

Mixed Method Adoption Research

Hilda Loughran and Valerie Richardson

RESEARCH

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Foreword by the Crisis Pregnancy Agency

It is a great pleasure to introduce this research, which gives an overview of the current provision of Irish domestic adoption services. The report gives a voice to various stakeholders in the adoption process, particularly service providers and natural parents, in an attempt to gauge the extent to which adoption and counselling services match the needs of the people who use them.

The completion of this research represents an important stage in our plans for adoption services, as laid out in the 'Strategy to Address the Issue of Crisis Pregnancy'. The main priorities for us are to develop appropriate supports and services in the area of adoption and to ensure that service providers and key communicators working the field of crisis pregnancy are able to present and discuss adoption as an option. The research suggests that to achieve this we must make sure that professionals dealing with women considering or choosing adoption have adequate resources, clear information on all forms of adoption and effective referral and follow-up systems. In this way we can provide women with a supportive environment in which to make the best long-term choice for themselves and their babies.

I would like to thank all those who contributed to the research, especially the parents, who shared deeply personal experiences of crisis pregnancy and adoption. I also thank the researchers, Dr. Hilda Loughran and Dr. Valerie Richardson, for their hard work in accessing a hard-to-reach population. Thanks are also due to the Board members and the staff at the Crisis Pregnancy Agency who commented on earlier drafts of the report.

Finally, I would like to thank the Adoption Board for their help, advice and support throughout the process.

Sharon Foley
Director
Crisis Pregnancy Agency

Foreword by the Adoption Board

The Adoption Board welcomes the publication of this research on the provision of domestic adoption services in the context of crisis pregnancy. This is a timely publication in view of the Board's commitment to work towards achieving excellence in adoption services which serve the best interests of children and are developed in partnership with stakeholders. The report provides comprehensive information and analysis on current service provision and provides an evidence base for the Crisis Pregnancy Agency's work of shaping the delivery of services for parents experiencing a crisis pregnancy. The report points to the need for acknowledgement of the lifelong effects on everyone involved in decisions about a crisis pregnancy. Adoption is one of the measures available to women in this situation and it has particular long-term implications for all involved, which includes natural/birth mothers and fathers, children and adoptive parents.

The women in this study spoke of their need for clear information on options available to them and the report demonstrates that decisions are often made on the basis of one call to a counselling service. This confirms the need to ensure effective training for those offering counselling to women experiencing a crisis pregnancy and for the provision of this service to be carried out in a self-reflective manner. The importance of the delivery of an integrated quality service at the initial point of contact for women experiencing a crisis pregnancy, as outlined in this report, is in line with the Adoption Board's aim of promoting the delivery of quality, accountable, client-focused adoption services on a national basis.

The report is another important contribution to the growing body of Irish research on adoption. I commend the authors on their work and I would like to thank the respondents for their time and most valuable insights without which this report would not have been possible.

*John Collins
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The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the sponsors

TABLE OF CONTENTS

Executive summary	11
1.0 Introduction	19
1.1 Background to the study	19
1.2 Terminology	21
1.3 Key objectives of the study	22
1.4 Outline of the report	22
2.0 Literature review	24
2.1 Introduction	24
2.2 Adoption legislation in Ireland	24
2.3 Crisis pregnancy in Ireland	26
2.4 The needs of the adopted child, the adoptive family and the natural parents	27
2.5 Crisis pregnancy counselling	29
2.6 Natural fathers: silent partners in the adoption process?	30
2.7 Decision making in crisis pregnancy	31
2.8 Decision making in adoption: to place or not to place	32
2.9 Changing times, changing trends: the growth of open adoption and alternatives to adoption	33
2.10 Supported accommodation and crisis pregnancy	36
2.11 Search and reunion in the adoption process	36
2.12 Conclusion	38
3.0 Research methodology	39
3.1 Introduction	39
3.2 Mixed-method approach	39
3.3 Research methods	39
3.3.1 Documentary research	39
3.3.2 Quantitative methods	40
3.3.3 Qualitative methods	43
3.3.4 Critical case sample methodology	49
3.4 Ethical issues	51
3.5 Limitations of the study	51
3.6 Conclusion	52
4.0 Quantitative findings	53
4.1 Introduction	53
4.2 Crisis pregnancy agencies and adoption agencies	53
4.2.1 Age of women contacting the agencies	53
4.2.2 Stage of gestation when contact was made with agencies	54
4.2.3 Source of referrals to the crisis pregnancy agencies and adoption agencies	54
4.2.4 Counselling contacts	55

4.2.5	Natural fathers as part of the counselling process with crisis pregnancy agencies, adoption services and maternity hospitals	55
4.2.6	Social problems experienced by women attending crisis pregnancy agencies and adoption agencies	55
4.2.7	Accommodation and crisis pregnancy	56
4.2.8	Considering adoption: outcomes	57
4.3	Maternity hospitals	58
4.4	Private counselling and crisis pregnancy	58
4.5	Mapping the services	59
4.6	Conclusions	61
5.0	Factors impacting on the decision-making process	62
5.1	Introduction	62
5.2	Pregnancy as a crisis	62
5.3	Telling about the pregnancy	63
5.4	Family support	64
5.5	Fathers of the baby	64
5.5.1	Mothers who placed a baby for adoption	64
5.5.2	Mothers who kept their babies	65
5.6	The decision-making process	66
5.6.1	Termination	66
5.6.2	Placing the baby for adoption or keeping the baby	68
5.7	Open adoption	70
5.8	Information about adoption	71
5.9	Fathers as part of decision making	73
5.10	Conclusion	73
6.0	Counselling services in the field of crisis pregnancy and adoption	76
6.1	Introduction	76
6.2	Level of demand	76
6.3	Counselling process: contacts	77
6.4	Role of the professional	79
6.5	Counselling process: crisis	80
6.6	Counselling process: timing	81
6.7	Referral pathways	83
6.8	Placing a baby for adoption	84
6.9	Post-adoption services	85
6.10	Open adoption services	85
6.11	Keeping the baby	87
6.12	Supported accommodation as counselling service	88
6.13	Procedures and policy	89
6.14	Conclusion	90
7.0	Critical case samples	93
7.1	Introduction	93
7.2	Counselling	93
7.3	Factors affecting decisions	97
7.4	Natural fathers	97

7.5	Supported accommodation	98
7.6	Secrecy	99
7.7	Open adoption	100
7.8	Post-natal support	101
7.9	Future of adoption	103
7.10	Other issues	103
7.11	Conclusion	103
8.0	Conclusions	105
8.1	Introduction	105
8.2	Counselling and information	105
8.3	Demand for adoption services	106
8.4	Open adoption	107
8.5	Professional referrals to adoption agencies	108
8.5.1	Attitudes to adoption: maternity hospitals	108
8.5.2	Attitudes to adoption: women in crisis pregnancy	109
8.5.3	Attitudes to adoption: professionals	109
8.6	Extended provision of counselling services	110
8.6.1	Post-natal counselling and support	110
8.6.2	Post-adoption support services	111
8.6.3	Post-abortion services	111
8.7	Factors affecting decision making	112
8.8	Supported accommodation	113
8.9	Natural fathers	113
8.10	Search and reunion	115
8.11	Limitation of the study	115
8.12	Further research	116
	Bibliography	117
	Appendices	121
Appendix 1	(a) Interview topic guide for special interest groups	121
Appendix 1	(b) Interview topic guide for community care social workers	121
Appendix 1	(c) Consent form: letter of consent for participants	122
Appendix 1	(d) Topic guide for interviews with women who experienced crisis pregnancies	123
Appendix 2	(a) Questionnaire on crisis pregnancy and adoption: adoption agencies	124
Appendix 2	(b) Questionnaire on crisis pregnancy and adoption: maternity hospitals	125
Appendix 2	(c) Questionnaire on crisis pregnancy and adoption: crisis pregnancy agencies	127
Appendix 2	(d) Letter to non-respondents	130
Appendix 2	(e) Table of crisis pregnancy agencies and adoption services that reported women with social problems	131
Appendix 3	Key to map on page 60 location of crisis pregnancy & adoption services	132

LIST OF TABLES

Table 3.1	Results from survey	42
Table 3.2	Profile of women who placed a baby for adoption	45
Table 3.3	Profile of women who kept the baby	45
Table 3.4	Interviews and focus groups undertaken with professionals	48

LIST OF FIGURES

Figure 4.1	Age of women with a crisis pregnancy in 2002 who contacted the agencies	53
Figure 4.2	State in pregnancy at first attendance at crisis pregnancy / adoption service	54
Figure 4.3	Number of counselling sessions attended by women with crisis pregnancy in 2002	55
Figure 4.4	Breakdown of social problems experienced by 78 women with a crisis pregnancy in 2002	56
Figure 4.5	Outcome for women who considered adoption	58
Figure 4.6	Numbers of women seen for crisis pregnancy counselling by private counselling agencies	59
Figure 4.7	Location of crisis pregnancy agencies and adoption services in Ireland	60
Figure 6.1	Referral pathways	84

Executive summary

Introduction

Legal adoption was first introduced in Ireland under the Adoption Act 1952. It was established as a legal mechanism through which a permanent family is created for a child whose natural parents are unable or unwilling to care for the child. Traditionally it was a procedure that severed all connection between the child and his or her birth family and placed the child in the same position in all respects as if he or she was the natural born child of the adopting parents. Adoption was seen as an ideal solution to the problem of births outside marriage at a time when such behaviour incurred stigma and shame. However, since the introduction of legal adoption Ireland has undergone radical change in moral, religious and social attitudes. In addition, unmarried parenthood is now an accepted part of Irish society, social welfare support for single parents has been introduced and increasing numbers of women with an unplanned or unwanted pregnancy choose to have an abortion.

In 2002 there were 18,800 births outside marriage, equal to 31% of all births. Many of these births would have been to women who were in stable relationships and who, for one reason or another, had chosen not to marry. The number of women in the total group of unmarried women who could be described as having a crisis pregnancy is unknown. Adoption as a solution to a crisis pregnancy is now rarely the choice of single mothers. Consequently the number of babies available for traditional non-family adoption has fallen dramatically, resulting in an annual decrease in adoptions of Irish children by non-family members. In 2002, out of a total of 266 adoption orders made by the Adoption Board (An Bord Uchtála), 76 were non-family adoptions of Irish children placed by registered adoption agencies. The Statutory Instrument (No. 466 of 2001), which established the Crisis Pregnancy Agency, stated that one aim of setting up the Agency was:

To reduce the number of women with crisis pregnancies who opt for abortion by offering supports and services which make other options more attractive.

Adoption is one of the possible options available for women undergoing a crisis pregnancy. The Crisis Pregnancy Agency (CPA) framed as one of its stated priorities to: 'ensure that service providers and key communicators working in the field of crisis pregnancy are able to present and discuss adoption as an option.' The CPA's Strategy document (CPA 2003) included a series of recommendations which resulted from a consultative process with key players in the area of adoption. Recommendations included:

- the need to acquire a more complete picture of traditional adoption
- the need for a national audit of adoption services to assist in the identification of deficits
- reform of adoption legislation to allow for the adoption of children of married parents and to facilitate the implementation of open adoption
- the need to develop a framework for domestic adoptions
- development of training for staff of adoption and crisis pregnancy services to enable the presentation of adoption as a viable option within crisis pregnancy
- the need to increase resources in order to improve service quality, with particular emphasis on open adoption.

The Crisis Pregnancy Agency therefore commissioned research to assess current provision of Irish domestic adoption services and the extent to which this matches need, as perceived by service providers, natural parents, adopted people and adoptive parents. The study gathered background information from a range of stakeholders, but focused specifically on service providers and natural parents.

Aim of the study

The aim of this research project was to assess the level of service provision in domestic adoption and crisis pregnancy counselling services in Ireland. Domestic adoption was defined as the placing of Irish born children with strangers, through an adoption agency.

The research was designed to address a series of questions about the current situation regarding domestic adoption in Ireland.

Key objectives

- To quantify the level of demand for domestic adoption services, to include demand for adoption counselling services.
- To track the procedures and process of adoption counselling from referral to adoption and post adoption, to include exploring the relationship between referral agents and the adoption agencies.
- To obtain some indication of attitudes to adoption among relevant professionals.
- To address the issue of agency policies towards open adoption and examine the need for more open post-adoption contacts for all parties to the adoption process.
- To obtain information regarding the need for post-adoption support services.
- To obtain information regarding service needs of natural fathers.
- To obtain information regarding the long-term needs of adopted persons.
- To obtain information regarding attitudes to adoption of all parties to the adoption process.
- To examine the need for supported accommodation for women with a crisis pregnancy.

Methodology

This research was designed as a mixed-method research study. A triangulation approach was employed. This involved the following methodologies:

- Documentary research
 1. Review of the literature: A literature review was undertaken to provide a contextual framework for the study. Data sources included documentation on legislation and policy, literature supplied by the Adoption Board, books, journals and reports.
 2. Detailed review of documentation from service providers was also undertaken as part of the critical case sample.

- Quantitative research

1. Postal questionnaires: In order to quantify the demand for services, questionnaires were designed for completion by adoption agencies, crisis pregnancy counselling agencies and maternity hospitals. The agencies were identified using crisis pregnancy websites, the Positive Options list, the Adoption Board list of registered adoption agencies, web-based searches and the telephone directory. Seventy-three possible respondents were identified. Questionnaires requested information on the number and background of the women who had contacted them during 2002 who were identified as experiencing a crisis pregnancy, together with the outcome of their contacts.

The response rate for the crisis pregnancy agencies was 64.3%, for the adoption agencies 72.7%, and for the maternity hospitals 50%.

The locations of the crisis pregnancy agencies and the adoption services were mapped to identify gaps in national provision.

2. Telephone survey of private counsellors: Part of the study included quantification of the number of private counsellors providing crisis pregnancy counselling. A telephone survey was carried out using the National Golden Pages as a database. The database listed 820 private counsellors. Eighty (10% of all counsellors listed) were randomly selected and the response rate was 100%.

- Qualitative research

The qualitative methodology employed two main approaches: individual interviews and focus groups. Individual interviews were carried out with service users, professionals, experts in the field and representatives of groups of stakeholders in the adoption process.

1. Interviews with individual service users comprised the following:
 - a. Seven women who kept their babies
 - b. Nine women who placed their babies for adoption
 - c. One natural father whose partner placed the baby for adoption.

Respondents were selected as being illustrative of service users. They were not intended to be representative.

2. Interviews with professionals:

Four individual professionals were interviewed. These were two social workers in two separate Health Board adoption services, (one in Dublin and one in Galway), one representative from the Barnardos adoption services and one medical social worker in a private hospital with particular expertise in adoption policy and practice. In addition, two focus groups were run, one of which consisted of three head medical social workers in Dublin maternity hospitals and one of four medical social workers in Galway and one project worker. The Galway hospital was selected because of a special project being run with women with crisis pregnancies. A member of the special teenagers' service attached to the project was also present.

3. Interviews with representatives of interest groups: A number of groups were identified as being stakeholders in the adoption process and as having views that would be important in setting the context of adoption policy and practice. It was recognised, however, that the individuals would not necessarily be representative of the particular groups, but the information they provided could be of value in contextualising the study. For this reason, the information formed a background to the study. The groups were identified from the www.adoptionireland.ie website and the links from that site.

The groups interviewed were:

- a. Adopted Person's Association
- b. Natural Parents Network of Ireland
- c. Adoptive Parents Association of Ireland
- d. Adult Adoptees Association

Attempts were made to contact groups that represented fathers in particular, but without success.

- Critical case method

1. Interviews with three agencies designated as critical cases were undertaken:
 - Service 1: the adoption agency with the highest number of adoption placements in the year under review (2002)
 - Service 2: a service that provided both a crisis pregnancy and an adoption service
 - Service 3: a service that offered both crisis pregnancy counselling and supported housing and had had contact with the largest number of women identified as looking for crisis pregnancy advice and counselling during 2002.
2. Examination of documents supplied by counselling and adoption agencies. Agencies were requested to supply examples of literature given to clients, together with forms used for recording information on clients.

All interviews were recorded, transcribed and analysed manually. SPSS (v 11) was used to analyse the quantitative data. The qualitative data was analysed manually and using Atlas.ti package.

Accessing respondents for qualitative data collection

An initial approach was made to adoption agencies through a presentation to the Council of Adoption Agencies. Agencies were asked to approach women who either had placed their babies for adoption during 2002 or had decided against this option after crisis pregnancy counselling within their service, to request their participation in the research. However, only one health board adoption service was able to obtain permission from two women to be interviewed. The remaining adoption agencies within health boards were unable to provide the researchers with access to any women who agreed to be interviewed. The Adoption Board was unable to give the researchers access to names of women who had placed their baby for adoption and were not in a position to make direct contact themselves with the women to request their co-operation. Consequently the research relied on six referrals from one Dublin private adoption agency and two from the Mid Western Health Board. While the respondents were concentrated within two agencies, they were residents of a wider catchment area.

Interviews were conducted with seven women who had decided to parent their children following the resolution of their crisis pregnancy. It was difficult to access women who had attended counselling while considering adoption and who later decided against proceeding with adoption. One woman was referred from a Dublin crisis pregnancy and adoption agency while the remaining women were accessed through Galway based agencies: one hospital, one teenage pregnancy support agency, one education project and one crisis pregnancy agency. These women were also illustrative, rather than representative, of this group of women. In addition, they were women who had remained in contact with support groups and were not necessarily typical of the large group of women who decided to parent their child.

A further limitation was the fact that the women who had placed their baby for adoption were those women who had continued contact with the adoption agency post-adoption because of a variety of open adoption arrangements. It was accepted that these women may not have been representative of the total group of women who had placed their baby for adoption. It was not possible to confine the interviews to women who had placed their baby for adoption within the past two years. A number of ethical issues placed limits on accessing women for interview. These issues were related to the sensitive and emotional nature of adoption and the continued secrecy around adoption.

Even more difficulty was encountered in accessing fathers for interview. Fathers are very much a hidden group within the crisis pregnancy counselling and adoption services. Despite repeated attempts to make contact with this group of fathers, only one interview was undertaken with a father whose partner had placed their baby for adoption.

As a consequence, the results of the qualitative interviews with service users have to be interpreted within the context of the respondents being illustrative cases, rather than a representative sample. These issues created limitations to the study.

Findings

Findings can be summarised in the form of a number of themes that emerged from the data. These themes recurred through each phase of the research.

- Crisis pregnancy counselling and adoption services are mainly located in urban areas and are unevenly spread throughout the country. A more even distribution would provide easier access to women who may be seeking counselling services. Women may prefer to travel outside their own area to avail of services because of a wish for anonymity; however, the data indicated that better local provision may help women to use the services more readily.
- This research found that the overall demand for adoption counselling appears to be greater than is suggested by official figures of the number of adoption orders granted. This is due to the fact that the number of women referred to adoption agencies exceeds the number who finally opt for adoption.
- Professionals expressed a range of views concerning the place of adoption as a possible option for women with a crisis pregnancy.
- The study found that there is some reluctance among professionals to discuss adoption with women during crisis pregnancy counselling. This may be as a result of the backlash against adoption following disclosure of past adoption practice. For many women the decision-making process has become one of deciding between termination and parenting the baby – rather than

termination, parenting or placing the baby for adoption.

- Traditional adoption continues to meet the needs of some women as a resolution of a crisis pregnancy.
- Findings in the study would strongly support the Adoption Board's call for legal provisions to be put in place to secure open adoption agreements within adoption orders.
- There was a suggestion in the findings that some problems may arise in negotiating the transition from crisis pregnancy counselling to adoption counselling.
- The respondents consistently voiced their concern that continued support and counselling services should be widely available for women, irrespective of which option is chosen as a solution to the crisis pregnancy. There was a widely held view that the consequences of any decision are – and should be acknowledged as – part of a lifelong process.
- The role of the general practitioner as a first line of referral is particularly important in the area of crisis pregnancy counselling.
- The research confirmed the findings of other studies that the main factors affecting decisions were:
 - level of family support
 - relationship with the baby's father
 - knowledge about welfare supports
 - knowledge concerning adoption
 - personal experience of adoption
 - investment in life goals
 - stigma surrounding both adoption and being an unmarried parent
 - identification with the baby during pregnancy or after birth
 - the mothers of a number of the pregnant women played an important role in the decision process.

However, the above factors were not predictors of the final decision.

- The provision of supported accommodation emerged as a theme in the study. Comments reflected very positive experiences of these services, not only in terms of the immediate issue of accommodation, but also in terms of providing an ongoing peer support system for former residents.
- Problems accessing natural fathers in this study and comments from both natural mothers and professionals are indicative of a need to engage natural fathers in the crisis pregnancy and adoption services.
- The study indicates that both the search and reunion and open adoption aspects of adoption counselling were significant services for the respondents.
- Although the research found that a number of women continue to conceal their pregnancies, there was little opportunity to explore this issue in detail.

Recommendations

It is clear that changes in service planning and delivery embrace both policy and practice issues. The following recommendations recognise this reciprocity, but for the purposes of simplicity they are presented under these two headings.

Policy recommendations

Priority should be given to the development of easily-accessible/user-friendly services. This may involve some expansion of local and/or rural crisis pregnancy and adoption services, but it should focus more on harnessing user-friendly technology. The development of web-based information sites, and text and email facilities should be encouraged and supported in order to meet the needs of information seekers.

- Policies need to be reviewed to ensure that they are neither inadvertently making keeping one's baby seem unattractive, nor penalising women who do keep their babies.
- In addition, care needs to be taken to ensure that women who place their babies for adoption are not stigmatised.
- Continued support and counselling services should be widely available for women who choose to parent their child.
- In addition, there should be an investment in the future for these women, to allow them to continue in education if they so desire. The recent cutbacks in one-parent family payments and back-to-education allowances are a retrograde step in this regard.
- Adoption should remain as one of the options for resolving a crisis pregnancy. However, consideration needs to be given to reframing traditional adoption to incorporate a wider range of options within the adoption paradigm, such as special or subsidised guardianship and co-operative adoption.¹
- Legal provision of open adoption agreements should be reviewed and the long-term consequences monitored and evaluated.
- Transition between crisis pregnancy and adoption services should be improved. A more consistent and speedy response from adoption services to referrals, from whatever source, would facilitate a smoother transition from crisis pregnancy counselling to adoption counselling.
- The suggested lifelong nature of the crisis pregnancy experience, whatever option is chosen, indicates that there is a need for the expansion of all aspects of post-delivery and post-abortion counselling services. These services require adequate resources.
- Supported accommodation should remain – and be adequately resourced – on a national basis.
- There is a need to explore all avenues to engage natural fathers in the crisis pregnancy and adoption services.
- Both the search-and-reunion and open adoption aspects of adoption counselling should be expanded.
- The needs of women who conceal their pregnancy should be identified through research, in order to reach out to women who feel unable to access services early in their pregnancy.

¹ Special guardianship can provide permanence for children for whom adoption is not appropriate and subsidised guardianship allows potential guardians to give a child a permanent home who could not afford to do so otherwise. Such a subsidy can eliminate the disincentive for foster parents becoming legal guardians because otherwise they would lose the maintenance allowance. Co-operative adoption refers to an adoption in which the parties agree to allow some element of continuity between the birth family and the adoptive family. While similar to open adoption it contains an element of enforceable co-operation. [see Brooks 2001 and Shannon 2005]

Practice recommendations

- The primary care sector has greater potential than is currently used for meeting the needs of the women in crisis, and its full potential needs to be developed.
- Further resources should be targeted at primary care providers and those in the adoption services, to emphasise their role in providing first-line contact to women who want to evaluate the possibility of adoption.
- Closely associated with this recommendation is the need for ongoing training and support for such workers. In areas where they are likely to meet women considering adoption, professionals should be given the opportunity to reflect on their own personal views and be allowed the chance to explore the implications of these in terms of interaction with natural mothers.
- All professionals who are likely to encounter women experiencing a crisis pregnancy should be in a position to give accurate information about all options, and this should include information on adoption. There is a need for clear and detailed information to be readily available on all options.
- Consequently, there is a need to educate professionals, parents and the wider general public on current adoption policy and practice.
- Counsellors need to emphasise the importance of taking time to consider all the options. The concept of crisis does not need to imply hasty decisions. Once a woman has decided against terminating the pregnancy, she should be encouraged to take as long as she needs to come to the most appropriate decision for her own circumstances.

