haynes, Rosemary Mahl, Jane Robertson, Mike Vanek, and Christine Woo. The Romanian members of the team were Elisabeta Angelescu, Luminita Costache, Tatiana Goldner, Ruxandra Polysu, Brenda Padina, Alina Burada, and Tatiana Goldner.

[2] The model was based on variables identified in my previous research. See Rosenthal, J., & Groze, V. (1992). Special Needs Adoption: A Study of Intact Families. New York: Praeger.