Further research

- Further studies should be undertaken to assess the views of general practitioners on crisis pregnancy counselling and their ability to discuss all the alternatives available to women.
- It is recommended that further research on adoption should be undertaken using a larger sample and covering some of the following areas:
 - open adoption
 - post-adoption support services
 - post-abortion services
 - support services for women keeping their babies
 - the role of natural fathers
 - concealed pregnancies and the needs of women who conceal
 - dissemination of information on services available for women with crisis pregnancy to inform front-line professionals on options
 - alternative models within adoption provision.

While research into this sensitive area has its difficulties, that does not take away from the fact that the social situation around crisis pregnancy is changing all the time and service provision must be informed by the constant monitoring of the needs of the service users.

1.0 Introduction

1.1 Background to the study

In the fifty years since the introduction of legal adoption in 1952, Ireland has moved from a traditional rural economy to a post-modern society, resulting in radical changes in moral, religious and social attitudes. During this period the nature of adoption has also undergone radical change as a result of a number of issues, amongst which have been the changing attitudes to unmarried parenthood, the introduction of social welfare support for lone parents, and the increasing number of women aborting an unplanned or unwanted pregnancy.

Adoption was established as a legal mechanism through which a permanent family is created for a child whose natural parents are unable or unwilling to care for the child. Traditionally it was a procedure that severed all connection between the child and his/her birth family and placed the child in the same position in all respects as if he or she was the natural born child of the adopting parents. However, adoption is more than just a legal transaction and increasingly it is being defined as an ongoing and lifelong process, which deeply affects all of the parties involved. In particular, the continuing role played by the child's biological heritage in the adoptive family is acknowledged as being of increasing importance to all the parties involved. As Watson has pointed out:

In the process [of adoption] we have created a new kinship network that forever links those two families together through the child who is shared by both. This kinship network may also include significant other families, both formal and informal, that have been a part of the child's experience (Watson 1994:25).

Reframing adoption within this paradigm requires an opening-up of the process to include more than just the newly created nuclear family, but also recognition of the importance of blood ties. It also needs enquiry into how the changing policies and practices in the field affect the major stakeholders in the adoption process.

Adoption as a solution to a crisis pregnancy is now rarely the choice of single mothers. Consequently the number of babies available for traditional adoption has fallen dramatically, resulting in an annual decrease in adoptions of Irish children by non-family members. In 2002, out of a total of 266 adoption orders made by the Adoption Board, 76 were non-family adoptions of Irish children placed by registered adoption agencies. This compares to the peak year of 1964, when 1493 adoption orders were granted. The main forms of adoption in Ireland are traditional adoption (adoption by non-family member), adoption within family, and foreign adoptions.

While the number of Irish babies available has fallen, the number of couples wishing to adopt a child has not decreased. As a result, couples have turned to other sources to obtain a child, in particular to the process of inter-country adoption. The number of children being adopted from outside Ireland has increased steadily. In 2002 the Adoption Board made 399 declarations of eligibility and suitability to adopt outside the State under the Provisions of the Adoption Act 1991. The Adoption Board made 167 adoption orders in respect of family adoptions, of which 156 were in favour of the child's mother and her husband (An Bord Uchtála 2003).

More recently the dominant discourse around adoption policy and practice in Ireland has shifted towards discussion of inter-country adoption, the legacy of adoption practice in the past, and an increasing emphasis on search and reunion. In addition, the research agenda has moved away from an examination of traditional adoption services to address these issues. The Crisis Pregnancy Agency (CPA) was set up to develop a strategy to address the issue of crisis pregnancy. The Statutory Instrument (No.466 of 2001) establishing the Crisis Pregnancy Agency stated that one aim of setting up the Agency was:

To reduce the number of women with crisis pregnancies who opt for abortion by offering supports and services which make other options more attractive.

Adoption is one of the possible options available for women undergoing a crisis pregnancy. However, adoption practice in the past has resulted in the development of negative attitudes towards it as a solution to unplanned pregnancy (Milotte 1997, Mullen 2002). The Fifth Progress Report of the All-Party Oireachtas Committee on the Constitution (2000) recommended that adoption should be promoted positively as an option within crisis pregnancy. In the preparation of the CPA Strategy document, consultations with key stakeholders in the adoption process highlighted the need for adoption to be presented as an option, rather than to be actively promoted. Following from these consultations, the CPA framed as one of its stated priorities to:

- develop appropriate supports and services
- ensure that service providers and key communicators working in the field of crisis pregnancy are able to present and discuss adoption as an option.

Key recommendations in the CPA's Strategy document included:

- The need to acquire a more complete picture of traditional adoption
- The need for a national audit of adoption services to assist in the identification of deficits
- Reform of adoption legislation to allow for the adoption of children of married parents and to facilitate open adoption to be implemented
- The need to develop a framework for domestic adoptions
- Development of training for staff of adoption and crisis pregnancy services to enable the presentation of adoption as a viable option within crisis pregnancy
- The need to increase resources in order to improve service quality, with particular emphasis on open adoption.

In order to address these issues the Crisis Pregnancy Agency commissioned research "designed to assess current provision of domestic adoption services in Ireland and the extent to which this matches need, as perceived by service providers, natural parents, adopted people and adoptive parents" (CPA 2003: 32).

This report is the result of a mixed method research study on adoption services, needs and service development undertaken as part of the Crisis Pregnancy Agency's Strategy to Address the Issue of Crisis Pregnancy (2003). The aim of this research project was to examine the system of domestic adoption in Ireland as a possible option available to women experiencing an unplanned and/or unwanted pregnancy. A particular focus was to listen to the stakeholders in the system. These included natural mothers, fathers, adopted people and adoptive parents. In addition, service providers in the area of

adoption and pregnancy counselling were considered to be important in any research study of adoption provision.

1.2 Terminology

Through the process of this research the issue of sensitivity to terminology became apparent. The issue related not only to the language used by different parties to the crisis pregnancy situation but also to the term 'crisis pregnancy' itself. In discussion with a range of interested groups (including adopted persons, adoptive parents, natural/birth mothers and professionals), the theme of naming or the language used consistently emerged. For example, there is concern about the use of the term crisis pregnancy itself. The use of 'crisis' implies that the pregnancy was the crisis, and therefore may detract from some situations where the crisis is not in fact the pregnancy per se, but the events around the pregnancy. Such events may pertain to the circumstances of conception, changes in relationships due to the pregnancy, or a threat to life goals or expectations because of the pregnancy.

Crisis theory points to an understanding of crisis as being a perceived threat. (Aguilera 1995). The threat may be physical, emotional or cognitive. It is the perception of the person experiencing the crisis that defines it as such. In the case of the term crisis it is suggested that services set up using that title may seem irrelevant to someone who has an unplanned and unwanted pregnancy, but for whom there is no sense of threat. There are some for whom the discovery of the pregnancy may be distressing, but who may not relate to the notion of crisis. This has implications for many of the services set up to meet the needs of women experiencing unplanned/unwanted pregnancies. The use of crisis within the terminology may also imply that there is little time to make a decision about resolving the perceived crisis. Crisis, implying a speedy resolution, may force women to make hasty decisions, which they may later regret.

Despite the difficulties in resolving the issues around terminology in this area, the definition adopted by the Crisis Pregnancy Agency was taken as the starting point for this research. They defined a crisis pregnancy as 'a pregnancy which is neither planned nor desired by the woman concerned and which represents a personal crisis for her' (CPA 2002: 10).

However, within this definition it is important to acknowledge that a pregnancy may start as a crisis, which may be resolved in a number of ways, or a pregnancy may develop into a crisis over the nine-month period. In addition, the terms 'unplanned' and 'unwanted' are often used interchangeably in relation to crisis pregnancies.

A further difficulty encountered in the adoption discourse is the terminology addressing the natural/birth parents. There appears to be some dispute about use of the term 'birth mother'. The concerns rest in a view that this term creates an unnecessary distance between the natural/birth mother and her baby. A further complication arises with the increased involvement of the fathers. The term 'birth father' is cumbersome and physiologically, an impossibility. The use of the term 'natural' mother/father was preferred by some of those interviewed. This research acknowledges that even the term 'natural mother' may present some problems if the term 'natural mother' is seen to imply that somehow adoptive mothers/parents are 'unnatural'. In line with the dominant discourse in the field of Irish adoption this research will adopt the terminology of

'natural parent'. This should not be taken to indicate that this terminology issue is satisfactorily resolved.

On the same theme of terminology, language used to describe adoption can be challenged as supporting its current negative associations. Commonly used terms such as 'giving up the baby', 'giving away the baby', 'having the baby taken by the adoption agency' give a cold and uncaring impression of the adoption process. In contrast, phrases such as 'parenting the baby' and 'keeping the baby' have caring connotations. The language used appears to reflect the value position of the parties to adoption and such divergence of terms and nuances of meaning may serve to create or maintain a gap in understanding the underlying threads of the adoption process.

1.3 Key objectives of the study

The research was designed to address a number of questions about the current situation regarding domestic adoption in Ireland. The key objectives of the study were:

- to quantify the level of demand for domestic adoption services, to include demand for adoption counselling services
- to track the procedures and process of adoption counselling, from referral through to adoption and post adoption, to include exploring relationships between referral agents and the adoption agencies
- to explore the impact referral agents have on who proceeds to contact adoption agencies
- to obtain some indication of attitudes to adoption among relevant professionals
- to quantify the level of demand among prospective adopters for domestic adoption
- to address the issue of agency policies towards open adoption and examine the need for more open post-adoption contacts for all parties to the adoption process
- to obtain information regarding the need for post-adoption support services
- to obtain information regarding the service needs of natural fathers
- to obtain information regarding the long-term needs of adopted persons
- to obtain information regarding attitudes to adoption among women undergoing a crisis pregnancy.

1.4 Outline of the report

This research report is presented in the following chapters:

- Chapter 2 gives a detailed discussion of the relevant literature on adoption policy and practice, particularly related to traditional non-family adoption.
- Chapter 3 outlines the methodology used to undertake the research. A mixed method approach was undertaken and this is described. The outcome of the different methods employed is discussed, together with the difficulties that were encountered in obtaining responses to the questionnaires and in contacting potential respondents for the qualitative interviews. In addition, the limits of the study are discussed.

- Chapter 4 presents the quantitative data obtained, together with a discussion of the results.
- Chapters 5 and 6 describe and discuss the findings obtained from the qualitative data gathered through individual interviews and focus-group discussions. Chapter 5 gives the views of the mothers who had placed their babies for adoption, those who had decided to keep their babies, and one father who was interviewed. Chapter 6 discusses the results of the qualitative data obtained from the professionals working in the field of adoption and representatives of special interest groups.
- Chapter 7 presents the data from the three agencies selected for in depth analysis. One of the agencies was a crisis pregnancy counselling service, one was a private adoption agency and one provided both crisis pregnancy counselling and an adoption service.
- Chapter 8 provides a discussion of the findings of the study, together with conclusions and recommendations.

2.0 Literature review

2.1 Introduction

A 'crisis pregnancy' is defined as "a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her" (CPA 2002: 10). Adoption is defined as 'the social and legal process by which a baby who has been born into one family becomes a member of another' (O'Carroll 2002: 2). Adoption represents one solution to a crisis pregnancy. There is very little known about women's (and men's) attitudes, beliefs and expectations surrounding crisis pregnancy and adoption in Ireland. Green, Johnson and Kaplan's 1992 study of 100 single women (21 of whom gave up their baby for adoption), found that the only difference between those keeping the baby and those placing the baby for adoption was that those placing the baby for adoption were more likely to be unhappy at discovering they were pregnant and were less likely to have ever used contraception. Mahon, Conlon and Dillon (1998), in their study of eleven women experiencing a crisis pregnancy, found that the women tended to weigh up the pros and cons of having the baby, compared with adoption, throughout their pregnancy. They also found that the help the women received from voluntary agencies allowed them to keep their pregnancy secret, thus protecting themselves and their families from being stigmatised because of the pregnancy, and allowing them to maintain control over their decision making. Mahon et al. (1998) also found that the mothers in their study felt unable to parent that baby, but were willing to give birth to their baby, as abortion was not an option for them.

In the course of this literature review, adoption legislation in Ireland, crisis pregnancy in Ireland, the role of needs in the adoption triangle, the natural father in the adoption process, decision making in adoption, open adoption and search-and-reunion in adoption will be addressed. These are central themes to this research. There is still much to be looked at in terms of adoption and crisis pregnancy, and it is hoped that this study will add to the limited Irish research that exists and to the wider sphere of adoption and crisis pregnancy research.

2.2 Adoption legislation in Ireland

The 1952 Adoption Act remains the primary piece of legislation regulating adoption in Ireland today despite a number of amending Acts. Prior to 1952, adoptions were private and arranged through adoption societies run by religious orders, and they served as a means of correcting the stigma of unmarried pregnancy and motherhood. In the eyes of Irish society at that time the Roman Catholic family with two married parents was the ideal and the only place to bring up a child (Bunracht na hEireann 1937). According to O'Carroll, it was thought that "a good adoptive home deserved a child more than a lone mother" (O'Carroll 2002: 23). The 1952 Adoption Act paved the way for legalised adoption in Ireland. The Act was designed to underpin a twin solution, by providing homes for unwanted babies and babies for non-fertile couples. Subsequent Acts in 1964, 1974, 1976, 1988, 1991, and 1998 adapted the primary legislation as changes in society required. At its inception, legal adoption allowed for the permanent transfer of parental rights and duties from non-married natural parents to adopting married couples. The 1952 Act provided for the adoption of non-marital and orphan children under the age of 21, resident in the State. Those eligible to adopt were married couples living together, widows, the natural mother, the natural father and certain relations. The Act also gave

rise to the establishment of the Adoption Board (An Bord Uchtála), whose role is to grant or refuse adoption orders, and to oversee adoption practice and procedure throughout the country.

There have since been six amendments to the 1952 Adoption Act. The 1974 Act allowed for the adoption of a child by a couple of a different religion, provided the natural mother was made fully aware and gave her consent. The 1976 Act arose because of a case in the Supreme Court, where an adoption order was declared invalid because the natural mother did not fully understand the implications of consenting to an adoption (The McL Case). This paved the way for improved standards in relation to pre-adoption counselling received by natural mothers. The Adoption Act 1988 provided for the dispensing with consent of a natural mother, on foot of an Order of the High Court, where the consent was unreasonably withheld or where a child had been abandoned and it could be shown that there was no expectation that the parents would be able to care for the child in the future. The 1991 Act allowed for the provision of foreign adoptions. This was in response to both the growing number of people going abroad to adopt and the falling number of women placing their babies for adoption. The 1998 Act gave natural fathers the legal right to be heard by the Adoption Board in relation to an application for adoption of their child. Until then it had been the sole right of the mother to place her baby unless the father had been appointed a guardian, when his consent would be required to any adoption order.

After adoption was legalised in Ireland, adoption orders peaked in 1967—when 1493 adoption orders were granted, representing 96.9% of all non-marital births that year. Since then there has been a steady decline in the number of adoption orders being made. In 2002, the number of Irish adoption orders granted was 266, of which 76 were made in respect of children placed for adoption by the health boards and registered adoption societies (An Bord Uchtála 2003: 5). This decline in adoption placements can be attributed to various societal changes, most notably the introduction of the Unmarried Mothers Allowance in 1973 (later to become One-Parent Family Payments) and Children's Allowance by the Department of Social Welfare. According to O'Halloran, the Unmarried Mothers Allowance "broke the link between numbers of illegitimate births and adoptions" (1992: 17). This gave the single mother financial support from the State, thus increasing the number of single mothers opting to keep their baby. The stigma previously attached to lone motherhood dwindled as lone motherhood became more open and more prevalent in Irish society. This resulted from a number of factors, among which was the rise in the women's movement, lobbying by voluntary agencies and a change in attitudes to moral teaching. According to Nic Ghiolla Phádraig, "the cause of the single mother was championed by the national media in the early seventies and organisations such as Ally and Cherish were set up to provide alternatives to institutional care and to lobby for better deals for the mother who chose to keep her baby" (1984: 79).

The legalisation of adoption in Ireland has led to many changes in adoption policy, including improvements in pre- and post-adoption counselling of the natural parents and adoptive parents, the increased inclusion of the natural father in the adoption process (where previously he was almost 'invisible' (Darling 1977: 25)), codes of practice for the adoption agencies, the issue of a contact register for adopted people seeking their natural parents and access to their birth records, and, finally, an increased trend

for open adoption. Current focus is on open adoption, which is not a legalised arrangement at present, but one of goodwill. The decision on whether to cement open adoption as a legalised arrangement or not is still being debated. At the present time the Department of Health and Children is undertaking a consultative process in relation to proposed legislative changes to implement the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption 1993 and the Adoption Information, Post Adoption Contact and Associated Issues Bill 2003 (Report of Oral Consultation on Adoption Legislation Conference 17 and 18 October 2003: www.doh.ie/pdfdocs/adopcon10.pdf)

2.3 Crisis pregnancy in Ireland

The level of crisis pregnancy in Ireland today is difficult to gauge, as no national representative survey exists (CPA 2003: 12). Greene et al.'s (1992) study of 100 unmarried and 100 married women attending their first antenatal visit in Dublin found that 89% of unmarried mothers' pregnancies were not planned, compared with just 20% of married mothers. The extent to which these pregnancies were perceived as crises (or not) was not determined. An unplanned pregnancy is not necessarily a crisis pregnancy. What determines whether a pregnancy is a crisis or not is its personal impact on the woman. Various factors such as age, education, contraceptive use and accessibility, relationship with the father, relationship with family members and peers, support, alcohol and drug use, social stigma and financial situation all have a role to play in determining whether a pregnancy is deemed a crisis or not. In the end, it solely depends on the personal viewpoint of the woman involved. In addition, a situation which may commence as a crisis conception may become a crisis pregnancy, or the crisis may be resolved and the pregnancy may progress normally.

There is still very little known about women's (and men's) attitudes, beliefs and expectations as regards crisis pregnancy and adoption in Ireland. Mahon et al.'s study, which included interviews with 11 women experiencing a crisis pregnancy, found that although the women were willing to become birth mothers, they were not willing to become social mothers and raise their children. They found the decision between lone motherhood and adoption 'was not a clear-cut one and most women continue to debate it throughout their pregnancy' (Mahon et al. 1998: 405). The women who chose adoption as a solution to their crisis pregnancy did so because they did not wish to be a lone mother (despite familial support) and rejected the notion of abortion on moral grounds. Their main reasons for choosing adoption were identified as follows: it would provide the child with the ideal parenting situation (two parents with financial and emotional security); it would make two people who could not have children of their own happy; and it did not necessarily represent an end to their relationship with the child as contact with the child could resume at a later stage in the natural mother's life (Mahon et al. 1998: 419). Not only did adoption represent an easier option for the natural mother, but in general the benefits were greater in relation to the child. The author argues that adoption allows women in crisis pregnancy some time to think, as the ultimate decision on whether or not to keep the baby did not need to be made until after the birth (Mahon et al. 1998). An earlier study (Resnick, Blum, Bose, Smith and Toogood 1990) raised an interesting point about the acceptability of adoption. The authors argued that the mothers who place their babies for adoption present the best interest of the child as a way of accounting for their decision in the face of peer reaction that views their

behaviour as selfish, unloving and incomprehensible. (Resnick et al.: 583) They attribute this, in part, to the greater acceptance of single parenting by society, but also the 'discomfort and ambivalence of society, about adoption as a social institution for the creation of families which work together to perpetuate the cloak of unease and negative attributions associated with the placement of children in other families'. Research by O'Carroll (2002) on the characteristics of mothers who gave their children up for adoption in 2002 found that they represented two distinct groups. One group was made up of well-educated women with traditional family views and the need for secrecy and a second group who were already in a family or couple. In studies of unmarried women parenting alone, Richardson (2001) and McCashin (1996) both found that having rejected termination of a crisis pregnancy, the women did not consider adoption as an option.

2.4 The needs of the adopted child, the adoptive family and the natural parents

The aim of this research project is to assess the needs of those involved in the adoption triangle; namely the natural mother, the natural father, the adoptive parents and people who have been adopted. According to Conway (2000), and Smith and Howard (1999), adoption is no longer seen as a single event, but one that affects those involved throughout their lifetime. Thus it should be conceptualised as a lifelong process. At varying stages there are needs to be met, which necessitate up-to-date and comprehensive pre- and post-adoption placement services. Highlighting these needs will allow for better service provision on behalf of the crisis pregnancy counselling agencies, maternity hospitals and adoption agencies.

Lindley's study of adoption agencies and their experience of dealing with birth families in the adoption process stressed the importance of partnership in the adoption process. She found that birth families need to feel like 'key players', yet in traditional adoptions they are often marginalised, with the focus after the adoption being solely on the adoptive parents and their adjustment to family life with their adopted child (Lindley 1998: 32). Lindley also highlighted the importance of open adoption (adoption where there is some form of contact/involvement on the part of the natural parents) in developing an adopted child's need for a sense of identity. She argues that 'adopted children's identity needs will best be met by full information about the reasons for the adoption and greater openness between the two families' (Lindley 1998: 25). Siegel (1993) also argues that a closed model of adoption fails to meet the needs of adopters, natural parents and adoptees. Triseliotis (1973) found that adoptive parents' reluctance to tell their child they were adopted and to share background information with them made adopted children feel embarrassed and 'second class' because they were adopted. He argues that adopted children's identity needs are of the utmost importance and the best way to develop these needs is through contact between the natural parents and the adoptive parents.

Another need in the adoption process is secrecy. Mahon et al. (1998) argue that secrecy is required by natural mothers as a means of maintaining control over their decision to have the child adopted. Secrecy is also needed as a means of protecting the natural mother (and natural father) and her family from any stigma associated with getting pregnant outside of marriage. Yet Rosenberg and Grose (1997) argue that secrecy serves the needs of only the natural parents and their families. Secrecy represents a burden for the adoptive parents and the adopted child, creating 'distance, not a sense of belonging'

(Rosenberg and Grose 1997: 25). These authors argue that adoptive parents need a steady information supply on natural parents in order to feel empowered to do their job as parents, while the adoptive child needs this information to be able to put his/her life into perspective, in order to develop a continuing sense of self. O'Carroll states that it is the task of social work to 'examine whether women need to be encouraged to reconstruct their pregnancies and make decisions based on honesty and openness rather than collusion and secrecy' (2002: 83).

The acknowledgement of grief and a sense of loss is another need in the adoption process. Namerow, Kalmuss and Cushman (1997) argue that we must recognise and support the feelings of loss, grief and regret experienced by a mother giving up her child and also how the adoption and these feelings impact on her life. Clapton (1997), in one of the few studies on the feelings of natural fathers, found them to have similar feelings of loss, grief and regret at the loss of their child, but they differed from natural mothers in that their feelings towards the child subsided over time, while the natural mothers stated the child was ever present in their thoughts. Contact with the adoptive parents and the child is something that can help ease these feelings, but Triseliotis argues that 'increasing contact brings with it increased pressure' and that there is a need for additional support from the adoption agencies to help all parties involved cope with this pressure (1973: 33). Lindley (1998) found that just over three-quarters of the agencies in her study offered post-adoption support to natural parents, adoptive parents and adopted children. Castle, Beckett, Groothues and the ERA study team, in their study of adult adoptees, found that while 'voluntary adoption agencies were strongly committed to providing support and assistance, social services departments' response to post-adoption needs was more reactive because of general and competing demands on the department' (Castle et al. 2000: 55).

The needs of those involved in the adoption triangle are of the utmost importance and should be addressed and served by the adoption agencies and social work departments. The largest risk in not serving these needs properly is the incidence of trauma in the years following the event. Smith and Howard argue that adoption for adopted children 'means somebody loves you and somebody doesn't' and that this leads to trauma over a sense of identity and belonging (1999: 90). Natural mothers need their grief to be acknowledged and need support to help them deal with the feelings of loss and regret that this grief brings (Robinson: 2000). Lordan and Wilson also argue:

The need for supportive interventions using individual and groupwork techniques would appear to be relevant as the most effective means of enabling those women to share their experiences thereby validating their emotions and feelings and lessening their sense of isolation through offering support for each other (1998: 17).

Chippendale-Bakker and Foster state that natural mothers who have chosen and met the adoptive family seem emotionally better able to work through their decision to have their child adopted because they have a 'concrete sense of where their children are and what their children's upbringing will be' (1996: 351). The pros and cons of contact with the adoptive family and their child is something that needs to be fully considered in counselling natural mothers, as it could prove to be essential in determining their emotional and mental wellbeing post adoption. Cushman, Kalmuss and Namerow (1993) argue that the younger the woman placing her baby for adoption, the more emotional

support needed and that counselling strategies should be developed with this need in mind.

Castle et al. (2000) note the need for background information on natural parents so that adoptive parents can adequately explain the adoption to their child and have information to sufficiently assist their child's development. Adoption is not one single event in the lives of those involved; it is an event that conjures up many emotions, from loss on the part of the natural mother giving up her child, to joy at becoming a parent for the adoptive parents receiving the child. Such an emotional event requires support from those agencies involved to focus on and serve the needs of the natural parents, the adoptive parents and the adopted child, making sure that all are equal partners in the adoption process and that no-one is marginalised because of their part in it.

2.5 Crisis pregnancy counselling

Very little research has been done in the area of crisis pregnancy counselling, especially in Ireland. Crisis pregnancy brings with it elevated emotions for women experiencing it, so counselling is of the utmost importance, no matter which option is chosen. The Lane Committee report for the UK Department of Health in 1974 stated that:

Counselling should aim to ensure that the pregnant woman has a full opportunity to make a reasoned assessment of her own wishes and circumstances, to obtain any advice she may need in reaching her own decision, and to secure that any after care facilities including social work help which she may need can be made available. In helping the woman to understand the implications of termination or the continuation of pregnancy, it is essential that counselling should be both non-judgemental and non-directional.

Winkler and Van Keppel, in their study on relinquishing natural mothers and adoption counselling, argue that it is 'inappropriate to view relinquishing mothers as women who have put their problems behind them' (1984: 2). The problem doesn't simply disappear after the event is over: all options to crisis pregnancy (parenting, adoption and termination) have lifelong consequences that need to be dealt with. Winkler and Van Keppel found that mothers who relinquished a child for adoption, when allowed to talk freely and express their feelings about the loss of their child, were better able to adjust to the effects of their decision. Their study recommended 'greater availability of counselling and support services for women who relinquished a child in the past and for women currently relinquishing a child' (1984: 3).

A greater need for counselling and support services, especially for women located in rural areas, was highlighted by Nic Gábhainn and Batt (2003) in their study on crisis pregnancy counselling in Ireland. In their study of crisis pregnancy counselling service providers and the women who use the services, they found that crisis pregnancy counselling services were primarily confined to the main urban areas. They saw this as a concern for rural women who may wish to use the service, but could be prohibited from doing so by barriers such as irregular public transport systems. Nic Gábhainn and Batt argued that 'the indirect cost of access, especially for rural women needs to be addressed' (2003: 148). They suggested providing an outreach network of localised GPs and accredited private counsellors and developing a telephone counselling service to make crisis pregnancy counselling more readily available to women in isolated, rural areas.

Nic Gábhainn and Batt also discovered that counselling agencies reported that many women who attended crisis pregnancy counselling were unclear about what services were available to them. They recommended that 'advertising of services should be rationalised and maximised' (Nic Gábhainn and Batt 2003: 148). They also advised the use of the words 'unplanned' or 'unwanted' (as opposed to 'crisis') because for some women the pregnancy may not represent a crisis; by terming it 'crisis pregnancy' we may be 'creating barriers to services' for potential clients who don't see their pregnancies as crises (Ibid:138).

Among women who do not attend crisis pregnancy counselling, reasons for non-attendance are varied. Mahon et al. (1998) found that many women did not attend counselling because they felt they simply did not need it. Other women were unsure about the service provided and felt that if they enquired about a termination they would be breaking the law. Mahon et al. (1998) observed that women who decided to parent their children were less likely to continue with, or receive, counselling.

The reasons why women do and do not attend for crisis pregnancy counselling are complex and varied. What is clear is that there is a huge gap in crisis pregnancy counselling provision in rural areas in Ireland, and that many women in both urban and rural areas remain unclear as to what crisis pregnancy counselling provides and who it is for.

2.6 Natural fathers: Silent partners in the adoption process?

Very little research exists on natural fathers in the adoption process, mainly due to the fact that it is the natural mother who has the most control in deciding whether to place the baby for adoption or not. There are various reasons for this: it is her body, so she should have the ultimate choice; some pregnancies resulting in adoption were the result of one-night stands; the relationship with the natural father was unhealthy or had finished in the aftermath of the pregnancy; he was not informed of the pregnancy due to personal reasons. In many instances the natural mother chose to keep her pregnancy secret and the natural father was not informed. Richardson (2003) states that the natural father is often ignorant of his child's existence, as it is the responsibility of the natural mother to disclose his identity or not. Some natural fathers excluded themselves from the adoption process, wanting nothing to do with the baby. Milotte argues that this secrecy protected men and that 'it is conveniently forgotten that for every shamed birth mother there was an anonymous birth father, desperate to cover his tracks' (1997: 195). Sachdev (1984) poses the question as to whether men have responsibility for the results of their sexual activity, or has the total responsibility fallen unfairly on women? Is it women who take control of the decision to place a child for adoption or are they forced into the decision by a lack of support from the baby's father?

Since 1998 natural fathers have had the right to be heard by the Adoption Board in relation to their child's adoption application. In 2002 only 13 fathers attended the Board to be heard on adoption applications, compared with 19 in 2000 (An Bord Uchtála 2003). The adoption agency must contact the natural father prior to the placement of the child for adoption, where they know his identity. However, the mother may not know the identity or whereabouts of the father or may refuse to provide the adoption society with the information. Where this latter occurs the agency must counsel her to attempt to obtain her co-operation. Should she still refuse to reveal the identity of the father then

the adoption agency must furnish the Adoption Board with a written report of the counselling that the agency has provided and the Adoption Board may only authorise the agency to place the child for adoption if they are satisfied that all reasonable steps have been taken to procure the assistance of the mother in obtaining the information. (Shannon 2005:298). O'Carroll's (2002) study of traditional adoption in Ireland found that only 17.5% of natural fathers were registered on the child's birth certificate, 41.3% were unaware of the baby, and 22.2% of the natural fathers were unknown to the natural mother. The natural fathers in Clapton's study 'felt their child's welfare was beyond their control' and that it lay solely with the natural mother (2001: 52).

There exists a belief that fatherhood is something that is defined through active parenting, while motherhood is birth (Clapton 2001). Mothers have a 'birth' right to decide what's best for their child, whereas fathers gain their experience through social caring of the child. Clapton disagrees with this, asking how, then, could the natural fathers in his study have 'a continuing connection in respect of their child' which 'occurs in the absence of ever having seen the child or at most having had a brief glimpse' (2001: 58).

It appears that the lack of involvement on the part of the natural father is significant, whether this be due to the natural mother's secrecy or to the father's own refusal to acknowledge the child. The question arises as to whether the natural fathers are making themselves unavailable for involvement or whether they are marginalised in the adoption process by the natural mother and the adoption agencies. O'Carroll argues that 'a specific social-work service for fathers involved in adoption needs to be developed' and 'further legal steps need to encourage fathers to find their place in their children's lives' (2002: 82). For the children deprived of their paternal heritage or for natural fathers who are unaware of their child's existence, this should not be a recommendation but a necessity.

Loftus (2004) undertook a study on the changes in natural father involvement in step-family adoption in Ireland following the introduction of the Adoption Act 1998. She found that there was an increase in involvement of natural fathers in relation to step-family adoption and that most natural fathers were included in the adoption process by 1999. However, this study does not address the issue of the involvement of fathers in the traditional adoption process. Nevertheless, Loftus makes the point that further research is needed to fill this void in knowledge about natural fathers. McKeown, Ferguson and Rooney (1998) and Clapton (2003) have addressed the question of whether natural fathers should be accorded equal rights to natural mothers irrespective of marital status. As Loftus points out, 'The question of equal rights for birth fathers has implications for practice' (2004: 64). While recognising that there is a need to engage with men it is not always useful or desirable when considering the best interests and welfare of the child and also the best interests of the mother.

2.7 Decision making in crisis pregnancy

The important aspect of decision making in crisis pregnancy is helping women to choose wisely. It is not about what to choose but how to choose. In making a decision individuals are influenced by a range of factors, such as habit, the influence of social groupings to which they belong, access to information about the positive and negative aspects of any decision outcome, their own experiences, and emotional and psychological makeup. The effect of these psychological and sociological factors leads individuals to make decisions

and to take actions that are not necessarily rational. Therefore, a range of factors may lead individuals to act in ways that are not rational. In addition, it is argued by Aguilera (1998: 104) that an unwanted pregnancy creates a crisis in a life of any woman, and symptoms of anxiety, depression and disorganisation are common. Within such a crisis the ability to make rational decisions is impaired due to the level of emotional disequilibrium that results from the crisis situation. In this situation Elster (1991: 214) argues that it is highly likely that women will make decisions that are influenced by emotional issues, social norms and past experience, rather than a rational basis. Further, Levi (1991:139) has argued that 'what others are doing is likely to influence one's perceptions of what one should do', and that an individual's choice affects and is affected by the choices of others. Thus, the decision of the woman with a crisis pregnancy may be affected by the norms in relation to pregnancy resolution in her culture or subculture or by the decisions of her family to accept or reject her as a single mother. Given that the social norms relating to crisis pregnancy are related to increased numbers of women choosing termination or parenthood, the chance of women placing their baby for adoption is becoming increasingly unlikely. Thus it can be argued that the decisions may be the result of changing norms rather than a clear understanding of outcome and a rational decision based on the individual's examination of values, goals and cost/benefit analysis of any particular decision outcome (Richardson 1993).

2.8 Decision making in adoption: to place or not to place

What makes a natural mother decide to have her baby adopted? Research indicates that there are two main groups of women placing babies for adoption. There is a group of well-educated women who value the traditional Irish family and the concealment of an unplanned pregnancy that adoption offers them and there is a much smaller group who are already in a family or couple relationship with the baby's father. O' Carroll's (2002) study of traditional adoption in Ireland found that the typical mother placing her baby for adoption in 2000 was aged 21-25, unmarried, Roman Catholic, a student, from the Mid-Western Health Board area and contacted the adoption agency 0-2 months after the baby's birth. 82.5% of the women who had their child adopted in 2002 opted for the traditional, closed model of adoption (no contact) with only 17.5% opting for open adoption.

Flanagan and Richardson (1992) found that those women who placed their babies for adoption concealed their pregnancy longer, informed their parents later and were less likely to tell the father than those women who decided to keep the baby. Richardson (1993) found that the decision not to place the baby for adoption was positively correlated with the natural mother's relationship with the baby's father. She was more likely to keep her baby if she thought her relationship with the natural father was going to be long term; yet Richardson (1993) also notes that the natural father's role and even the natural mother's own father's role in the decision-making process was 'insignificant' (1993:228).

Mahon et al. (1998) argued that there was a fear among unmarried mothers of being stigmatised as a lone mother, or for being pregnant or sexually active outside of marriage; there was also a fear of their own families or the baby's father being stigmatised. This fear of stigmatisation led some women to keep their pregnancies concealed. Secrecy allows the natural mother to have control over her decision making. If she were to disclose the adoption to the baby's father, he could exercise his paternal

right to the child, leaving her no longer in control. O'Carroll (2002) argues that adoption agencies and health boards, who place children for adoption, need to consider whether secrecy is best for all involved in the adoption process, or if it only becomes problematic in the latter stages for the natural parents, adoptive parents and the adopted child.

Richardson (1991) found morality to be a significant influence on whether to place the baby for adoption or not. Natural mothers saw adoption as a better life for their baby. Mahon et al. (1998) also cited 'a better life for the child', along with 'making two people happy' and 'the child having two parents' as the main reasons for deciding to place the child for adoption. Richardson (1991) argued that other influential factors in placing were support from family members, the relationship with the father, and knowing friends and siblings in similar circumstances.

Chippendale-Bakker and Foster stated that 'life goals of the biological mother have traditionally been found to be indicators in support of an adoption decision' (1996: 347). They also discovered that the involvement of the natural mother's parents exerts a 'pro-parenting' effect: the more involved the natural mother's own parents were in the decision-making process, the greater the likelihood of her keeping the baby. Chippendale-Bakker and Foster (1996) also argue that 'adoption planning' alleviates the natural mother's ability to form a relationship with her child, thus allowing her more control over her decision to place her baby, or not (1996: 349).

Deciding to place a baby for adoption is not an easy decision. Research indicates that mothers weigh up the pros and cons of adoption before making a decision (Mahon et al. 1998, Cushman et al. 1993). With adoption as an option the mother is allowed 'more time to think' about her decision. Research argues that by keeping her pregnancy a secret, a woman maintains control over her decision making. Secrecy and collusion allow the natural mother to make her decision in a safe environment. What crucially needs to be addressed in the counselling process in crisis pregnancy and adoption, however, is whether such secrecy is beneficial or detrimental to the natural mother's emotional, social and mental well-being post adoption.

2.9 Changing times, changing trends: The growth of 'open adoption' and alternatives to adoption

Traditionally, adoption has been of the 'closed' variety, yet in recent times the advent of 'open adoption' has occurred. 'Closed' adoption means that the natural parents and natural-family members have no contact with the adoptive parents or the adopted child after the adoption. There is no consensus, however, on an exact definition of open adoption, as each family's arrangements regarding their level of contact is different. Siegel defines 'open adoption' as adoption in which:

The birth parents or other birth family members and adoptive parents share with each other some sort of information about themselves and have some sort of contact before or after the adoption takes place, either by letter, phone or face-to-face meetings (2003: 410).

This would include meeting and/or choosing the adoptive parents before the adoption, letters, photos, phone calls from the adoptive parents about the child, and also the exchange of background information between both sets of parents. Research on open

adoption in Ireland is very slight, since traditional or closed adoption has been the norm up until recently. There is evidence of an increasing trend for open adoption in Ireland, but very little of this has been documented. The Adoption Board's Annual Report in 2001 states:

An increasing number of domestic non-family adoptions ('agency' adoptions) are 'open' adoptions i.e. the birth parent or parents retain a degree of contact with the child (usually one or two visits a year) after the adoption order is made (p8).

O'Carroll's (2002) study of traditional adoption in Ireland in 2000 revealed that the majority of adoptions that year were closed (82.5%), while only 17.5% were open. Open adoption is very difficult to quantify, as it is merely a goodwill arrangement between the natural parents and natural family, and the adoptive parents. It has no legal footing and there is no legal basis for enforcing it. The Adoption Board 2002 Annual Report recommends:

Legal provisions [should] be put in place to ensure, that where a birth parent wishes to have continued contact with his or her child after the making of an adoption order, such contact can be made a condition of the adoption order and would be legally enforceable (p8).

Open adoption brings with it many fears and disadvantages but also can involve many advantages and joyous emotions. The question is: whose best interests are served by the increased contact that open adoption brings? Many argue that meeting adopting parents and maintaining contact with the adopting family puts a natural parent's mind at ease (Lindsay 1987, Chippendale-Bakker and Foster 1996, Cushman et al. 1997). In her study of adoptive parents' feelings on open adoption (seven years after the adoption), Siegel (2003) found that all adoptive parents expressed contentment with the openness in their adoptions and that their initial fears of open adoption did not materialise over time. Triseliotis (2000) argues that openness in adoption is vital for the adopted child's identity development. Having access to background information on his/her natural parents allows the adopted child to structure a fully holistic sense of self. Yet, not all open adoptions bring benefits. Rosenberg and Grose (1997) argue that controversy still continues over whether, and the extent to which, contact between natural and adoptive family members serves the interests of the child who was adopted, the natural parents or the adoptive parents.

Siegel notes that openness in adoption may set the stage for "birth parents interfering in the adoptive family's life, complicating the child's identity formation, interfering with the bonding between the child and the adoptive parents". She also states that openness "impedes the development of the adopting adult's parental role" (2003: 410).

Sachdev's (1992) study of adult adoptees who were reunited with their birth parents showed that the majority of adoptees were satisfied overall with the reunion (86.9%) and found that their relationship with their adoptive parents was largely unaffected or improved significantly following the reunion with their natural mother. He argues that this demonstrates that secrecy and closed adoption fail to safeguard against unwanted intrusions by the triad members (natural parents, adoptive parents and adopted people). All secrecy and closure do is to promote 'fears and misconceptions about each other's motives', which doesn't serve the interests of the adoption participants at all (Sachdev 1992: 66).

This has important implications for social-work practice. Sachdev (1992) argues that social work needs to develop counselling methods to support those involved in adoption, to help them manage the pain that contact may arouse and understand the importance to the child that contact is sustained. She contends that this may reduce the possibility of opting out of contact arrangements. Siegel maintains that agencies and social workers involved in adoption should 'not focus on promoting any one type of openness but on helping families formulate an arrangement that suits their unique needs' (2003: 416). Sachdev argues that the resistance of legislation and adoption agencies to restructure the adoption process to promote more openness and contact in adoption arrangements serves to protect the adoptive parents from 'losing the love and loyalty of their child' (1992: 66). However, this loss of love or loyalty does not usually happen in practice, as the majority of adoptees' relationships with their adoptive parents remained unaffected or improved as a result of a reunion with their natural mother. As Sachdev argues:

It is time that social work professionals abandon their reactive stance if they truly want to serve the best interests of adopted children. The motivation for confidentiality is based on preserving the interest and welfare of adoptees, when, in fact, they feel resentful towards professionals because they have been denied access to the facts of their birth heritage which rightfully belong to them (1992: 67).

Rosenberg and Grose (1997) state that instead of encouraging secrecy, adoption agencies should be endorsing openness and offering assistance to those involved in the adoption process. For example, helping adoptive families deal with their child's complex feelings about having two sets of parents, providing a safe environment for natural mothers to reconstruct their experience of pregnancy, delivery and relinquishment, or holding triad support groups to reduce families' sense of isolation and alienation.

With the number of adoptions falling each year and the somewhat negative attitude to adoption that exists in the public sphere, there has been a plea for alternatives to adoption, such as long-term foster care and extended guardianship. Brooks (2001) argues that the law should be promoting alternatives to adoption instead of heavily emphasising adoption only. Brooks makes a case for two alternatives to adoption: subsidised guardianship and cooperative adoption. Subsidised guardianship is where a guardian is appointed to the child, but parental rights to the child are not terminated and thus a relationship between parent and child can continue. The 'subsidised' element is that there is a financial subsidy given to guardians as an incentive when they give the child a permanent home, which they might not have been able to do without financial assistance. Co-operative adoption is an adoption where there is some element of enforced continuity between the birth family and the adoptive family. The level of continuity ranges from the exchange of information and photographs to continuous contact and is enforced by a legally binding agreement. It is what open adoption would be if it had legal status instead of being a goodwill arrangement. This type of adoption requires the co-operation of all members of the adoption triangle and ensures that needs such as the child's identity development, the natural family's need for ongoing contact and adoptive parents' access to valuable background information are met. Brooks argues:

Proponents of co-operative adoption are convinced that it meets the needs of all members of the 'adoption triangle': the adopted child, the adoptive family and the birth family (2001: 52).

What emerges from the literature is that 'closed' adoption, characterised by secrecy, does not serve the best interests of those involved in the long term. Natural parents continue to struggle with their grief and sense of loss, adoptive parents are lacking in information on their child's natural parents and are unable to answer any questions the child may have, and adopted children feel that they have gaps in their life history. 'Open' adoption, or its alternative 'co-operative adoption', where there is contact, allows the natural parents' knowledge that their child is being looked after properly, it allows adoptive parents background information to explain the adoption to their child and provides the adopted child with a more holistic sense of self. Siegel contends:

Rather than protecting birth and adoptive family members from contact with each other, the social worker's role can be reconceptualised as facilitating the process by which families reach out to one another (2003: 417).

2.10 Supported accommodation and crisis pregnancy

Many women are housed in supported accommodation during their crisis pregnancy, and for a time afterwards, to allow them space to come to terms with their pregnancy and to work through their decision making. Supported accommodation is defined as:

Semi-independent accommodation, with a support programme in place which is accessed either directly on-site or through external agencies. The accommodation caters either for pregnant young girls and women or lone mothers with children or both, who may be out of home as a result of a crisis pregnancy. It is time limited and provides a pathway to independent living (Keogh 2003: 80).

In her study on supported accommodation in Ireland, Keogh argues that for many women being in supported accommodation 'gave them a life chance and an opportunity to develop and grow as women and mothers in a positive environment' (2003: 76). Supported accommodation is vital to women with a crisis pregnancy. Keogh argues that 'one of the first things women in crisis need is a safe, warm and welcoming place where they can access emergency accommodation on a temporary, short term basis' (2003: 80).

Keogh (2003) also highlighted the lack of supported accommodation for pregnant women with drug and alcohol problems. She also found a serious shortage of supported accommodation for pregnant women with more than one child. There was only one supported accommodation centre in Ireland that accepted women with a crisis pregnancy who had more than two children. Keogh (2003) advocated that because of the huge need for more supported accommodation, it should be available in each local authority within Ireland and available to all women of all ages with a crisis pregnancy, no matter how many children they have.

The importance of supported accommodation as a safe haven for women with a crisis pregnancy is unquestionable; unfortunately many centres that provide supported accommodation have limited beds and restrictions on who may avail of these beds.

2.11 Search and reunion in the adoption process

Irish research into search and reunion experiences of those involved in the adoption triangle is somewhat insufficient. Search and reunion refers to the quest by an adopted person to find their natural parent (the search for a natural parent can also be initiated

by the adoptive parent(s) or the quest by a natural parent to trace their biological child who has been adopted. Richardson argues that in Ireland today, 'access to information and attempts at tracing and reunion take place in an unstructured and unregulated way' (2003: 17). An adoptee must be over 18 to commence a search for their natural parents and must apply to the Adoption Board, who then decide whether or not to release the information. Adoption agencies also provide a search-and-reunion service, where adopted people or natural parents can contact them for information. Such information is veiled from adoptees, natural parents and adoptive parents on the premise that it safeguards all involved in the adoption process from unwanted intrusion (Sachdev 1992). There were 852 search-and-reunion enquiries made to the Adoption Board in 2001 (An Bord Uchtála 2002: 12).

Many studies have been carried out on the effects of search and reunion on adopted people, natural parents and adoptive parents. Andersen (1989) discovered that there were two main motivations behind an adoptee's search for their biological parents: adventure and therapy. Search as adventure was seen by the adoptee as reuniting with their biological family for the purpose of being together and sharing future experiences. Search as therapy provided access to one's origins, medical history, reasons why they were placed for adoption, whom they look like and knowledge of one's own identity. Search as adventure was seen as dramatic or exciting, whereas search as therapy was more complex. Overall, adoptees found their reunion experience to be a positive one. Pacheco and Eme (1993) found that 86% of the adoptees in their study saw their reunion with their natural mother as 'positive', and the majority of adoptees felt that the reunion improved their self-concept, self-esteem, emotional outlook and their ability to relate to others (1993: 58). Sachdev (1992) also found the majority of adoptees to have 'no regrets' at their reunion with their biological mother (1992: 64). He also found adoptees to have a more cohesive sense of identity at being able to connect themselves for the first time with their generational line, and a sense of relief at not having to dwell any longer on fantasies and bewilderment about their genealogy. However, Andersen warns that search and reunion is not always positive. He argues that the images of mothers and their children embracing on television:

Conjure up promises of joyous moments to be shared together, rather than deliberations of how the reunion might alter the adoptee's sense of inferiority or the biological mother's feelings of guilt (1989: 624).

The impact of search and reunion on adoptive parents is not widely documented. Adoptions are often 'closed', with no contact in order to protect the feelings of adoptive parents, for fear that a natural mother's involvement directly in their lives might impede their ability to parent. The majority of the adoptees in Sachdev's (1992) study confided in their adoptive parents that they were going to look for their natural parents and after the reunion found their relationship with their adoptive parents had been unaffected or had improved. Silverman, Cambell and Patti (1994), in their study on adoptive parents' views on search and reunion, discovered that the more 'open' the adoptive family was with the adoption in general, the more they understood their adopted child's need to find their natural parents. The adoptive parents in the 'open families' did not feel the reunion to be any threat to their competence as parents. However, those parents in 'closed' families, where the adoption was a "taboo" subject, were less likely to give their blessing to the search and felt threatened by the reunion, seeing it as their failure as parents.

Search and reunion engages powerful emotions of loss, guilt, regret, shame, happiness, and desertion—to name but a few. Adoption agencies and social workers need to be sensitive to such emotions when dealing with adopted people, natural parents and adoptive parents. Silverman et al. (1994) argue that intervention in the adoption triangle by professionals should promote openness and flexibility. If families are helped to understand from the beginning, they may not feel as threatened or as uncomfortable with the notion of contact and reunion. With knowledge, we feel more secure; when things are hidden, fear and discomfort sets in.

Adoption professionals should be encouraging future adoptions to be 'open' and helping adopted people, adoptive parents and natural parents to manage their degree of contact effectively so that it benefits all parties involved.

2.12 Conclusion

What is evident from the literature is that the adoption process—as well as crisis pregnancy—is not a single event in the lives of those involved, but something that remains ever present in their everyday lives, either consciously or unconsciously. It is a mistake to think that people who experience adoption and crisis pregnancy only need counselling, support and assistance in the immediate aftermath of the event. Counselling agencies, adoption agencies and social work professionals need to develop a strategy that realises this, and that caters for the ongoing and very real needs of natural parents, adoptive parents and adopted children. Secrecy and keeping the members of the adoption triangle hidden from one another needs to be replaced with openness and a sharing of experience. Some mechanism has to be found to avoid the need for remaining hidden if we are to be able to start helping people. It is also clear that there is a dearth of research on the contemporary issues in adoption in Ireland; this needs to be addressed as soon as possible.

3.0 Research methodology

3.1 Introduction

This chapter will outline the research objectives for the study. It will then discuss the mixed method research approach employed to address these objectives. This will be presented by considering the component parts to this methodology: documentary research, quantitative research, qualitative research and critical case analysis. The outcome of the various methods will be discussed in each section. Finally, ethical issues and limitations of the study will be identified.

3.2 Mixed-method approach

The research was designed as a small-scale, short-term exploratory study. The year 2002 was selected as being the last year for which completed figures were likely to be available and it was also the last year of completed statistics published by the Adoption Board.

A triangulation (mixed-method) approach was employed with this research. Marshall and Rossman argue that using data from different sources 'can be used to corroborate, elaborate or illuminate the research in question' (1995: 144). May (2001) suggests that the main advantage of using a mixed-method approach in research is that it allows difficulties with one method to be resolved by another. For example, quantitative questionnaires give no room for probing for further information, whereas qualitative interviews can.

Several preliminary steps were taken in order to identify possible informants and other sources of data. Building up relationships with service providers and other organisations was an important aspect of the research. Other steps were taken, as outlined below:

- Application was made to the Chairperson of the Ethics Committee in UCD, and clearance for the study was obtained.
- A formal presentation was made at a meeting of the Council of Irish Adoption Agencies with regard to the nature of the research to be carried out, in order to secure their co-operation.
- A meeting was held with the Senior Social Worker from the Adoption Board, the Research Adviser from the Crisis Pregnancy Agency and the researchers.

Through personal contacts, the researchers were able to make initial contact with professionals in the field of crisis pregnancy and adoption. The professionals concerned were mostly social workers.

3.3 Research methods

3.3.1 *Documentary research*

A literature review was undertaken to provide a context for the study within the framework of statistical information available on adoption in Ireland. The literature review established the theoretical and policy context of the study. Other data sources were also accessed in the documentary research process.

Data sources included:

- documentation on legislation and policy
- literature searches using appropriate databases
- literature supplied by the Adoption Board
- literature from adoption client groups
- documents such as intake forms, questionnaires and record keeping schedules from crisis pregnancy and adoption agencies.

One of the advantages of the mixed method approach is that it facilitates sequential development of the research approach. In this case data gathered from the documentary phase of the study informed a sampling frame used to identify key sources for accessing respondents for the next phase in the study.

3.3.2 Quantitative methods

This phase employed two forms of data collection:

- a) postal questionnaires
- b) telephone survey.

Data provided in the documentary research formed the basis for the audit and distribution of the agencies providing crisis pregnancy counselling and adoption services in Ireland. Seventy-three possible respondents to a postal survey were identified from Crisis Pregnancy listings, the Positive Options list, the Adoption Board list of registered adoption agencies, web-based searches and the telephone directory.

Postal questionnaires

To quantify the number of women who sought help with a crisis pregnancy in the year 2002 postal questionnaires were designed and circulated to 73 respondents (breakdown in Table 3.1). Questionnaires were sent to:

- all possible referral agents: crisis pregnancy agencies and maternity hospitals
- adoption agencies
- health board adoption services.

This enabled a profile to be created, which addressed a number of points and supplied factual details on the following:

- single women who presented with a pregnancy they experienced as a crisis in 2002
- the stage in pregnancy at which they presented
- the source of their initial referral
- whether they experienced social problems (other than crisis pregnancy, e.g. homelessness)
- information on their accommodation situation
- information on whether the natural father was involved in the process
- information on the level of domestic adoption for the year 2002
- information on the geographical location of the majority of these women
- information on the amount of counselling received

- the final outcome of the pregnancy (baby kept, baby out into short-/long-term foster care and baby adopted).

Three separate questionnaires were designed (see Appendices 2a, 2b and 2c) which reflected the position of the three types of agency included—one each for crisis pregnancy counselling agencies, adoption agencies and health board adoption departments, and maternity hospitals.

The questionnaires were mailed with a covering letter at the end of October 2003, outlining how to complete the questionnaire, the return date of 24th November 2003 and a stamped envelope for the return of the questionnaire. The questionnaire stated that the information provided would be completely confidential. Sending out questionnaires, according to May (2001), also allows for more accuracy, as more time is given to consider responses. It does, however, reduce the response rate compared with questionnaires completed with the researcher.

Given that the response rate in the survey was disappointing, it is worth noting in some detail the distribution of questionnaires and who actually responded from the three categories in the survey.

Seventy-three questionnaires were mailed and just over one third were returned within the timeframe requested. Early response rates were lower than expected. The researchers employed a follow-up strategy, which consisted of between one and three phone calls, depending on the response. This follow-up of non-respondents had little effect. Services included in this aspect of the study reported various levels of difficulty in co-operating with our request. Some reported that they did not keep the information in an accessible format, others had to manually sort through files to assemble the data. This is an area of concern for future research.

i) Crisis pregnancy counselling agencies

Of the crisis pregnancy agencies surveyed, one agency (which had 18 nationwide offices) was able to provide the data in national terms, but not broken down into the regional activities of their services. While this data was returned and was invaluable in providing a national perspective, it meant that the regional picture was less clear. Making the adjustments for this situation reduced the number of viable questionnaires to crisis pregnancy agencies from 31 to 14. Two questionnaires were sent out to PACT, as it is both a crisis pregnancy counselling agency and an adoption agency. The data returned from PACT was recorded as a return in each category. The total number of viable questionnaires was adjusted to reflect these circumstances. In all, nine completed questionnaires were returned. The response rate, given these adjustments, was almost 64%.

ii) Adoption societies

Analysis of the Adoption Board register revealed that a number of the health board adoption agencies had become centralised. For example, the adoption services for Longford, Westmeath and Offaly are now covered by the Midland Health Board Adoption Services Department. This adjusted the figure for viable questionnaires to 11, of which 8 questionnaires were returned. Some adoption agencies were no longer providing placement services and only offered information and tracing services. Thus, of the 11 viable questionnaires, 8 were returned, providing a response rate of 72%.

iii) Maternity hospitals

Only two questionnaires out of 24 were returned within the requested timeframe. Both of these were private maternity hospitals, which did not see women with a 'crisis' pregnancy. Monaghan General Hospital's maternity services had been discontinued and transferred to Cavan General Hospital. This accounted for their non-response. Two written and four oral requests were made by telephone for the return of the questionnaires, but without success.

As a last resort, the social work departments in each maternity hospital were telephoned and asked to give assistance in collection of the data. This proved a more successful measure. Some of the data was returned via the postal questionnaires, while a number responded to the questions by telephone contact. Responses from ten maternity hospitals were gathered through these follow-up methods. Data for another hospital were accessed through the hospital annual report.

Table 3.1 Results from survey

Category of	Total number of questionnaires distributed	Viable number of questionnaires	Questionnaires returned	Percentage return
Crisis Pregnancy Agency	31	14	9	64.3%
Adoption agency	18	11	8	72.7%
Maternity hospital	24	22	11	50%

Of the total referrals to adoption agencies from maternity hospitals, 76.5% (62 of the 81 identified referrals) were traceable from the survey data collected.

The researchers had envisaged selecting a number of referral sources through the data returned by adoption agencies. This selection process became unnecessary as a clear pattern of referral emerged from the returns of the adoption agencies. Referral agents were identified as predominantly maternity hospital social workers and the crisis pregnancy agencies.

The questionnaire responses provided background information that helped to identify women who had experienced a crisis pregnancy, women who had had their baby adopted, natural fathers and crisis pregnancy and adoption professionals. These stakeholders were then approached for in-depth or focus-group interviews.

Telephone survey of private counselling services

Another element of the quantitative methodology related to the survey of private counsellors. Employing the online national Yellow Pages database, a total of 820 listed private counsellors were identified. Entries in this category did not specify specialist provision of crisis pregnancy counselling by individual counsellors. However, any that specified provision of only another specialist counselling were excluded. In order to develop a picture of the extent and nature of the service available in this area, a random sampling technique was used to identify 10% of the remaining total. Every tenth

counsellor on the database list was contacted by telephone and asked to give information regarding crisis pregnancy counselling. They were asked the following questions:

1. Do you provide crisis pregnancy counselling?
2. If yes, how many clients did you see for crisis pregnancy counselling in 2002?
3. If you do not provide this service yourself
 - a. do you refer people on to other services?
 - b. to what other service do you refer them?

The use of the telephone book was validated through the qualitative research data, as a number of respondents confirmed that they used this method to acquire information about services.

The telephone contact approach proved very successful. The target 10% of the total number of counsellors listed in the database was achieved. In all, 80 counsellors were surveyed; this represents a 100% response rate.

3.3.3 Qualitative methods

There is a growing tradition in the field of research of accessing the perceptions of service users in relation to their experiences of contact with professionals (McLeod 1994, 2003). In addressing questions such as client need, demand for services, selection of particular services and satisfaction in relation to the counselling experience, this study draws on the data collected from key informants in in-depth interviews and focus groups. It contextualises this in relation to the quantitative information gathered in questionnaires.

The information given in the returned questionnaires was analysed to identify interviewees and focus group participants who represented the main stakeholders in the system. The prospective participants were divided into three main groups:

- service users
- professionals
- special interest groups.

All interviews and focus groups were taped, transcribed and analysed, both manually and using Atlas ti, a software package for qualitative research.

Service users

All the service users were defined as unmarried women or men who were affected by a crisis pregnancy and who were potential users of an adoption service. The decision to confine the respondents to unmarried persons was dictated by the current adoption legislation, which, under the Irish Constitution, restricts adoption to the children of unmarried parents, except in particular circumstances defined in the Adoption Act 1988. The service users were further subdivided into:

- women who decided to place their baby for adoption
- women who decided to parent their baby
- fathers.

At no time was it intended that respondents would be a representative sample, but rather illustrative of a particular group of service users. Consequently, at the initial stage purposive sampling was used as the method of recruiting interviewees. This was followed by using a 'snowball' method, whereby respondents provided contacts with subsequent interviewees. It quickly became clear that the only method of obtaining interviewees was through a number of identified gatekeepers. These were the crisis pregnancy agencies, the maternity hospitals, the adoption agencies and special projects for pregnant women. Direct contact was made with these agencies to obtain their co-operation in contacting mothers and fathers in the separate categories.

All interviewees were contacted by the agency with which they were in touch and, having given their permission, their names and telephone numbers were forwarded to the researchers who contacted them directly. Respondents were ensured complete confidentiality and were asked to sign a consent form, which explained the nature of the research and their participation in it. (See Appendix 1c.) The interviews were recorded and carried out using a topic guide.

Interviews were conducted informally and were viewed in Burgess's terms as 'conversations with a purpose' (1984: 102). They were semi-structured with open-ended questions. Owing to the sensitive nature of the topic being discussed, respondents were allowed total freedom to decline to answer questions and to answer only those questions with which they felt comfortable. This allowed them to feel relaxed and under no pressure, and the information was able to flow much more freely. Interviewers asked questions but mostly listened to what the respondents had to say. Marshall and Rossman argue that in-depth interviews are extremely advantageous in that they allow for large amounts of data to be collected very quickly, yet at the same time 'respect how the participant frames and structures the responses' (1995: 80).

Profile of service users interviewed

At the conclusion of the research study, nine interviews had been conducted with women who had placed their baby for adoption, seven with those who had kept their babies and one natural father. Of the nine women who had placed their baby for adoption, six were clients of a Dublin based adoption agency and two were referred through the adoption service of the Mid Western Health Board. While the respondents were concentrated within two agencies, they were not necessarily women from these regions. In particular the women who were referred from the Dublin agency came from across the country and had used the Dublin agency for a number of reasons, notably anonymity. One of the women referred herself, having heard about the project, and made direct contact with the researchers.

Table 3.2 Profile of women who placed a baby for adoption

Code number	Age of mother at time of delivery	Age of child at time of interview
1	21	18 years
2	21	3 years
3	20	3 years
4	18	2 years
5	23	10 years
6	27	2 years
7	24	18 months
8	23	3 years
9	15	3 years

Of the women who decided to keep their baby one was referred by a medical social worker in Galway, one was referred by a Dublin-based crisis pregnancy service, one was from a crisis pregnancy agency in Galway, two were from a teenage pregnancy support agency in Galway and two were from a return-to-education project in Galway.

Table 3.3 Profile of women who kept the baby

Code number	Age of mother at time of delivery	Age of child at time of interview
10	16	10 months
11	18	18 months
12	17	2 years
13	19	3 months
14	25 (1st child) 29 (2nd child)	4 years 10 months
15	25	1 year
16	23	2 years

The one father who was interviewed was referred by a health board adoption social worker outside Dublin.

Difficulties in accessing respondents

At the early stages in the study it appeared that the research was welcomed in the field. Success in securing professional contacts did not, however, facilitate the study as had been envisaged. At later phases, it became evident that some of these professionals were either unable, or were reluctant, to provide information, specifically in relation to accessing women who had placed babies for adoption. This may have been as a result of their concerns to protect their clients. Some of the professionals did express the view that there was a danger of 'over-researching' the small number of women who now place their babies for adoption, or seriously consider adoption as a solution to a crisis pregnancy. As a result, they did not feel that they could facilitate the researchers in contacting potential interviewees.

Access to these groups proved problematic. This may be explained by the sensitive nature of the adoption process. In particular, it was extremely difficult to gain access to mothers who had placed their children for adoption in 2002 and in the recent past. The Adoption Board were unable to give access to names of the women who placed their babies for adoption and the names of the agencies that helped them. They were not in a position to make direct contact themselves to invite natural parents to engage with the research. As adoption is a very emotional event, many women who had recently experienced adoption may have been unwilling to speak about their experiences. The researchers agreed with the professionals that it would be ethically unsound to approach mothers before the final adoption papers were signed. This meant that the researchers could not access clients of less than one year post-adoption placement. In addition, similar ethical issues led the researchers to consider that it was inappropriate to place advertisements in the newspapers in order to obtain respondents. It was, therefore, necessary to broaden the criteria for inclusion in the study by removing the requirement that the adoption would have taken place during 2002. The length of time since adoption placement among the respondents in the study ranged from 18 months to 18 years. While it was recognised that the experience of the women could vary according to policy and practice at the time of the placement, it was considered that the variety of experience could enrich the data rather than detract from it. Because of the difficulties in obtaining access to women for interview, it was considered inappropriate to maintain rigid criteria concerning the length of time since the placement of the baby.

The woman who had referred herself had placed her baby for adoption 18 years previously. While it was recognised that this was a totally different era of adoption practice, it was decided to include her views in the study. This was based on the fact that she discussed the difference between her experience then and how it might be now, with the development of open adoption and the change in societal attitudes to pregnancy outside marriage. She was also able to talk about the effect of an adoption on her subsequent life experiences, the continued element of secrecy she maintains and the fact of adoption being a lifelong process, which does not allow closure.

A further difficulty was inherent in the research. The number of non-family traditional adoptions is now very small. As a consequence the overall number of women who might potentially take part in a research study is, of necessity, small.

Similar difficulties arose when searching for natural fathers to interview. The researchers were able to interview only one natural father. It was evident that such a

difficulty would be likely to occur from the quantitative data gathered for 2002, which showed that only 50 fathers were involved in the counselling process during the pregnancy. The issue of the invisibility of fathers within the crisis pregnancy counselling services will be discussed in greater depth elsewhere in the report. The Adoption Board Report for 2002 indicated that thirteen fathers had been heard by the Adoption Board. However, telephone contact with the Adoption Board revealed that in fact only one father was heard by the Adoption Board in 2002. After initially objecting to the adoption, he withdrew his objection and the adoption order was made. The researchers were unable to establish the reasons for the discrepancy in the information obtained. Comments and information gathered from other respondents provided the major information on natural fathers.

It was very clear that there was an inherent bias in the sampling procedure. This was related to the fact that the women interviewed who had placed their babies for adoption were all contacted through adoption agencies who maintained contact with them because of the open adoption arrangements made between themselves, the adoptive parents and the adoption agency. Because the adoption agency acted as a conduit for many of these contacts they were able to obtain permission from the women for their names to be passed on to the researchers. It was, therefore, not possible to obtain interviews with women who had placed their baby for adoption and then discontinued all contact with the adoption or crisis pregnancy agency, or women who had initially decided to place their baby for adoption, but subsequently changed their minds. It was felt that it would be inappropriate to do so in case the women felt they were being chased up by the agency or pressure was being put on them to change their mind.

It was very clear that adoption remains a secretive process for many women and once the baby is placed they dissolve into anonymity and do not continue ongoing contact with the agency. Therefore, attempts to contact a broader spectrum of women failed. However, some diversity was achieved by inclusion of the following:

- respondents who had decided on termination at first and then moved onto either parenting or adoption
- respondents who had planned to place their baby for adoption and then kept their baby
- a number who felt from the early stages that adoption was either the best option or the only option.

The variety of experiences recorded forms the basis of the analysis of the needs in counselling services and the factors that influence decision-making. The detailed data and findings from these interviews are presented in Chapter 5.

Professionals

Professional workers are important stakeholders in the provision of crisis pregnancy counselling and adoption services. These professionals are based in crisis pregnancy counselling agencies, maternity hospitals, private adoption agencies and adoption agencies within the Health Board services. As a result, all these groups were targeted. The professionals were identified from the initial analysis of the quantitative data and through the personal knowledge of the researchers of the adoption and crisis pregnancy field. It was anticipated that these professionals would offer a more in-depth knowledge of patterns and

themes related to attitudes and procedures involved in the counselling process. The process of interviewing these professionals also facilitated gaining access to client groups.

Silverman (2000) argues that the interviewer of a focus group can encourage discussion and the expression of different opinions among respondents by asking focused questions in a permissive environment. By creating an interview environment that is liberal and non-judgmental, Marshall and Rossman (1995) argue that participants' self-disclosure is encouraged and that the information is much more free flowing. Unlike an in-depth interview, where the sole respondent may not have had time to reflect on the topic, the focus-group setting allows for the other individuals in the group to provoke thought through discussion. As the participants were all experts in their field, they were extremely familiar with adoption and crisis pregnancy and were able to give valuable information. In the focus groups all participants were content to engage in discussion and no problems arose.

Profile of professionals interviewed

A total of seventeen professional workers were interviewed, either individually or in a focus group. Four were seen individually, two focus groups accounted for eight workers, and five were interviewed as part of the critical case analysis methodology.

The two focus groups were carried out with social workers from maternity hospitals in Galway and in Dublin. The Galway focus group with four medical social workers from University Hospital Galway was chosen because of a pilot scheme they are currently running with young women with crisis pregnancies. A member of the special teenagers' service was also present. The Dublin focus group with maternity social workers from the National Maternity Hospital, the Rotunda Hospital and the Coombe Women's Hospital was chosen because these hospitals represent the largest maternity hospitals in the country and many women who experience a crisis pregnancy and consider/go through with adoption tend to come to Dublin for counselling and/or to have their babies adopted.

Table 3.4 Interviews and focus groups undertaken with professionals

Individuals	Focus groups	Critical cases
i. Representative of Barnardos' Adoption Service	i. Medical social workers in Dublin maternity hospitals (3)	i. CURA (2)
ii. Medical social worker and expert in adoption	ii. Medical social workers in Galway (4) and project worker (1)	ii. PACT (1 crisis pregnancy counsellor + 1 adoption worker)
iii. Community care social worker in adoption, Dublin		iii. CUNAMH (1)
iv. Community care social worker in adoption, Galway		
TOTAL 4	8	5

The results of the data obtained from these interviews are presented in Chapter 6. The interviews provided a rich source of data from a range of professionals.

Special interest groups

There are a number of significant stakeholders in the adoption process who have developed strong organisations to represent their interests. It was considered important to access these groups to obtain their views on the current situation regarding services for women with crisis pregnancies.

These groups were accessed through the www.adoptionireland.com website and other links to that site. An attempt was made to contact groups that represented natural fathers. Letters were sent to Parental Equality and a message was posted on the website www.rollercoaster.ie (a website for parents), but these elicited no response. It was, therefore, not possible to interview any of their members.

Profile of special interest groups interviewed

Interviews were undertaken with the following groups:

- Adoptive Parents Association of Ireland
- Natural Parents Network of Ireland
- Adult Adoptees Association
- Adopted Person's Association

It was recognised that the membership of these organisations may not represent the views of all people who fall into such a category. Nevertheless, interviews with members of these organisations served two key purposes:

- They facilitated the identification of issues relevant to these client groups, recorded their experiences of using the adoption services, and gave them an opportunity to highlight both the benefits and limitations of these services.
- They facilitated the identification of potential key informants in each of the categories of clients that are central to this study.

The fact that no natural fathers could be located has placed a limit on the conclusions that can be drawn from this study. However, it does highlight the invisibility of natural fathers in the adoption process. It is unclear if this invisibility is caused by alienation of the fathers from the process by the nature of the process itself, by the mothers disassociating themselves from the fathers or by the fathers removing themselves from the process.

The data collected from the interviews with special interest groups has been integrated in the discussion in the following chapters.

3.3.4 Critical case sample methodology

The final stage of the data collection involved selection of three case examples of agencies for further exploration. The data collected from the postal questionnaire formed the basis of a selection process for the identification of critical case samples for more in-depth qualitative exploration. Through contacts with agencies in the negotiation to access women who had experienced crisis pregnancies, the researchers identified key professionals within the three agencies and obtained their agreement to participate in this aspect of the study. This critical case sampling enabled the identification of three services that appeared to have the unique qualities seen as significant for the study:

- Service 1 – the adoption agency with the highest number of adoption placements in the year under review (2002)
- Service 2 – a service that provided both a crisis pregnancy and an adoption service
- Service 3 – a service that offered both crisis pregnancy counselling and supported housing.

The participants provided details of the services provided, literature available and samples of the administrative paperwork and records.

It was intended to include analysis of documentation used by agencies—such as referral forms from crisis pregnancy counselling agencies and adoption agencies, health board adoption agencies and maternity hospitals—and any literature provided by these organisations. This form of organisational analysis is a recent development in qualitative research. It involves investigating formal paperwork within and across organisations to identify, for example, patterns which may reflect underlying working assumptions within an agency. Content analysis itself is a relatively unobtrusive method of research. Blank referral forms were requested in order not to compromise any confidentiality. The forms were then analysed for content to see if there was any pattern that would either complement or contrast with the previous quantitative and qualitative analysis.

Data sources

- i) in-depth interviews with key informants from each agency
- ii) agency documentation.

More recent qualitative research methods consider the issue of documentation, forms and questionnaires within agencies to be important data as they reflect the philosophy and underlying attitudes of the service providers (Campbell and Gregor 2003). This was considered to be an important aspect of a study in considering service provision and its sensitivity to the needs of client groups. It was hoped to identify whether, in its procedures, the adoption service is inadvertently creating barriers to people engaging in the adoption process.

It was discovered that many agencies had limited records. Some offered a telephone service. In these cases very little information is recorded. One of the largest pregnancy counselling services noted that the majority of people contacting them do so by telephone, and only once. There was a consistency across adoption and crisis pregnancy agencies in the information material that they circulate. Given these similarities, it was of more value to conduct in-depth interviews with the agencies to get a picture of the service they had on offer.

These will be discussed further in Chapter 7, to inform the qualitative research aspect of the study.

3.4 Ethical issues

When dealing with a sensitive topic such as adoption, adhering to ethical considerations is essential. Every care was taken to ensure that the respondents' confidentiality was guaranteed and that they were interviewed in a relaxed environment with no pressure to answer questions, but were instead free to talk about their experiences. Interviewers were also conscious of the potential for inequality in power relations within the interview setting, because a power imbalance can impede on the data collection process (Mason 1996: 56). With all respondents, informed written consent was received before commencing any of the interviews and complete confidentiality of questionnaire and interview responses were also assured.

Ethical clearance for the research project was obtained through the Dean of the Faculty of Human Sciences at University College Dublin.

3.5 Limitations of the study

The main limitations of this study related to issues of access, time and response rates. The plan to gather survey data was hampered by a number of access problems. It seemed that many of the agencies approached for data either did not actually have the data required, or did not have it recorded in an accessible form. Many of the agencies in the survey were very helpful and allocated staff time to manually check records to complete the questionnaires; others understandably were not in a position to conduct this type of search. The implications are clear: If basic information about women who experience crisis pregnancy is not gathered in an accessible and uniform manner then it cannot be used to inform policy and service development.

Maternity hospitals, more than any other source, are the initial point of contact (and subsequent referral onward) for women seeking adoption services. The fact that the response rate was only 50% from maternity hospitals means that the information gained cannot be said to be representative of the picture nationally. This is a limitation of the study.

Issues regarding time created problems. While the focus on a relatively recent timeframe—2002—assisted data gathering in the survey it created problems in relation to the qualitative data. The researchers were unable to access any of the women from the 2002 timeframe. Many reasons can be cited:

- Professionals were understandably protective of their clients. This resulted in some professionals feeling that it was too soon to approach the women to talk about their experiences.
- Others felt that time had passed and that it would be unfair to ask the women to go back over their experiences.
- A few of the agencies had access to natural fathers, most of those who did felt it was not appropriate to ask them to participate for similar reasons, as above.

These factors were not confined to the 2002 period. As the study progressed similar concerns were voiced about any contact with natural parents. Through their links with professionals who had prior knowledge of the researchers and were confident in the research process, the research team finally were successful in accessing a convenience sample. Dependence on this type of sample is acknowledged as a limitation in the study

as it did not fulfil the initial goal of contacting those women represented in the 2002 survey. More in-depth studies in this field are clearly needed, but the problems of access and co-operation would have to be addressed.

Another limitation in this study related to the task of making contact with mothers who placed babies for adoption. All of the women interviewed had some form of open adoption arrangement, which seemed to be central to their continued contact with adoption agencies. Since the adoption agencies were the only source of contact with women who had placed their babies for adoption, it was not possible to access those women for whom ongoing counselling was either not available or deemed by themselves or others to be unnecessary.

Another concern with access was the fact that the service providers themselves, who were indirectly part of the subject matter in the study, had control over access to clients. Accessing clients through these 'gatekeepers' presents another limitation to the study. It is hard to account completely for any bias this may create in the sample.

3.6 Conclusion

In conclusion, a triangulation or mixed-method approach was undertaken with this research. Quantitative questionnaires were sent out in order to gain background information on women who experienced a crisis pregnancy in 2002 and how many of those women considered having, or had, their baby adopted. The information gathered from these questionnaires was used to select respondents for qualitative in-depth or focus group interviews. Blank referral forms and literature from crisis pregnancy counselling agencies, adoption agencies, health board adoption departments and maternity hospitals were then analysed. A mixed-method approach was chosen because of the range of questions to be addressed in the study. This methodology also had the advantage of offering validity to the work, since any flaws in one method would be compensated by the strengths of another. It also allows for different methods to be compared and contrasted for further validity and reliability. Ethical considerations were adhered to at all stages of the research process. There were limitations of access, response rates and time constraints. However, a large volume of data was collected and analysed in the hope of improving crisis pregnancy counselling and adoption services for women in Ireland today.

4.0 Quantitative findings

4.1 Introduction

This chapter will outline some of the main findings of the data derived from the questionnaires. Two surveys were carried out: one relating to crisis pregnancy counselling services in the public domain and the other to those in the private domain, namely private counselling services. Information was also collected from the maternity hospitals through the medical social work departments. The methodology and limitations of the quantitative data have been discussed in Chapter 3. The first section of the chapter will document the findings from the data collected from the crisis pregnancy agencies and adoption agencies. The second section presents the findings from the maternity hospitals, followed by the third section, which will give the results of the sample survey of private counselling agencies. The chapter will conclude with the mapping of the services on a national basis.

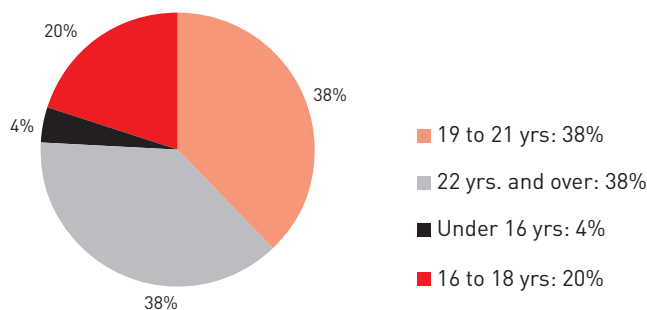
4.2 Crisis pregnancy agencies and adoption agencies

Information returned from the crisis pregnancy agencies and adoption agencies related to the number of contacts to their respective agencies in 2002 and some information on the background of the clients and the service provided. The total number of clients making contact with the agencies in 2002 was 12,693. Of this number, 10,500 were clients of CURA. In discussions with the CURA representatives—undertaken as a separate part of the study—a large majority of the contacts were made by telephone and as single contacts.

4.2.1 Age of women contacting the agencies

Just over one-third of the women (38%) were aged 22 years or over, and a similar proportion (38%) were aged over 19 and under 22 years. A further 20% were aged over 16, but under 19 years of age, and the remainder were aged under 16 years (4%). Therefore, just over three-quarters of the women (76%) who presented to the agencies were under the age of 22 years.

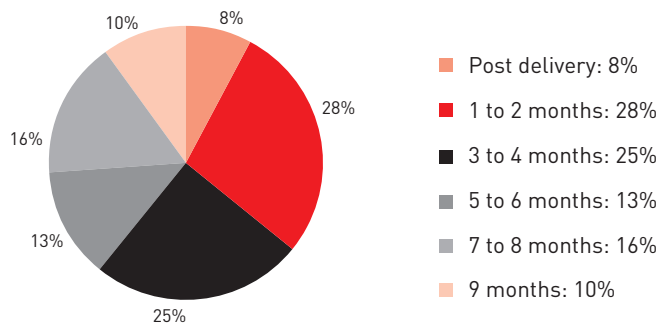
Figure 4.1 Age of women with a crisis pregnancy in 2002 who contacted the agencies (n=12,693)



4.2.2 Stage of gestation when contact was made with agencies

The adoption agencies and crisis pregnancy counselling agencies were asked to note the stage in pregnancy at which the women presented to them for counselling. The largest group (28%) of women approached the agencies at 1-2 months into their pregnancy. One-quarter (25%) were reported to have come at 3-4 months pregnant, while 13% were 5-6 months into their pregnancy when they came in contact with the agency. A further 16% of women contacted the agencies at 7-8 months pregnant, and 10% were in touch at 9 months' gestation. The interviews undertaken with the representatives of CURA indicated that the majority of the women who contacted the agency during the early stages of pregnancy were seeking information regarding termination of the pregnancy and were also those who only contacted the agency on one occasion. Eight percent of the women contacted an agency post delivery. It is not possible to make any assumptions about the reasons for this delay in contacting an agency. This may be due to a number of reasons, among which may be hidden pregnancy, looking for support in making a decision after delivery, or wanting post-delivery support services for whatever decision they may have already made.

Figure 4.2 Stage in pregnancy at first attendance at crisis pregnancy / adoption service (n=12,693)



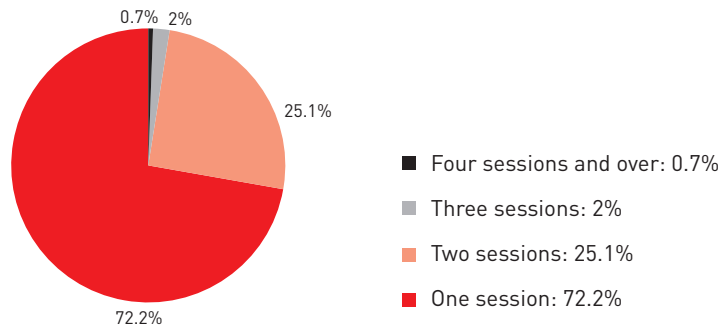
4.2.3 Source of referrals to the crisis pregnancy agencies and adoption agencies

The crisis pregnancy agencies and adoption agencies were asked to indicate the source of their clients' referral. Just over half of the women (52%) who were referred to the crisis pregnancy counselling agencies or adoption agencies (N=12,693) were referred by the social workers in the maternity hospitals. Self-referral accounted for 16% of the women. These women accessed information on counselling services from the Golden Pages telephone directory, the Crisis Pregnancy Agency's 'Positive Options' campaign (which included information via telephone and the internet), other internet sites, and by word of mouth from friends and family. Twelve percent of the women were referred from general practitioners, priests, parents or community care social workers. The remaining 20% were referred to adoption agencies from crisis pregnancy agencies.

4.2.4 *Counselling contacts*

Information was obtained on the number of times that a woman contacted the agency for crisis pregnancy counselling. The majority of the women (72.2%) made only one contact with the agency. A quarter of the women (25.1%) were in contact on two occasions and 2% had three counselling sessions. Only 0.7% were in contact for four or more sessions. The single contact of the majority of these women was mainly related to the telephone contacts with CURA, where there was no follow-up of the contact by the clients.

Figure 4.3 Number of counselling sessions attended by women with crisis pregnancy in 2002



4.2.5 *Natural fathers as part of the counselling process with crisis pregnancy agencies, adoption services and maternity hospitals*

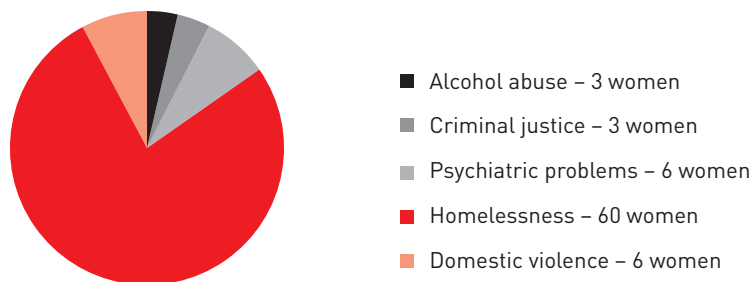
The literature on crisis pregnancy and adoption has indicated a lack of involvement on the part of the natural fathers in crisis pregnancy and adoption counselling. From the data available in this study only 55 natural fathers were seen by the crisis pregnancy counselling and adoption services. Of this number, 24 were seen by the adoption services and 31 by the crisis pregnancy agencies. The agencies who did not see any natural fathers reported that the natural fathers were not involved and did not attend with their partners. It is difficult to interpret the significance of these figures since the majority of the CURA clients (representing 10,500 of the clients on whom information was available) were once-off telephone contacts. However, it would be fair to argue from the information that was available from the data, that there was limited contact with natural fathers within the counselling process, the reason for which is unknown.

4.2.6 *Social problems experienced by women attending crisis pregnancy agencies and adoption agencies*

The questionnaires sought to establish whether the women presenting for counselling in relation to a crisis pregnancy were undergoing other crises in their lives. However, it was clear from the data collected that very limited information was available on the background of the majority of women who were attending for counselling. This may have been related to the fact that such information was not recorded in agency files or was not information sought by the counsellors. In particular, CURA did not routinely collect this information on their clients. Information was not available from the maternity hospitals.

As a consequence, of the 12,693 women recorded as experiencing a crisis pregnancy, information on social problems experienced was only available on 78 women. The information on these 78 women and the problems they presented are presented in Figure 4.4 below. Of the 78 women who attended crisis pregnancy agencies other than CURA, 11 were those in contact with the adoption services and 67 with the crisis pregnancy agencies. Of the 60 women reported to have problems with homelessness, 57 had attended the LIFE counsellors in Galway and Dublin. The remaining three women were attending the adoption services.

Figure 4.4 Breakdown of social problems experienced by 78 women with a crisis pregnancy in 2002



The limited data in relation to social problems for the 12,693 women identified as attending crisis pregnancy counselling services makes it impossible to comment on the presence of such problems at a general level.

4.2.7 Accommodation and crisis pregnancy

This section discusses the findings on the accommodation of the women who attended crisis pregnancy agencies or adoption agencies. It was hoped to assess the demand for supported accommodation services, the accommodation situation for women at the time of their contact with an agency and whether this accommodation situation changed at any point during their pregnancy and decision-making process.

Of the 12,693 women identified as having approached crisis pregnancy and adoption agencies there was detailed information on accommodation for only 282 women. This suggests that the information about accommodation is not routinely recorded. The data returned also supports the view that information on women in supported accommodation was more likely to be recorded than other information. For example, the agency which had contact with the largest number of women (n=10,500) did record information on those who were in supported accommodation. (n=50) The following information should, therefore, be read in the light of the limited data obtained from the questionnaires and the possible bias inherent in the recording mechanism.

Of the 282 women about whom accommodation information was available 78 (27.7%) were living in their family home, 42 (14.8%) were in rented accommodation with friends, 31 (11%) were living alone in rented accommodation, 25 (8.9%) were living with their partner and 9 (3.2%) were in other accommodation such as bed and breakfast, their

privately owned home or a women's shelter; one girl was an au pair and one woman was homeless. Ninety-seven (34%) of the women were in supported accommodation, either at the time of the first contact or at some time during the pregnancy. Of the 97 women in supported accommodation, 59 were placed in the accommodation by the crisis pregnancy agencies and the remaining 38 were placed by the adoption agencies. Three-quarters of the agencies stated that they did not assist women in moving accommodation during the pregnancy.

Given the limited availability of data on the accommodation of women contacting the crisis pregnancy and adoption agencies it is difficult to comment on the trends. However, given that only 97 women were recorded as being in supported accommodation at any time during their pregnancy it would appear that such accommodation only caters for a very small percentage of the total number of women who contact crisis pregnancy and adoption agencies. Access to supported accommodation appeared to be related to the available resources in the woman's area and the existing relationships between the crisis pregnancy agencies, adoption agencies and providers of supported accommodation.²

4.2.8 Considering adoption: outcomes

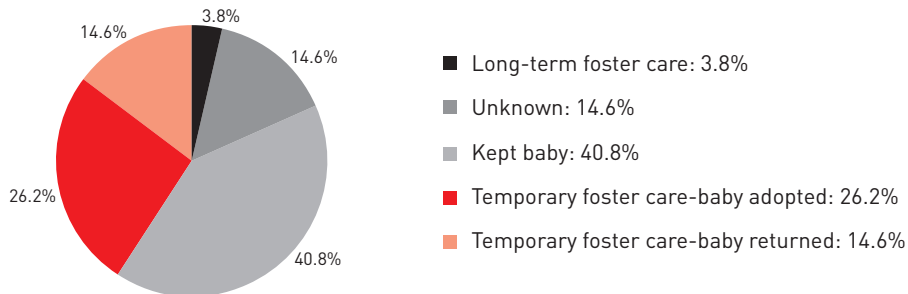
This section relates to the eventual outcome of the minority of women who considered adoption as a solution to their crisis pregnancy in 2002. Crisis pregnancy counselling agencies have stated that they only keep files on those women with whom they are in continuous contact. Most women who decide to parent or to terminate do not stay in contact with the agencies; once their decision is made they often do not require further help. In discussions with agencies during the research some suggested that many women do not stay in contact after they make their decision, as they are afraid that the agency might influence them to change their minds.

Responses to the questionnaires indicated that, out of the total number of women (12,693), only 162 seriously considered adoption as a solution to their crisis pregnancy and were referred to a health board adoption department/independent adoption agency. Of this number 66 (40.8%) of them decided to parent their baby themselves immediately after the birth. A further 66 (40.8%) placed their baby in temporary foster care. Of that number, 42 mothers finally placed the baby for adoption and 24 of them decided to parent themselves, and the baby returned home to them. Long-term foster care was the placement of choice for six mothers. The final outcome for 24 mothers was unknown.

These figures would indicate that once a woman rejects abortion as the solution to the pregnancy and carries the baby to term, adoption is a far less popular solution to a crisis pregnancy than parenting the baby themselves.

² For a detailed examination on the provision of supported accommodation for women experiencing a crisis pregnancy, see Keogh, I (2003) Review of Supported Accommodation Services. Crisis Pregnancy Agency, Dublin.

Figure 4.5 Outcome for women who considered adoption (n=162)



4.3 Maternity hospitals

Information on crisis pregnancies was obtained from eleven maternity hospitals and was provided by the medical social work departments of these hospitals. The amount of information obtained in this way was limited, partly because of the data recording in these departments, which did not facilitate rapid access to the information. There were 168 women identified by the medical social workers as having a crisis pregnancy. Two private hospitals stated that they saw no women with a crisis pregnancy. The Public Maternity Hospitals in Cork and Limerick referred all crisis pregnancies either to CURA or the adoption services of the relevant health board.

Of the 168 women identified through the Maternity Hospitals, 53 placed their babies in short-term foster care with a view to adoption and three babies were placed for adoption. The remaining 112 women decided to parent their babies and did not consider adoption. Consequently these 53 were accounted for in Fig. 4.5 as part of the 162 who considered adoption.

Interpretation of these results is limited, owing to the difficulties in accessing information from the maternity hospitals. This suggests that recording of information on women attending maternity hospital social work departments should be standardised and computerised to allow for easy access of information that might be used as a basis for further research or for policy development.

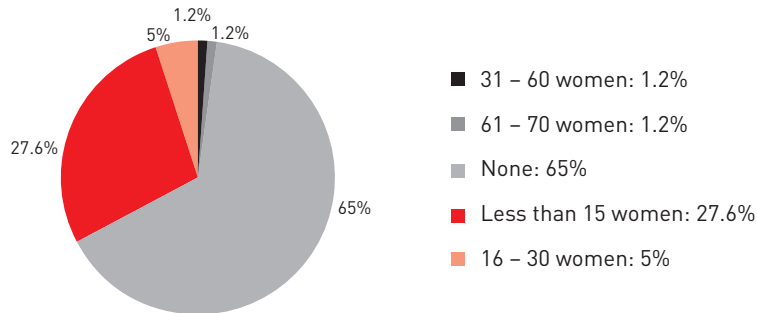
4.4 Private counselling and crisis pregnancy

Another focus of this research study was to ascertain whether private counselling agencies were being approached for crisis pregnancy counselling. Would they provide such a service if asked? What was the level of demand for such a service? If they did not provide crisis pregnancy counselling, would they refer women on to an agency that did? The main findings are detailed in the charts below.

As outlined in the methodology (see Chapter 3), a sample of 80 private counselling services was taken from the 'Golden Pages' directory. Of this number, 56.3% were based in urban areas (mainly Dublin, Cork, Galway and Limerick), and 43.6% were in rural areas. Of the 80 agencies surveyed, 65% (49 of the agencies) stated that they did not provide crisis pregnancy counselling. Only eight of the counselling services based in rural areas provided counselling for crisis pregnancies, compared to 18 of the urban-based agencies, who stated that they would provide crisis pregnancy counselling.

The forty nine agencies who stated that they did provide counselling were asked to estimate the numbers they would have seen during 2002. 27.6% saw between 1 and 15 women; 5% saw between 16 and 30 women; 1.2% of the agencies saw between 31 and 60 women; and 1.2% saw between 61 and 70 women.

Figure 4.6 Numbers of women seen for crisis pregnancy counselling by private counselling agencies



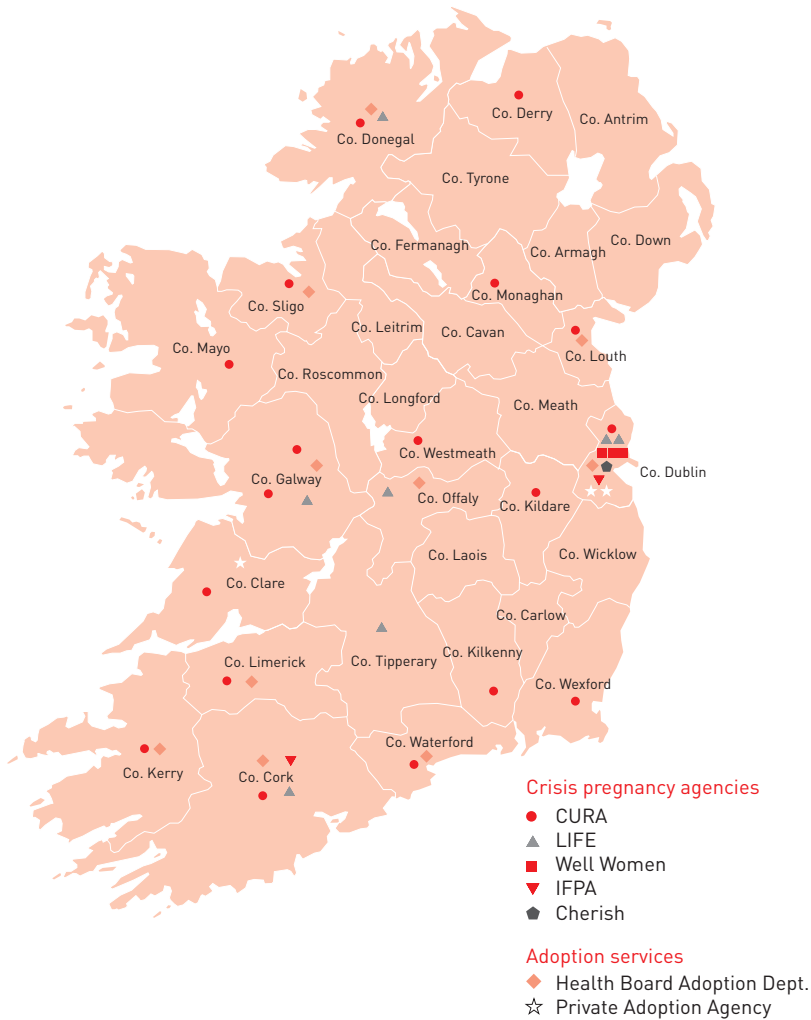
When these figures were broken down into rural and urban agencies, the rural-based agencies that stated they did provide counselling did so to fewer than fifteen women each. The agencies who saw the most women were based in Galway and Cork respectively. The agencies who stated that they did not provide crisis pregnancy counselling stated that they would refer women on to an appropriate agency.

Although the majority of the agencies contacted did not provide crisis pregnancy counselling services, those that did provided a service to a relatively significant number of women, and it appears that the remainder do refer on to an appropriate agency.

4.5 Mapping the services

In order to obtain an overall picture of the distribution of crisis pregnancy counselling and adoption services throughout the State, the location of these agencies was plotted on the map below, presented as Figure 4.7.

Figure 4.7 Location of crisis pregnancy agencies and adoption services in Ireland



(For details of individual agencies and locations see Appendix 3.)

It is clear from Figure 4.7 that services are not evenly distributed throughout the country. The counselling services and the adoption agencies are concentrated mainly in the larger urban areas. While this may be advantageous for some women by providing an element of anonymity, it has the potential to cause problems of access for a large number of clients. CURA provides the most widespread crisis pregnancy counselling service. They also provide a telephone, texting and email service.

4.6 Conclusions

Out of the 12,693 women reported in this research who experienced a crisis pregnancy in 2002, some interesting findings have emerged. This study found that the majority of women experiencing a crisis pregnancy and who attended a crisis pregnancy counselling service were aged under 22 years. It also found that most women present for crisis pregnancy counselling in the early stages of their pregnancy, at 1-2 months pregnant. However, the majority of the women only made one contact with the counselling service. This study also confirmed previous findings of a lack of involvement by the natural father in the crisis pregnancy and adoption process.

In relation to accommodation, the majority of women continued to live at home with their parents, while a small number of women moved to specialist residential accommodation during their pregnancy. However, only a few of these moves were facilitated by the crisis pregnancy or adoption agencies.

Out of the total 12,693 women identified in this study who experienced a crisis pregnancy in 2002 only 162 seriously considered adoption as a solution to their crisis pregnancy. The majority of those who had considered adoption finally chose to keep their baby. This confirms previous findings that traditional domestic adoptions are the least likely outcome for women with a crisis pregnancy. The major decision facing these women appears to be whether to terminate or parent their baby.

What is evident from this research is that a large number of women present themselves for counselling in a crisis pregnancy situation. While the majority of contacts are short-term, they do provide some level of counselling for the women. CURA remains the main agency for women seeking crisis pregnancy counselling, albeit for brief contact. In addition, private counsellors play a part in the provision of services for women with a crisis pregnancy. It is also clear that adoption is the least popular option as a solution to a crisis pregnancy.

5.0 Factors impacting on the decision-making process

5.1 Introduction

This chapter details the factors that affect the decisions made by women when faced with a crisis pregnancy. This research is concerned with women's decisions about either keeping their babies or placing them for adoption and the demand for adoption services. However, some information was also obtained regarding their decision not to terminate the pregnancy. Therefore, as part of the data collected from interviews with respondents, information on their decision to continue with the pregnancy was obtained. In addition, information was obtained which pertained to the progress of the women through their pregnancy—the women were asked to tell their story.

Qualitative interviews were undertaken with 16 women. Nine of these women made the decision to place their babies for adoption and the remainder decided to keep their babies. One of the women who eventually kept her baby had gone through the entire pregnancy deciding to place the baby for adoption, but eventually changed her mind immediately post-delivery. One father whose baby was adopted and who was closely involved in the decision making was also interviewed.

5.2 Pregnancy as a crisis

For all the women, the pregnancy represented a crisis for them at that particular time. None of them wanted to be pregnant. One woman described it as “Just devastating”.

Many of the women mentioned that when they realised they were pregnant they went into denial, which lasted for varying periods of time. Two of the women went into total denial throughout the pregnancy. Neither of them told anyone about the pregnancy and they had no medical care. One of the women went to a GP when she went into labour and was sent to the hospital; the other woman called an ambulance when she realised that she was in labour. As she said, at the time she found herself pregnant:

I had a complete meltdown in my head. Moved out of home and decided I wasn't pregnant – this was not happening.

The second woman also moved out of home and remained away until after delivery. She told no one about her pregnancy during the nine months.

For some of the women denial lasted for shorter periods of time:

You're thinking automatically, the first thing, you'll go to England. Then denial—denial's the thing. So then after a while I just sat down and thought of the options.

I never went to the hospital or any doctor until about 7 months... I kind of wanted to forget about it.

These women eventually sought medical help.

For one woman, the pregnancy was not initially a crisis as it was her fourth child and she was in a stable relationship. However, when the father of the child left the home late on in the pregnancy, it then became a crisis concerning how she would manage with four children and no partner. She subsequently placed her baby for adoption. One woman felt that the pregnancy was initially a crisis because of her age; she was working

and did not want a child. She had been with the father for a year and the relationship continued. However, for her the crisis centred on the fact that she was 18. It has continued as a crisis since she gave birth to twins because of financial and housing concerns and the need for material and practical support.

One young woman of 18, when asked if she regarded the pregnancy as a crisis, stated:

At the beginning it was the biggest crisis of my life. Definitely was. Totally a blow to the system. Definitely was. But it all worked out, as everything does in the end.

The resolution of the crisis centred around the support of parents, siblings and friends.

5.3 Telling about the pregnancy

Who and when the women told about their pregnancy varied. One woman who placed her baby for adoption never told any member of her family, either before or after the delivery. Two years later there is still no member of her family aware of the pregnancy.

Two of the women told no one until after the baby was born. The parents of these girls were contacted by the hospital immediately after delivery, and when they became aware of the pregnancy they were extremely supportive. While the parents emphasised that they would support the woman whatever she decided to do about the baby, the women themselves felt that they were encouraged by their mothers to place the baby for adoption. (In fact, in both cases this was their final decision.)

One woman told no one about the pregnancy until after the baby had been placed for adoption. She said the reason for this was:

I was afraid that people would make me keep it, like. I wouldn't have minded keeping it but I know I wouldn't have been able to give it a good life so I knew I would have to give it up.

She subsequently told one of her sisters, but two years later no one else in the family is aware of the birth and subsequent adoption.

The one father interviewed said that neither his nor his partner's family was told about the pregnancy. Their baby was placed for adoption and the families are still unaware of the birth.

For many of the women, however, telling their parents was not a problem. Typical comments were:

They were brilliant. They were very supportive ... they would be very traditional but they were amazing – really, really brilliant – and they supported me from early on.

One of the younger women told her parents immediately she thought she was pregnant. She said that they were very supportive once they got used to the idea:

It was just a shock to their system They were narked for the week but after that they settled down.

It appeared from the interviews that siblings also played an important role in being the recipients of information regarding the pregnancy. One woman, who said she was terrified of her parents, did tell her sister, but only under pressure when "she sort of got

it out of me". This sister then provided her with support throughout the remainder of the pregnancy.

One woman who placed her baby for adoption told no one until after the placement and then only told one of her sisters. This was despite another sister having had a baby in similar circumstances, who had kept her child. She has not told her parents nearly three years after the adoption.

Friends were often the first people to be told and they were invariably supportive and also the fountain of much advice as to how the crisis should be resolved. The advice ranged across all the options. The father who was interviewed also said that the mother of his baby only told friends and none of her family. 'Informal counselling' played an important role in the decision making for these women.

5.4 Family support

Of the families who knew about the pregnancy, the majority of them were supportive and accepted whatever decision the woman made. For those women who decided to keep their baby (seven in total), four of the families were said to be very supportive, one had a supportive father but no support from her mother, and one had been in foster care and had received support from the foster family, with mixed support from her own mother, who is an alcoholic. One woman whose mother was not supportive during the pregnancy has had intermittent support from her since the delivery, although the relationship with her mother was somewhat turbulent.

For three of the women who placed their babies for adoption and whose family knew about the pregnancy they were said to be very supportive of them and their decision. For two of the women who concealed their pregnancy from the family until after delivery there was post-natal support, although one of them felt that she was pushed into placing her baby for adoption by her mother, while her grandparents were very supportive of any decision and would have provided ongoing support to her in rearing the child. The other woman believed that her family would have supported her if she had kept the child, but it was her mother who suggested adoption and pointed out the considerable difficulties she might have if she kept the baby. She felt that she was certainly encouraged to place for adoption, but in a supportive way.

5.5 Fathers of the baby

5.5.1 Mothers who placed a baby for adoption

Of the nine women who placed their babies for adoption, six of the fathers were never told of the pregnancy and were not involved in any way. The relationships had all been short and of no significance to the women:

It really wasn't even a proper relationship as such. I was so scared of telling him I'm sure if he knew now he'd be absolutely devastated.

However, she went on to say:

It is my biggest regret that I did not deal with it there and thenthat plays on my mind a lot.

In one case, the relationship was a one-night stand and the woman did not know the identity of the father. The other four women were in relationships they did not consider to be important and telling the father was not considered relevant.

The remaining three women did tell their partners about the pregnancy. In the case of one woman, who was devastated about the pregnancy, her partner was delighted:

I was completely devastated and he was, "Oh this is great", but not in a responsible way. We hadn't been together long, just a few months.

However, she subsequently discovered that he had a criminal record and ended their relationship. One father, who was told, wanted to marry the mother, but she did not want to do this as she felt they were not sufficiently compatible and she ended the relationship. The third father who knew of the pregnancy left the mother late in the pregnancy. None of the fathers who knew of the pregnancy was involved in the decision-making process regarding the adoption.

5.5.2 Mothers who kept their babies

For the women who eventually decided to keep their babies, all but one of the fathers were told about the pregnancy. The outcome of telling the father varied considerably.

Of the six women who told the natural fathers about the pregnancy, only one of them has remained in a relationship with the father—they are living together and rearing the children (twins) together. Another woman has continued contact with the father and he is extremely supportive of her and the child, although they are not in an ongoing relationship.

For the remaining four women who kept their babies, the fathers were told about the pregnancy and there was a range of outcomes:

- In one case the father was told and wanted the mother to have an abortion. Once she went ahead with the pregnancy he refused to have any more involvement.
- One woman told the father, with whom she had been living for the previous year, but he became violent and she left him to return to her family home. He was not involved in the decision-making process and there was no further contact with him.
- For one young mother aged 18 years, the pregnancy had resulted from a one-night stand. The father was told about the pregnancy but he did not want any involvement. Following the birth he arrived at the house and demanded a DNA test.
- One father was told but he wanted nothing to do with the mother or to be involved in the decision regarding the outcome. He was told about the birth of his child, but has not made contact with her since.

5.6 The decision-making process

5.6.1 Termination

Irrespective of the level of crisis, each of the women decided against termination. The reasons given were varied:

- a moral issue involving the unacceptability to them of abortion
- acceptance of the reality of the pregnancy occurred too late to have an abortion
- support from their family to continue with the pregnancy
- lack of knowledge about the process and procedures for termination
- they could not afford it.

While for some women termination was briefly considered, it was only a serious consideration for one of the women. She travelled to England and attended a clinic but her pregnancy was too advanced to continue with termination. This woman subsequently placed her baby for adoption. Comments from both the women who placed and those who kept their babies regarding termination were all very similar. Typical comments were:

Terminating the pregnancy was never an option. I was never going to do that. Well, I've always believed that that's not right, always.

If I'd had an abortion, it would be the most worst thing I'd ever done.

Feelings of guilt appeared to be one of the main reasons for not going ahead with a termination:

I would not have the guilt of abortion. I mean, she'd have her own life... I wouldn't have been able to live with that.

Another woman said:

Once you realise there's some kind of life inside you, then you realise that you want to keep it alive and you'd feel kind of guilty.

Some of the women discussed termination with a counsellor. The counsellors approached included health board social workers, specialist agencies such as Cherish, and the Well Woman Clinic. However, for the most part decisions not to have an abortion were made after discussions with friends, partners or family members.

For some of the women who did attend a counselling service to discuss termination, they were not particularly interested in the counselling process but in the practicalities of getting the information of where to go and forms to fill up. One woman was typical of this group when she said:

So I went out to meet the counsellor and I sat for an hour thinking would you ever shut up and let me go home and just sign things and let me go. And then at the last minute I just said – I can't do this – I still had the forms but I knew there and then that I couldn't do it.

Another woman commented on the difficulties concerning getting information and the money to organise a termination. However, she felt that this was in fact a good thing.

As she put it:

For the first few weeks it was kind of an option but between trying to get the money and the whole getting over to England – it was a good thing in a way that it was hard to do because it gave me time to think about it ... the whole emotional thing started to kick in.

The cost of the abortion was of particular significance for a number of women.

Initially one woman had seriously thought of an abortion and the father had been supportive of this. She said:

He'd originally said he'd give me the money if I wanted to go to England but then we hadn't had contact after that – we were both kind of in denial, we hadn't seen each other and at that stage I didn't have the money to go to England.

One of the women stated that she had gone to a counsellor regarding an abortion but then decided that she could not go through with it, despite both the father of the baby and her mother wanting her to terminate the pregnancy. Her mother took the initiative to contact an abortion clinic, but when they discovered the cost involved she stopped pressurising her daughter. Another respondent paid two visits to the Well Woman Clinic and one to a pregnancy counselling service to discuss abortion. Her mother was very keen that she should seriously consider having a termination and organised the visits to the counsellors. However, her father was unhappy with the idea and she eventually decided against it, with her parents' support.

One woman on her second pregnancy gave very serious consideration to going to England, and the father of the baby wanted her to have an abortion. However, she could not find the money to go and then decided that she would be better going for an adoption if she decided that she could not rear a second child. She then decided that she would go ahead and keep the baby since she had support from family and friends to do so.

For the two women in total denial, a termination was obviously not a consideration. There was no difference in attitude or level of consideration of having an abortion between those women, who eventually decided to place their baby, and those who decided to parent their child.

The mothers of the women played an important part in the discussions regarding abortion. It was often the mother who suggested abortion and sought information about it for their daughter. One of the youngest respondents said:

My mother started going on about an abortion – blah blah blah ... I went up to a clinic in Dublin.

Another of the youngest women said:

My mother wanted me to have an abortion and she tried to get my boyfriend to get me to have an abortion, but he said it was my decision and I didn't want an abortion because I don't believe in them really.

One woman described how her mother was continuously texting and ringing her saying:

You're not going to get away with this, you're having an abortion, that's it, that's the end of it. My mother was ringing England trying to sort out some things. I got mad and I found the abortion papers the woman [in the counselling agency] had given me and I sent them to her.... I sent her the number and I said I don't want to do this, just to see what they would do. And they did, she rang and the only reason they decided not to push me in to having an abortion was because they found out the cost of it.

The relationship between this girl and her mother deteriorated during the pregnancy. As a result she moved between a number of places of accommodation, with friends, until she went to supported accommodation.

5.6.2 Placing the baby for adoption or keeping the baby

Once the women had rejected the idea of an abortion they were all faced with a further decision between placing the baby for adoption or keeping the baby themselves. For some women there was continuing ambivalence throughout the pregnancy and the situation varied between those who finally chose to have the baby adopted and those who decided to keep the baby. However, the final decision was based on a combination of factors:

- level of support
- knowledge of or personal experience of adoption or parenting
- involvement of the natural father
- whether it was considered the right time to have a baby.

However, none of these factors was a clear indicator of whether the woman would keep her baby or have the baby adopted.

The nine women who placed their baby for adoption ranged in age from 15 to 27, with an average age of twenty years and four months. The women who kept their babies ranged in age from 16 to 29 years, with an average age of nineteen years and five months. Five of them were very happy with the decision; the other four had regrets. One woman who expressed regret did add that it had been the right decision.

Of the women who placed their baby for adoption, three decided from the commencement of the pregnancy that they would have their babies adopted. One of these women said:

The reasons why I did that were really complex and there are many of them. I certainly did not feel that I had any choice. I simply had to get rid of him as a physical object out of my life. I had to do that as safely as possible for him and therefore adoption was the choice.

This woman also spoke emotionally about the fact that she believes it is an fallacy that women have choice. She believed that talking of choice implies options and, even with the changes in attitudes and increases in social welfare, many women do not have real options because of:

- lack of support
- fear of family rejection

- poverty
- their own inability to care for the child.

This last point was particularly pertinent since she had had poor parenting herself and believed that she would be a bad parent herself. She said, 'That was a very real fear at the time – I was just totally terrified.' This woman has had a lot of regrets about placing her child for adoption.

The second woman who decided on adoption from the very start was an adopted person herself. She had had a very good experience of being adopted and it had been a good experience for her adoptive parents. She had a very positive view of adoption, saying that because of her own experience she knew so much about adoption and therefore was not at all wary of placing her daughter with strangers. She knew that she would have had support from her parents if she had decided to keep the baby, but she said:

It was the wrong time for me to have a baby.... Ideally I would have liked to be married, or in a relationship for a few years, or whatever. It was the wrong time, but that was not really the basis of my decision. It was basically what was best for her.

This woman also felt that the father of the child would have been a danger to her and the child, and she did not want a situation where she was raising her daughter on her own and looking over her shoulder all the time. She went on to say:

I knew that there were parents out there who desperately wanted to have a child and I knew she would have everything she needed there and there would be no kind of struggle raising her.

The third woman was clear that she would not be able to keep her baby, despite having a sister who had kept her child. She was influenced by seeing other young women in the town being tied to looking after babies and also the stigma in a rural town of being a young unmarried mother.

Two women who had had previous pregnancies and had kept their babies, decided to place their baby for adoption mainly because they felt they could not cope with another child without support of the natural father. One of them said that she would always regret doing it, but felt it was the right choice for both her and the baby. The other woman was happy about the placement.

The youngest mother to place her baby for adoption did so reluctantly. She placed her baby in foster-care for nine months, but eventually agreed to adoption when she was promised open adoption. She is still not convinced that it was the right thing to do. She had envisaged leaving the baby in long-term foster care until she had finished school and could have resumed care. However, she decided to go through with the adoption, having been told that the child needed to have a stable home for his needs to be met.

The two women who had concealed their pregnancy until after delivery both placed their babies for adoption. Neither of them had seriously considered either adoption or keeping during the pregnancy because of their total denial. One of these women chose adoption reluctantly and still regrets it. She has found it very hard to accept and has suffered periods of psychological breakdown. Her mother persuaded her to place the baby for adoption, despite the fact that the grandparents had offered to support her in keeping

the baby. She was not aware of this offer until after the baby had been adopted.

The women who decided to keep their babies did consider adoption to a greater or lesser degree during their pregnancy. Six of the seven women were happy with their decision to keep the baby. The remaining woman believed that adoption would have been better. She had intended placing the baby for adoption, but at a late stage changed her mind because she was afraid that the father would gain custody of the baby if she went ahead with the adoption.

Continuing in education or returning to education was an influencing factor for only one mother in making a decision to place her baby for adoption. She had just commenced nursing training, which had always been her ambition, and she did not want to give this up to parent her child. However, this was not the only factor influencing her decision. Generally, education or return to education was not an important factor in the decisions made by the women, for either those who opted for adoption or those who kept their babies. All the women who decided to keep their babies have returned to or continued in education. This finding may, however, be skewed since the majority of the respondents were accessed through a parenting project, which was linked to a return-to-education project.

Among the many factors that seemed to have influenced the decision, family support was certainly important.

5.7 Open adoption

Eight of the women had some degree of open adoption, ranging from letters and photos channelled through the adoption agency, to direct letters and photos, to twice-yearly visits to the home of the adoptive parents. The young mother who delayed her final decision eventually agreed to the adoption when she was promised five elements of contact during the year. However, once the adoption papers were signed the level of contact was reduced to twice a year and this has caused some distress.

Only one mother who did not have an open adoption was accessed. She had placed her child for adoption nineteen years ago when adoption was still organised as a secretive arrangement. This woman heard about the research and approached the research team herself. Since it was apparent that there were difficulties accessing more recent non-open adoption placers, it was decided to include this informant in the study. She added a valuable historical perspective, as well as highlighting some of the long-term consequences of adoption. This woman expressed continued regret that she had made the decision. When asked if open adoption would have made it easier to accept her decision, she agreed. Ironically, she is now considering adopting a child herself since she and her husband have been unable to conceive.

Few of the women knew about the practice of open adoption before they came into contact with an adoption worker. When the women who kept their babies were asked if knowledge about open adoption would have influenced their decision, they said they did not believe it would have done so. One woman who kept her baby said she felt that that would be the worst scenario because:

Then you'd know who your child was and where they were and you'd be thinking, watching it grow up with different parents and saying, 'Why didn't I keep her?'

5.8 Information about adoption

One hypothesis for this research was that since adoption is a rare phenomenon, lack of knowledge about adoption or contact with adopted people might influence the decisions being made. The increasing number of women who keep their babies and rear them on their own, or with support, provides an easy reference point for women coming to a decision about their own plans. In contrast, the process of adoption remains a secretive one, and information on adoption experiences is harder to access and women are less likely to have witnessed mothers who have chosen adoption as an option.

In the course of the interviews with the women, and purely coincidentally within the research, it was interesting to note that several of them had had direct or indirect contact with adopted people. This ranged from being an adopted person themselves, having adoptive parents or casual knowledge of the adoptive status of friends. Two of the women were adopted themselves, one woman had a mother who had placed a child for adoption prior to marriage, and the mother of one woman had placed two babies for adoption. One of the respondents had a father who was adopted; the mother of one woman was orphaned and then placed in foster-care; and a number of women knew of school friends or neighbours who had been adopted. While all these women agreed that knowledge about adoption was important to them, the degree of knowledge of adoption did not appear to influence the final decision either way and was not a predictor of either placing the baby for adoption or keeping the baby.

One woman who was adopted said that she had had a wonderful experience of being an adopted person and as a consequence she did consider adoption at the time of making her decision. However, despite this positive personal experience of adoption she had gone through all the options with the social worker in the hospital and she decided eventually to keep her baby because her family were so supportive. In addition, she reports being told that the father of the child would have to give his permission for the adoption and she did not want to involve him in it in case he took the child himself. She said she made a definite decision to keep the baby once she felt it moving and also because of the huge support from her parents and siblings. However, she said that although she had made a decision she was still ambivalent and would have liked someone to tell her what to do. This young woman was nineteen at the time of her pregnancy and said that she would have welcomed the counsellors/social workers being more directive with her.

On the other hand, the other woman who was an adopted person felt that she had had such a wonderful experience of being adopted she would have great faith in placing her own child with adoptive parents, and this was, in fact, her final decision. She argued that in her own case she had had a very positive experience being adopted and believed that her own child would have a better life if adopted into an appropriate family. She felt that the positive experience of adoption for her was the major factor affecting her decision.

The mother whose own father was adopted rejected adoption because of her father's experience. She said:

My father had problems throughout all his life so I didn't want to go for adoption He just didn't know who his parents were, where he came from or anything. It just built up over the years.

She also commented that the lack of knowledge about her father's family and medical history had been a difficulty for her and her family at various points in time. For example, when she was pregnant she could not answer questions about her father's medical history. She was also influenced by the negative attitude of her child's father to adoption, who felt that it was not right that one had a child out there somewhere and you did not know who they were. This respondent's own mother had also placed a child for adoption prior to her marriage.

The woman whose mother had placed two children for adoption was deeply affected by it, and she felt that her mother's experience influenced her mother to try and persuade her to have an abortion in the first instance, because it would be easier than placing a child for adoption. Her mother had placed a child for adoption when she was sixteen herself and found it very traumatic. However, the respondent's father had told her that if she chose to have the child aborted or adopted he would never speak to her again. It was this attitude that persuaded her against adoption. In addition, her father was extremely supportive of her keeping the baby and she continued to live with her father after the child's birth.

One mother was extremely ambivalent about her decision and was asked by the social worker to weigh up the pros and cons of both alternatives. However, she said that:

The only time I definitely knew for a fact that I could not give away the child was when I gave birth, and I had kept telling people that that the only way I'm going to know is when I give birth.

This woman also had a friend who kept her baby and seemed to be managing. She had helped her to get clothes and equipment. Then she started to buy things for herself and her baby before the child was born; she felt that this was really when she felt herself beginning to reject the option of adoption. For some of the women, seeing the experience of other single mothers who managed to parent their child was an influence in deciding to keep the child. This was in stark contrast to the women, who, having witnessed the experience of mothers keeping their babies, opted for adoption. In one particular instance a woman who placed her baby for adoption had an older sister who had kept her child after a crisis pregnancy and this had influenced her own decision to place her baby for adoption. This was a woman who told none of her family about the adoption until after the final order was made, and then only told one sister. She indicated that by not telling anyone she would not be pushed into keeping her baby against her will.

It was clear from the interviews that once the reality of the baby's existence began to impinge on the women, they moved more readily to the decision to keep the baby.

5.9 Fathers as part of decision making

The fathers of the children played a very minimal part in the decision-making process, notwithstanding the 1998 Adoption Act and its direction to engage fathers. Among those who chose adoption, only two of the fathers knew of the pregnancy, but neither of them was involved in the final decision regarding the adoption.

In relation to the women who decided to keep their babies, the situation was slightly different. Of the seven women who kept their babies, three of the fathers were told about the pregnancy, but were not involved in the final decision. Three of the fathers were involved in the decision to keep the child; one remains living with the mother; the other two, while not in an ongoing relationship with the mother, are very supportive and are involved with the child. The involvement of the natural father was a factor in making the decision to keep the child.

For one woman, the father was indirectly influential in the decision. In this case the woman had decided to place the child for adoption, but changed her mind when she thought the father would try to take the child himself rather than have the baby adopted by strangers.

The one father who was interviewed was very involved in the decision-making process. He accompanied the mother to England and when she was unable to have the termination he continued to support her. He was against the adoption, but went along with it because it was what she wanted. It is an open adoption in that they receive letters and photos. However, he has remained the person who receives the information about the child and everything is channelled through him. He passes information on to the mother and any communication to the adopters goes through him.

5.10 Conclusion

Analysis of the qualitative interviews with the sixteen women and one man highlighted a number of issues.

- Decision making: The decision to reject termination as a solution to the crisis pregnancy was based on moral grounds, a fear of lifelong guilt or because of a lack of knowledge or money. The final decision to place the baby for adoption or parent the baby was influenced by a combination of factors:
 - the level of family support
 - the amount of support from, and relationship with, the father of the baby
 - knowledge of other people's or their own experience of adoption
 - knowledge of other women's experience of parenting alone
 - career prospects.

However, while these factors were identified as important influences on the decision, none of them was an indicator of what the final decision would be. There was a slightly higher level of dissatisfaction with the final decision among the women who had placed their baby for adoption. However, while they expressed regrets, they accepted that the right decision had been made for the baby.

- Adoption as a lifelong process: It became clear during the research that the decision to place a baby for adoption did not bring closure to the crisis pregnancy. Several times the women emphasised that adoption was a lifelong

process. While they were accepting of their decision to have the baby adopted, they talked of periods of sadness and upset, particularly at special times such as Christmas and the child's birthday, and there was a continuous underlying feeling of loss in their lives. The opportunity to talk to someone at these times was an issue that arose for the women who had placed their babies for adoption.

- **Support:** The level of support from family and/or the father of the baby was of importance to all the women, both in their original decision making and also as an ongoing process. It was very clear that there is a need for long-term support for women, whichever option they have chosen.
- **Open adoption:** Open adoption, in all its various forms, is an important aspect of current adoption practice and the decision-making process of women with a crisis pregnancy. With the increasing development of open adoption there is a real need for clarification of what open adoption is, how it should be managed and what part it should play as an ongoing element in a child's life. Open adoption offers women the opportunity to maintain contact with the adoption agency and provides them with the knowledge that there is support available for them should they wish to avail of it at any time in the future.
- **Secrecy:** These findings indicated that there remains a large element of secrecy surrounding adoption and adoption placement. Women who placed their baby for adoption, despite continued arrangements for open adoption, still maintained a high level of secrecy in relation to the placement. In general, the fact of having placed a baby for adoption is not a subject shared in an open way, except with significant members of their family who already knew about the adoption. Even then, the subject was rarely adverted to. This degree of secrecy was typical both of women who had placed a baby for adoption many years ago and also in more recent times. The research raised the question of the general public's attitude to adoption and the feelings the women had that they would be badly judged for having placed their child for adoption. This feeling of shame about adoption has resonance of the shame that was previously associated with having a child outside marriage. These findings have implications for increasing the level of understanding around the system of adoption and of the need to promote it as one of a range of positive options available for women experiencing a crisis pregnancy. A more open discussion about current adoption policy and practice is required to counteract the negative impact that past adoption practice has produced on the perception of adoption as a suitable placement in meeting the needs of some children and their mothers.
- **Concealed pregnancy:** Concealed pregnancy or late presentation at maternity or counselling services still occurs in situations of a crisis pregnancy. Stigma, guilt, denial and fear still play a significant part in these situations, despite the more liberal societal attitudes. Further research on women who conceal their pregnancies would be a valuable contribution to understanding how services could reach out to these women.
- **Fathers:** Fathers are a group who tend to be excluded from the decision-making process relating to crisis pregnancy. This is an issue that needs to be addressed within the counselling process and ways must be found to

encourage women to include fathers in decision making and to allow fathers to become part of the process. The provision of the 1998 Adoption Act directing social workers to engage fathers does not address the conflicting position of the natural mother in terms of her 'need' to be in control and to have a say over who is involved.

The themes identified in this data set were also those which arose from other respondents—as will be discussed again in later chapters.

6.0 Counselling services in the field of crisis pregnancy and adoption

6.1 Introduction

This study was interested in exploring issues related to counselling services in the crisis pregnancy field. The particular focus of the research was to develop understanding of the current position of adoption and adoption services within this area. A number of research questions were identified at the outset. This chapter will discuss the findings from the data related to counselling and the adoption process. The data referred to in this chapter emerged from:

- the sixteen qualitative interviews with the women who had experienced crisis pregnancies. (Nine women who placed their baby for adoption and seven women who kept their baby)
- the counselling professionals interviewed:
 1. social workers in maternity hospitals
 2. community care social workers
 3. project workers
 4. representatives of service providers
 5. counsellors.

6.2 Level of demand

This study was interested in demand for adoption services generated by women who were considering adoption as an option to deal with their crisis pregnancy. It did not address the demand for adoption from the point of view of prospective adopters. The statistics on adoption clearly indicate that there has been a significant decrease in the number of women placing their children for adoption. This figure may be indicative of a decline in the need for adoption counselling services. However, the picture behind these figures is more complex. While only 76 adoption orders were made in 2002 (An Bord Uchtála 2003) our information suggests that larger numbers may have actively considered that option and may have been engaged in counselling within the adoption services for some time prior to withdrawing from adoption. The professionals in our study who represent adoption social workers, as well as maternity and crisis pregnancy workers, agreed that there could be as many as five women considering adoption for every two who complete the adoption process. This would mean that the adoption counselling services are engaged with larger numbers of women than the straight adoption figures imply and with more women who are undecided, often until after the baby is born.

The level of demand for adoption counselling must be defined in broad terms. The place of search and reunion is an expanding aspect of the work. Open adoption service has huge implications for service provision. The success of open adoption will demand ongoing support work with all parties to the agreement. This will be discussed in more detail later. For now it is important to note that while demand for adoption services in the more traditional sense may be almost extinct it has been, to some extent at least, replaced with demands for auxiliary services.

Of course, those who conceal their pregnancy remain a particular concern, as they are not connected to any support, either formal or informal. In this study there were two women who told no one of their pregnancy. These women were left in a very vulnerable position. They were medically at risk and emotionally unsupported throughout the pregnancy. This group, alongside the women who told only one person, represent the failure of services to reach out to the most vulnerable. However, the presence of these women in the study confirms that those who choose to have their child adopted do get 'caught' in some service eventually. Secrecy is still a major coping mechanism for some women; this has implications for service provision, as methods that allow women to preserve their anonymity will go some way to ensure that they can still access information and advice. Telephone counselling should be more widespread and proposals to develop web-based services are well timed.

It is also interesting that in two of the partially concealed cases the women felt that perhaps their mothers had guessed but said nothing. Natural mothers and their own mothers, of course, can avoid or deny the pregnancy and this study indicates that some take this path:

My mother didn't say, but I always reckon she was definitely suspicious.

This mother said that while she felt she made the right decision, she would always regret it. She also said:

Looking back on it now, two years down the line... but if I had sat back, before the baby was born and told my parents and told my family I wouldn't be sitting here with you...I would have kept him, and there is no doubt in the world.

Clients commented on the help they received from services. Interestingly, none of our participants referred to the experience as counselling. One explained:

The social worker had been telling me, giving me little bits all along, like you're going to have to do this one day.

One of the women who kept her baby complained that:

With everyone shouting and screaming around you about adoption and abortion and nobody actually stops and says, you know, this is what is happening to your body.

Some themes about what the women have identified as useful have been extracted from the data:

- information about physical and medical issues related to pregnancy
- facts about finance, housing and child care
- information about open adoption
- help with supported housing.

6.3 Counselling process: contacts

During the course of the study it was found that different practices among adoption services may reflect the issue of the number of women who 'change their minds'. In some situations medical social workers and crisis pregnancy social workers reported that once a woman is actively considering adoption there is referral to an adoption service and contact is initiated at that time between the women and the adoption social

worker. Others reported that even where a woman is actively considering adoption there is no direct contact made with adoption services until the baby is born and the woman expresses her wish to proceed with the adoption. This is partly due to agencies being under resource pressure: deferring contact with adoption agencies until after the birth reduces 'unnecessary work' with women who do not go on with adoption once the baby is born.

From the counselling perspective this means that some women are engaged with an adoption social worker from an early stage. The views of these women differed. For those who go through with the adoption, they in general, felt it was a better arrangement in that they had time to get to know and to develop trust with the adoption worker before taking the steps towards the adoption. For those who changed their minds, some expressed concern that they had wasted the adoption social worker's time.

A crisis pregnancy social worker described a situation where a woman who changed her mind then felt unable to continue a relationship with the crisis pregnancy worker, because she (the natural mother) thought she had let the social worker down. The worker in question expressed her concerns that at such a vulnerable time a woman can often misunderstand or not accept the reassurances that no decision needs to be made until she is ready to commit and that workers have no vested interest in one decision over another. However, the conflict between working together towards a placement in adoption and working towards keeping the baby was one that was raised by a number of women in the study. It may be easier to allay a mother's fears if the crisis pregnancy aspect of the situation is handled separately from the adoption. This may entail defining clear boundaries that are transparent to women using services.

Of those interviewed for this study, six of the seven women who finally kept their babies had actively considered adoption. Two of these felt embarrassed that they changed their minds. Both did go on to work with their social worker and resolved their unease. This figure further supports the view that the need for adoption services may be underestimated. This is particularly significant if the result is a delayed service to women considering adoption, even though they may need specialised information to make an informed choice. For example, a number of social workers dealing with natural mothers were unsure of the circumstances related to open adoption. Yet the availability of such an option was considered to be a major benefit to those who decided on adoption. It may be that crisis pregnancy services need more information about choices, or that the referring relationship between crisis pregnancy, maternity and adoption services needs to be reviewed.

The data collected from the 16 women interviewed showed that the majority (10) considered more than one option in relation to dealing with their pregnancy. Of those who placed a baby for adoption, four considered keeping their baby at some stage in the pregnancy. Of those who kept their baby, all considered other options: four considered both termination and adoption, while two considered adoption before deciding to keep their baby. These data tell us that those who selected adoption did not consider termination. For them termination was not an acceptable alternative. The absence of this choice for these women, for whatever reason, has implications for counselling services. In practice it means that at the time of discovery of their pregnancy women may feel under even more pressure. They are faced with more limited options. This

restriction in choices may be a factor in the higher levels of secrecy reported among those who chose adoption. In fact, five of the group who chose adoption reported having considered no other possibility. Of these five, two had concealed the pregnancy until the birth. This suggests that at least some women who place their baby for adoption see themselves as having no choice (see previous chapter).

6.4 Role of the professional

The women interviewed illustrated some of the real problems facing services attempting to provide counselling within the crisis pregnancy field:

- Some women expressed the view that the counsellors only wanted to talk about decisions. These women felt there was no time to talk about either the physical changes taking place or the emotions attached to the experience.
- Other respondents commented that they only wanted information on carrying out their decision. These found it at best difficult and in some cases very frustrating and upsetting to be asked to review their options.
- For the most part it was those who had fixed on adoption who expressed reservations about a counselling process that directed them to reconsider their choices. This may be a reflection of the personal coping mechanism engaged by these women. Once they decided on adoption they felt they must stay with that choice. Professionals commented on the need expressed by women to remain detached from the baby and the pregnancy if they are to proceed with the adoption.

In the past the adoption system supported this lack of contact and engagement. The social workers noted that when discussing arrangements for adoption some of their clients are surprised that they will have to spend time with the baby and may even be asked to feed the baby. Most of the women in this study did report that being prepared for this contact was all-important. They were then able to deal with it and see it as a positive experience, even if it was also very difficult.

One woman said of the social worker:

She wasn't really helpful to me. To be quite honest she was the kind of person, I didn't like her because she was trying to make me cry. All I wanted to know was the ins and outs of adoption and I knew she was sitting there trying to persuade me not to.

Another keeper described her discussion with a social worker about making a decision about her second baby:

I was very definite about adoption at that stage.[The social worker talked to her about keeping the baby.] She said to me, do you think you will be able to cope with another child?

Keeping and adoption were discussed.

The professionals see their role very clearly. We interviewed crisis pregnancy workers, maternity social workers and adoption workers. They all saw their role as involving helping the women to consider all options. One medical social worker described her role:

It generally is around exploring what's blocking them from embracing the pregnancy. So it's about the emotional stuff...we'd look at practical supports...you'd get them to think about the picture of adoption and so you'd go through it and the option of keeping and what really are going to be the biggest difficulties in each option. And again get them to look at their feelings around those choices.

However, there were some differences in emphasis. The medical social workers said that they do normally discuss all options, but that they would not necessarily bring up adoption if the women did not raise the issue. Counsellors on a phone-line service were careful to explore all options but would, again, take the lead from the woman, even if this excluded a discussion of adoption. It seemed that there were a number of reasons for this. Some counselling services were committed to a non-directive approach. This was interpreted by them to mean that they only reviewed options raised by clients. A social worker in a crisis pregnancy agency commented that it is important that the clients feel they can trust their worker/counsellor. It may be that raising an issue that is not acceptable to a woman at this vulnerable time may be seen by workers as having the potential to undermine that trust. A more direct example of a shift in thinking on the part of medical social workers, and their concerns about developing a trust relationship with clients, may be reflected in the words of one of the interviewees:

I think effective counselling is making sure the information is there, and making sure it's honest and transparent and it also does acknowledge that adoption is a complex process. I think the more we say adoption is the answer the more deceptive we are ... in the past. We've aimed; a lot of people have aimed to make adoption seem workable. That doesn't mean it won't work but we have to identify with someone the pitfalls.

6.5 Counselling process: crisis

The seven women who kept their babies had to face a process of decision-making over the pregnancy. This may be described as ambivalence. However, it indicates that they needed help and support throughout the process, as various factors led to a change in circumstances or feelings, and so plans were under review for some time. Both groups would have benefited from counselling support throughout the pregnancy. The women who kept their babies may have experienced more indecision, but among the women who placed a baby for adoption there were two who concealed completely, one who had a crisis at seven months that changed her circumstances, and one who did not want to have her baby adopted.

The study by Nic Gábhainn and Batt (2003) suggested that the term 'crisis' may be unhelpful in attracting women to these counselling services. There were some indications in this study to corroborate that concern. Not all the women identified with the notion of a crisis. One of the women who chose adoption described that she felt panic, but she knew from the outset that she would resolve her situation by placing the baby for adoption. She told no one and went through with her plan.

Apart from the possible misleading interpretation of the term, there are other considerations. In counselling, crisis has a particular meaning. It is associated with crisis intervention, a method of working with people who are experiencing a crisis in their lives. This approach suggests assisting the client to reduce levels of anxiety. It

recommends finding practical ways to help clients to review their situation and reduce the sense of threat that invokes the crisis reaction. Once a state of reduced anxiety is attained the suggestion would be not to make life-changing decisions in a hurry.

This emphasises the need for social workers and counsellors to be familiar with reactions to crisis and the vulnerabilities that go with this state. One social worker summarised her ideas about her role:

Once we are honest, then maybe people can make a more objective decision themselves. I think that the key is that they must make the decision, and if we think that we as counsellors have a huge role in the decision making, we're wrong.

This notion that counsellors and social workers have a part to play, but that ultimately the women must decide for themselves will be discussed further in the next chapter.

6.6 Counselling process: timing

One of the features of the interviews with professionals was the picture of attempting to make decisions within a specific timeframe. This was seen in a piece of research by O'Carroll (2002). The timeframe that is privileged in adoption, in particular, is that which is dictated by current discourse on the needs of a child for stability and permanence. The importance of aspects of development that need to be addressed in later life, such as having information about one's origins, was less significant. The adopted people we spoke to were concerned around issues of identity. Open adoption is, of course, an attempt to redress this imbalance. The debate about the dominance of the permanence discourse is elucidated by Triseliotis (1993). In an earlier work he had commented that identity needs of children are of the utmost importance (1973). The point that emerged through the data was that women in a highly emotional antenatal situation have to make lifelong decisions within a matter of weeks or, at best, months. This holds true of the women who, for whatever reason, were not able to avail of the months of the pregnancy to consider their situation. Those who concealed their pregnancy for the nine months had, on the birth of their child, to work within the same timeframe. One social worker described it as, 'Having a lot of catching up to do'.

The notion that adoption gives women time to think (Mahon et al. 1998) was not supported in this study. The definition of what 'time' actually means may be in dispute. Weeks and months to make a decision for life may be interpreted by some as sufficient time. Our data suggest that some women felt under time pressure to make a decision. Those who had decided from the outset did not express concerns about pace, as they appeared to focus on completing the process as soon as possible.

The data revealed some aspects of this timing issue. One mother, who was younger (only 15 at the time of the birth), was reluctant to have her baby adopted. She 'dragged out' (her own description) the pre-adoption fostering arrangements in the hope that something would change, which would allow her to come up with a plan. Ideally she wanted to place her baby in foster care until she had completed her leaving certificate. At that point she hoped to be able to take care of the baby herself. She was encouraged to consider what was best for her child. This, she was told, was living in a permanent and stable situation, not in foster care. She reported that when she was promised an open adoption she signed the paperwork. This represents one mother's perception of

the process. It was not possible to check the full circumstance of her situation. What was evident was that this issue of time was present for others. One adoption social worker described another situation:

One of them was a very late adoption, mum became quite uncooperative, the child was actually over a year when he was placed...I mean things worked out so far so good. We encourage and would inform people that six to nine weeks would be what we would think was in the best interests of the child.

Adoption-based workers, perhaps because of the time at which they become involved, are more likely to see the difficulties for mothers who are placing their babies. Commenting on the procedure after the birth, maternity social workers emphasised spending time with the baby so that mothers could be more sure of what they wanted. An adoption social worker felt some of these practices only served to make things more difficult for mothers:

And that is very difficult, because I mean, unless they're very determined, you know, once the bond starts they're not going to give the baby back.

What was less clear was what factors are driving the timing. Of course it is influenced by a theoretical position on the needs of babies. The views on this have been challenged over time. For example, Triseliotis (1993) would question whether permanence should override all other considerations.

Another factor that may affect the timing about the decision to keep a baby or place it for adoption may be the needs of adopting parents. An adoption social worker said of adoptive parents: 'As soon as they hear about it, they just want the baby'. This may contribute to pressure on natural mothers to make their decision. Other adoption workers discussed the view that adoptive parents, in general, were interested in babies. In particular, children over five are still considered harder to place for adoption.

An alternative route to adoption was described by a health-board social worker. She described the practice of placing long-term foster children for adoption with their long-term foster parents when the possibility arises. (The Adoption Board Report (2002) puts this number at 20 out of 76 adoption orders—a significant proportion of adoptions.) She explained that they would not, in normal circumstances, consider placing a baby for long-term fostering with a couple who really want adoption, as the prospect of returning the child to its mother might be devastating. The fact that adoptions do take place when children are older suggests that there could be more flexibility for natural mothers about the timing of making the decision.

All the workers agreed that it was important to reassure the mothers that they could change their minds at any time up to the final papers³. It is apparent from our data that crisis pregnancy counsellors and medical social workers, in general, are engaged in a process with the expectant mother, which demands trust and support. There is much room for misunderstanding in such an emotionally charged situation. The women's perception of workers as people they 'hit it off with' was important. If they felt good about the worker, they felt they got a good service.

³ Mothers should be made aware of the provisions of the Adoption Act 1974 which empowers prospective adoptive parents to apply to the High Court to dispense with the final consent of the natural mother if the Court is satisfied that it is in the best interests of the child to do so (see Shannon 2002: 293).

6.7 Referral pathways

The data indicate that GPs play a key role in the service to women in crisis pregnancy. For eight of the sixteen women interviewed, their first point of contact with any professional was with their GP. Maternity social workers concurred with this:

In general, people go to the GPs directly, if they're going to go to anyone of a medical nature.

The response of GPs differed. In one case the GP offered continuous services. The woman did not return to the GP for several weeks after the initial confirmation of her pregnancy. She had delayed making contact with her GP and concealed the pregnancy from everyone else. On her return he made all the arrangements for her. He went through all the options, including adoption. The GP did refer her to the local adoption service. She was very appreciative of his help:

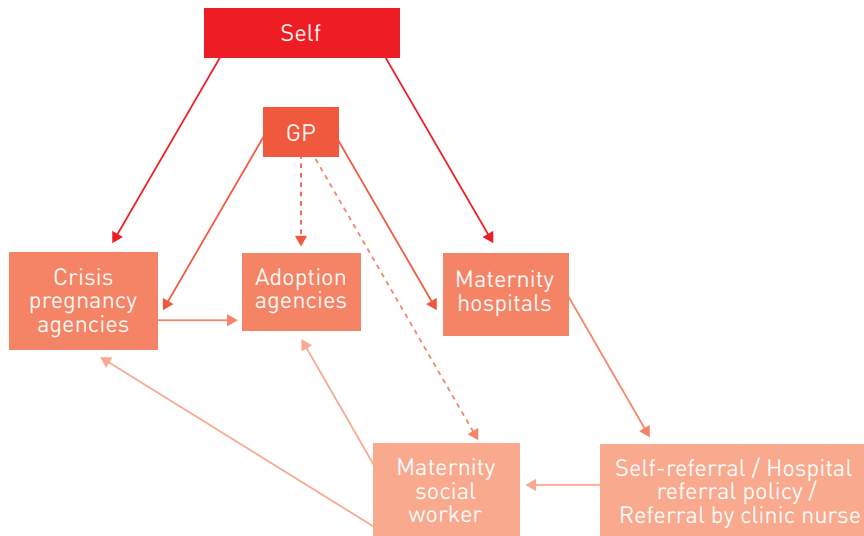
He would have sent me to the clinic on different days to when the local mothers, expectant mothers, would have been going.

In this case the GP facilitated keeping the secret. This mother did consider that if the secret had come out, she would probably have kept the baby. Maternity social workers in a Dublin setting told almost the same story. If women who had been trying to keep the secret were 'found out' in some way, this usually resulted in them keeping their babies. This secrecy issue has implications for the counselling service offered to mothers. There is tension between the right of mothers to confidentiality and the knowledge that, in some cases at least, such secrecy cuts them off from potential help, and ultimately reduces their realistic options. The need for secrecy expressed by some of those who chose adoption in this study mirrors that found by Mahon et al. (1998). In one area a strong working relationship had been developed between some GPs and the maternity hospital social workers. They explained the referral pathway:

In a situation of a crisis pregnancy I think the two main [referral pathways] would be either the GP or through the antenatal clinic where people actually arrive in.

In situations where women arrive into the antenatal clinic there are three referral pathways to the social worker: either a nurse in the clinic, a self-referral or a policy regarding procedure, which identifies women in crisis pregnancy for referral. The maternity social workers confirmed that many women with unplanned pregnancies do not arrive at their service, because they do not consider they are in crisis and have already decided to keep their babies, usually with the support of their family or the baby's father.

Figure 6.1 Referral pathways



In the case of one agency, counselling was offered on both adoption and crisis pregnancy. This is indicated in the referral from crisis pregnancy to adoption, as the process is the same, even though both services are offered within the same agency. Community care was not identified in this research as playing a significant role in the referral process. It appeared that the role of community care social workers was confined to cases with a child protection concern.

6.8 Placing a baby for adoption

There appears to be a discrepancy between the counselling arrangements for those who place their baby for adoption and those who keep their baby. The most obvious example is that all those who choose adoption at some point must make contact with adoption services. They are unlikely to 'fall through' the services network because they must access that service in order to proceed. This research also indicates, however, that they may be more unresponsive to 'counselling' per se, as they may resolve the crisis by employing a different approach to the decision. It is impossible for some women to see alternatives in the midst of their crisis. Counselling aimed at such a goal is perhaps unwelcome. Those who place a baby for adoption are, therefore, faced with a 'counselling' problem. Are they involved with the adoption worker to place their baby or to consider their choices?

The professional we spoke to definitely saw it as her job to review choices. Where the service separates crisis pregnancy counselling and adoption work the tasks are more clearly defined. This clarity of tasks existed also where adoption workers were not involved until after the birth.

When a woman contacts an adoption worker she perceives it is about placing her baby for adoption. This, of course, is not the reality, as all adoption workers shared the view that they must remind mothers that they are allowed to change their mind about the

adoption. One interpretation of this data is that adoption workers should only be involved when the decision is almost certain. Another possible view is that adoption workers should be involved as soon as adoption is mentioned as a possibility, in order to give full information to the women about that choice. The agency that provides both crisis pregnancy counselling and adoption counselling identified the possible conflict of interest in these arrangements as perceived by mothers.

6.9 Post-adoption services

Post-adoption work appears to have taken on a new significance with the increase in open adoptions. In terms of ongoing counselling relationships between adoption social workers and the women who have chosen adoption, one of the side-effects of open adoption is that these women are offered and agree to ongoing contact with social workers. Some women agreed that this was necessary, as the social worker brokered/mediated/arranged the ongoing contact with their child. Hence, it is imperative that workers know how to contact the natural mothers and also offer support when arranging visits or re-negotiating plans regarding exchange of information or access.

It was possible to find out something about the need for post-adoption counselling through discussions with various special interest groups and other professionals. It was clear that adoption, for all those involved, is indeed a lifelong process, and ongoing support for some women and adoptive parents was considered an important service, which should be more widely available. This supports the literature. Reitz (1999: 333) suggests that "adoption was considered an ongoing force in the lives of adoptee, adoptive parents and birth parents".

6.10 Open adoption services

Women who have their babies adopted have the benefit of ongoing contact with their adoption service. The increased use of open adoption has had an important side-effect. Due to the nature of open adoptions mothers are now in continued contact with the adoption services:

Not that I'm doing it continuously, but I know that if I do pick up the phone, that at the other end the social worker is there and I can ask if she's heard anything lately.

Again, the perception of that contact may differ. The mothers see the ongoing relationship as being anchored around the agency's role as mediator of the open adoption. In all cases in this study the relationship between the mother and the adoption service was very positive. This, it must be noted, is one of the biases in the study, as the researchers had to depend on these services to give access to the women. Inevitably we did not meet women for whom the relationship with adoption services had soured for whatever reason. The professionals did acknowledge that open adoptions are in their early stages. They commented that the long-term outcome, given the lack of any legal status to the arrangements, is uncertain. While the cases in this study illustrate the added advantage of open adoption in terms of ongoing support for the natural mother, it also raises the question of how the positive relationship between the natural mother and the adoption service would be affected if the open adoption were to be terminated without the consent of the natural mothers.

This was raised in the study by two of the women who had placed their baby for adoption. In one instance the natural mother had seen open adoption as a crucially important factor in helping her to decide on adoption. She agreed to two meetings a year and letters and photographs. In the initial stages of the negotiation she had assumed that this would be an arrangement of indefinite duration:

I had said indefinitely, but the couple weren't, they wanted to know how long indefinitely was. That at a certain age the child would want to be able to make up his own mind, and they weren't going to push him into something that he didn't want to do. And they didn't want him to be upset...and having said that I don't want him upset either.

She was disappointed but resigned to the fact that the agreement would have to be reviewed when the child turned five years of age. In another case, the natural mother said she was very unhappy about the placement. She attempted to delay the process, which led to her baby being in foster care for 9 months. At that time she was offered the possibility of an open adoption. She was upset that she had not been told of this earlier:

I won't have given him up if it wasn't for open adoption.

She agreed to an open adoption arrangement, which would allow her to have five visits per year. On completion of the adoption procedure she reports that she was informed by her social worker that the adopting couple would now only allow two visits per year. The natural mother was devastated, but felt she might lose everything if she complained:

I never got five times as I was promised. I got no warning, it was discussed after the decision. If I fight it now I'll get nothing.

In a third case the natural mother agreed to two visits per year:

If I didn't have an open adoption, I'd say [child's name] would be here with me, and I'd have to face the consequences.

After three years she has reached a point where she makes direct contact with the adoptive parents. It is her belief that she can visit whenever she wants, with the consent of the adoptive parents.

I can ring and ask if it's ok if I come up, and if they've nothing on, they'd say, of course, no problem. Like it doesn't have to be twice ... it can be 20 times a year.

The data from this research highlighted the discrepancy in terms of definitions of 'open'. The examples demonstrate that different understanding about arrangements may lead to upset for all parties. The representatives of the Adoptive Parents Association identified this as an issue for their members. The respondents felt that open adoptions that permitted exchange of medical information was a very welcome advance. They also saw advantages to limited letterbox contacts. They did point out that prospective adopters might feel under pressure to agree to open adoption arrangement, but post-adoption may feel unable to adhere to the terms of the agreement. All parties to the open plan need support in order to fulfil the obligations of these contracts. The current goodwill status may do more harm in creating a perception that the details of such contracts are not binding.

The natural father in our study explained that he is the one who maintains contact with the social worker in order to keep contact open. His baby was placed with an adoptive family nine years ago. While he has been happy with the arrangements overall, he has some concerns that photographs now come only once (instead of twice) a year and that this year no letter arrived with the photographs. He describes it as 'being kept in the loop' in the hope that one day his son will come looking for him. This experience contradicts the findings of Clapton (1997), which suggested that the natural fathers' feelings following placement of their baby for adoption subsided over time, while the natural mothers' were sustained. It may be that research has not accessed natural fathers who know about the adoptions, but who have been 'out of the loop' and have had to learn to cope with this exclusion. The father we spoke to was definitely a 'father in waiting'. He looked forward to the day his son would contact him.

These situations point to potentially serious implications for a range of issues:

- Natural mothers have put a lot of faith in open adoptions and it may be a pivotal factor in the final decision to place a baby for adoption.
- The confidence of natural mothers in open adoption contracts may be undermined by withdrawal from arrangements or reluctance to maintain plans.
- The relationship between adoption social workers and their natural-mother clients in relation to trust and support vis à vis the social workers' responsibility to adoptive parents.
- The image of adoption services in general. Disputes about contracts might result in presenting open adoption in a false light.
- The vulnerability of all parties to the open adoption in terms of keeping to agreed arrangements.
- The diversity of meaning when discussing open adoption. There does not appear to be one accepted definition of what it means. While this allows for flexibility in individual cases, it also means that there are no minimum/maximum guidelines.

Our study found that the desire for secrecy was compatible with open adoption arrangements. Women who had not told family were continuing to maintain contact with their children through their social workers. The social worker had a central role in supporting these women in particular, as they had no one else to talk to about dealing with their emotions.

Rosenberg and Grose (1997) argued that secrecy served the needs of birth parents only and was a burden to adoptive parents. The need for secrecy certainly emerged in our data. But it was not so clear that maintaining the secret really serves the best interest of the natural mothers or their families. It results in isolation and continued fear of being discovered. Attempts by counsellors and social workers to promote openness appeared to have little effect on those who saw it as the only possible way to proceed.

6.11 Keeping the baby

The experiences of the women who kept their babies were in many ways different to those who placed their baby for adoption. Four of the seven women interviewed who kept their babies began the 'helping' process by contacting their GP. This compared with four out of

nine of those who chose adoption. The remaining women who kept their baby either contacted Well Woman, CURA or a hospital directly. These women as a group demonstrated more ambivalence in their decision making. They appeared to consider the whole range of options and overall tended to seek help at an earlier stage in the pregnancy.

The interviewees had different views of the 'counselling service' they received. Attempts to help clients review all options may be seen in a negative way by someone who feels they have already made their decision—as in one case where the initial decision was adoption, but in the end the woman kept her baby. The change in decision was attributed to the 'interference' from the baby's father, who the counsellor had encouraged her to include in the process. It is difficult to find evidence to attribute decisions about adoption or parenting to the interventions of counsellors.

The women with whom contact was made (both those parenting their child and those who placed their child for adoption) are by definition those who remained in some form of contact with the crisis pregnancy and adoption services. It was easier to contact those who were parenting their children, as they had often been referred on to some form of ongoing supportive counselling programme. All the women interviewed were connected to either a teen parenting programme, a young mothers' education programme or had well-established relationships with social workers in crisis pregnancy agencies. It is worth noting that the women interviewed were still engaged in a counselling relationship, even if they themselves did not define it as such. The data gave a real sense of what a struggle it is for these mothers, and they are probably the lucky ones who do have formal as well as informal support. The data certainly suggest that the movement in the 1980s to highlight the needs of mothers who keep their babies should be revisited.

The data illustrate that, even with support, life can be difficult for those women who keep their babies. One woman, who had twins, said:

My mother was brilliant, my mother was brilliant, everyone was brilliant.

But she described attempts to engage with a teen parenting project:

It was too far and everything, and once I had the babies ... I had no time to do anything...I remember some days I'd be sitting with the two of them bawling crying and I'd be sitting down on the couch crying as well.

Another young mother aged 16 described her fears of coping, even with back-up from her sister and the baby's father. She is not in a relationship with the baby's father but he is involved. She talks about being on her own and coping:

Sometimes I do worry about, if anything happened and who would look after her. If I wake up in the morning and I feel I've got a head cold or something I'm like, how am I going to manage today.

This is reflective of the pressure on mothers, even where they have support.

6.12 Supported accommodation as counselling service

It was part of this study to consider the place of supported housing. It would have been difficult to ignore this issue, because it was raised by many of the professionals and service users.

Four of the seven women who kept their baby had experience of some form of supported housing. Only one of the women who placed her baby for adoption availed of this type of service. From a counselling services perspective, what this appears to mean is that women who are involved in supported housing have access to longer term and more intensive support. This support is both formal and informal. By comparison, women opting for adoption appeared to have less access to informal supports and in some cases were dependent on one professional to give them support and advice. All of the women were very complimentary about the supported accommodation experience. Some were wary of availing of the service initially. One woman, who had been reluctant to go to the house, described the supported accommodation as the best thing that had happened for her in her pregnancy:

Going up to Limerick to the house there, and just getting a break. They just look after you ... you still have independence but you have people helping you out. And if you wanted to do some kind of educational, they would help you.

She said she got more confidence there.

A mother who was interviewed in connection with her second child commented on her experience with her first pregnancy. She had been in supported accommodation and felt she relied on the network of friends, both formal and informal, she made in that house when she was faced with a second pregnancy. Of her friends, she said, "They'll be behind you 100%, you don't feel they were judging you". She described contacting the counsellor at the supported housing:

Even at that age, it's still a crisis, and you deal with it. I'd always been in contact with [counsellor's name] so I told her then and she helped me.

Comments from the service users, such as, 'It was brilliant', 'We all had great fun up there', 'You just had to make friends with everyone', were noted.

The professionals were also complimentary about the work of supported housing. A maternity social worker, who had access to some supported accommodation, described her satisfaction with the service:

They're supported throughout their whole time there. They do budgeting skills, life-skills programmes, emotional support, and there'd be someone there for the labour – when they go into labour. So they've a contact with someone 24 hours a day, if anything were to happen.

Other maternity social workers, who had no such access, when asked if there was a need for supported accommodation replied:

Definitely, absolutely and we're lost without it. Place A [named] is terrific but you can never get anyone in there. Place B [named] is also terrific, but there is no supervision. But it's hard to get them to go there.

6.13 Procedures and policy

Referral to adoption services, as already mentioned, came from two main sources. These were medical social workers based in maternity units and social workers in health boards or specialist agencies. These will be referred to as referral agents. Some

GPs did give information about what services provided adoption counselling. The referral agents had different relationships with the adoption services, depending on local arrangements, interpersonal professional communication and work practices, and also the availability and policy procedures of the adoption services. Referral agents in the study were most satisfied where adoption social workers made themselves available in the early stages of the pregnancy, even if they did not take over the case. One agency had a somewhat different arrangement, because the crisis pregnancy worker and the adoption worker were both employed by the same agency. In this situation it appeared that both supported each other's work and were available for consultation as required. The overall philosophy of the agency supported the position that until the baby was born the adoption worker should be on the periphery. This, it was hoped, would avoid mothers feeling pressurised to select or continue with adoption if they were uncertain.

From the interviews with professionals in this study, there appeared to be evidence of a dominant discourse – certainly among maternity social workers – in relation to values related to prospective parenting. One of the women reported feeling that the social workers in the hospital were really conveying the view that she should keep her baby. This view may have been supported by incidents in which social workers tended not to raise the question of adoption unless the women bring it up themselves.

A health board social worker in adoption confirmed that the overall philosophy of the agency is to prioritise keeping families intact where possible. She explained that this was embedded in the Constitution and therefore had to be reflected in the activities of a government agency. She did feel that for some children adoption was the best option. In her view, this mostly related to children where every effort to keep the family together had failed and adoption should be considered in the best interests of the child. This takes time and may inevitably mean that the children are older when they are placed. Some of the difficulties arise in relation to mothers who have added problems such as psychiatric or substance-abuse issues. The current study was unable to access such mothers. Some of the 'gatekeepers' felt that it was unethical to approach mothers who had placed babies in these circumstances.

6.14 Conclusion

The data gathered from natural mothers and the professionals who work with them were analysed and specific themes were extracted:

- There was confirmation that there is a demand for crisis pregnancy counselling and adoption services. The nature of the services may need to be adjusted to incorporate changes in attitudes to crisis pregnancy and adoption. Modes of information dissemination more attuned to modern lifestyles of young people, such as websites, text and e-mail services, need to be developed. This is consistent with the current high level of demand for once-off phone contact, as demonstrated in the results of our questionnaires. Women do continue to seek advice and information through informal networks. Hence it is important that information be targeted at a broad-based audience.
- The study was able to access women who were participating in open adoptions. The uptake on open adoptions remains low overall. This may be to do with a perceived conflict between the need for secrecy and the open

adoption arrangement. We found no such conflict among our respondents. There was evidence that women who maintained total secrecy valued the open adoption process. This factor may be of importance when helping women to make decisions about adoption and, in particular, when they are considering open adoption.

- The study found that women in a 'crisis pregnancy' situation may not relate to the notion of 'crisis'. The use of such terminology may be an unnecessary barrier to women accessing services. The counselling services with the highest returns for initial contacts refer to unplanned pregnancy. More inclusive terminology may have some significance in attracting women with diverse needs.
- The counselling services have to face a challenging task. The data indicate that women who finally place their baby for adoption are likely to make that choice at an earlier stage in the pregnancy than women who keep their baby. The women who keep their baby demonstrate more ambivalence when making their decision. This ambivalence may offer an opportunity for counsellors to facilitate a consideration of options. Women who have made up their minds are less likely to avail of counselling and may only want information about services and procedures. The women who finally chose adoption are also those who may conceal the pregnancy, tell no one or deal with one professional. This places greater emphasis on the ability of first-line contact professionals to have accurate and extensive information about adoption and choosing to parent the baby. Those who conceal or tell no one, but who place the baby for adoption, are 'caught' by the services network, because they have to access adoption services to continue with the adoption process. However, there appears to be an expectation that these women can simply 'catch up' on the process and follow the timeframe of women who may have used the nine months to weigh up their choices.
- Some further research is required to investigate the implications of the timeframe currently applied to the adoption process. Issues concerning the desire of adoptive parents to get the baby as soon as possible, professionals' concerns that contact between baby and mother may complicate matters and natural mothers' feelings about separation should all be considered in the context of the dominant ideology.
- Some evidence emerged that indicated a certain reluctance on the part of professionals to discuss adoption with women as part of the counselling process unless a woman specifically requests it. This may be a result of previous practices in adoption placement, which have received negative publicity in recent years. Little publicity is given to successful adoptions, compared to those individuals—natural parents, adopted persons or adoptive parents—who have had bad experiences. In addition, the dominant discourse is now centred around providing support for women to parent their child, rather than to place their baby for adoption. However, it is important that, within the counselling process, each woman is made aware of the positives and negatives attached to all possible options.
- This research also points to the need to consider the training needs of crisis pregnancy counsellors, health board workers, community care and maternity

social workers and general practitioners in relation to the options available to women with a crisis pregnancy. In particular, because the number of women placing their babies for adoption is now so small few workers are involved with or versed in the current practices in adoption, particularly in relation to how adoption might meet the needs of both the child and the mother. Knowledge about the practice of open adoption and the various forms that this can take needs to be enhanced among professionals. This research produced evidence that many referrals to crisis pregnancy counselling or adoption services come directly from general practitioners. This has implications for training for general practitioners to increase their awareness of services available, particularly in the area of adoption. Community care social workers appeared to have little input into working with this client population. Their role in the field should be considered.

- A review needs to be undertaken in relation to the provision of non-family adoption services within the various health boards. The health board adoption services are dealing with large numbers of applications for inter-country adoptions and very few traditional non-family adoptions. In addition, the non-family adoptions with which they do deal tend to be those which are complex, such as the placement of children who have spent some time in the care of the health board, children with special needs or older children. Thus, the small number of uncomplicated non-family adoptions being undertaken through the health boards may be leading to a diminution of skills in the field of traditional adoption practice. An argument could be made to concentrate all adoptions within specialised adoption services, such as the private adoption services, which deal with the majority of non-family placements; this would leave the health boards free to carry out their statutory duties relating to inter-country adoption.
- The mapping of the adoption and counselling services presented in Chapter 4 clearly demonstrates that they are based in urban areas and unevenly spread throughout the country. While this has advantages where women wish to move away from their home area to maintain anonymity, efforts need to be made to ensure that the provision of services allows for easy access to crisis pregnancy and adoption counselling. The development of new technologies may make access easier in the future, but this should not detract from providing services across the country.

7.0 Critical case samples

7.1 Introduction

This chapter presents the data obtained from interviews and documentation from three agencies chosen from the information obtained from the quantitative data, as representative of those agencies providing services for women with a crisis pregnancy. The agencies identified were:

- An agency providing pregnancy counselling services and supported accommodation. The agency provides a first point of contact for women who are experiencing a crisis pregnancy. Contact can be made by personal visit to the agency, telephone or email. The mission of the agency is to provide 'easy and immediate access' with the intention of 'taking the panic out of the crisis'. This agency was selected as a critical case because the quantitative data indicated that it had the largest number of contacts, on an annual basis, from women looking for help with a crisis pregnancy.
- A registered private adoption agency. Referrals come mainly from the maternity hospitals, crisis pregnancy agencies, general practitioners and the women themselves (self-referral).
- An agency providing a full range of pregnancy counselling services, together with an adoption service. Clients looking for pregnancy counselling who make contact early in the pregnancy are mainly self-referred—using their knowledge of the CPA's Positive Options Campaign or the agency website. Those women considering adoption are generally referred from the maternity hospitals.

The data for this study were collected through interviews with key personnel from the particular agencies. Information was obtained on the services provided and the professional views of the respondents concerning crisis pregnancy and adoption. The agencies provided examples of information leaflets available for clients. The information obtained was used to validate both the information obtained from the quantitative data, and that from the service users, together with the views of other professionals interviewed as part of the data collection.

The data will be presented using a thematic framework.

7.2 Counselling

The respondents expressed the view that two approaches seem to exist in relation to the counselling process. One is that the counselling is totally non-directive, in that options are discussed only when they have been raised by the client. A typical comment was:

People are nearly afraid to mention adoption in case it is perceived that you're pushing this as an option.

On the other hand, a clear view has been expressed that all options should be discussed with the client, and where they do not raise adoption themselves it should be introduced by the agency worker. While all the agencies felt that it was in the best interest of the women to address all the options, one agency tended more towards allowing the women to raise the adoption issue themselves.

However, as one worker put it:

For them to get a clear picture about what they want, we need to look at all three issues, and all three options – you'll say, "What about adoption?" and they will say, "No", and I'll say, "Well, just to humour me for a while you can look at it".

However, the adoption agency respondent did point out that some women are particularly resistant to discussing the option of keeping the baby. As she stated:

Some are very resistant to that. They say, "Yeah I've thought about that but I'm not talking about that. I'm here to talk about adoption". But we would always be looking at that in terms of the pros and cons of all her options.

All the agencies felt it was important to give information to the women about adoption because they believed that there were a lot of myths about adoption and that the dominant discourse was still around the traditional views of adoption and adoption practice. For example, some agencies felt that knowledge about open adoption was very limited among the general public and that only when clients were given information about the modern reality of adoption could they begin to understand that practice in adoption has changed dramatically in recent years.

Discussing attitudes to adoption, several workers stated that opinions are based on what happened years ago:

'They take your baby off you' is the kind of language that is still around.

Someone comes and takes your baby within minutes of it being born and you never see it again.

One respondent stated that women often believe that by going to an adoption agency, the agency will just take the baby the moment it is born and that that will sort out the problem. The process involving caring for the baby in hospital and visiting the baby in foster-care is not part of the system understood by the general population. The adoption agency worker commented that the danger is that because a large number of people have pre-conceived ideas about adoption, they will never go to an agency to check it out prior to making a decision about their baby's future.

They also believed that opinions and attitudes about adoption were formulated as a result of the negative media coverage of adoption, in the press and in television programmes, particularly soap operas. One respondent expressed the view that there was now a stigma around placing a baby for adoption, compared to previous periods when the stigma existed around keeping a baby:

It's a much bigger taboo than termination. It's easier to terminate the pregnancy than to give the baby for adoption.

One worker described a client whose parents put pressure on her to keep the baby even though she wanted to place the child for adoption. The worker's view was that some parents offer to take the baby themselves or suggest giving the baby to a brother or sister or to the baby's father and this makes the woman feel sufficiently guilty to change her mind from the adoption option.

One agency, which did not do adoption counselling, felt that because of the myths about adoption it was vital for women to be referred as soon as possible to an agency that undertook adoption counselling, if the women indicated that they might consider adoption. As one worker put it:

Their knowledge around these things would be minimal, they would not have right knowledge of it. It's very important that they would get that information as early as possible if they're seriously considering adoption. Just having information is power, and they can take control.

This agency refers women who indicate that they are thinking of adoption on to an adoption agency. However, the women may continue contact with the referring agency throughout the pregnancy. This provides an opportunity for the woman to come back and discuss the experience of the adoption agency:

They like that space just to kind of validate the experience.

The agency that received a high number of initial contacts, which ended after one contact, felt that it was extremely important to cover as much as possible at the first contact, whether on the telephone or in person. They regarded the first contact as crucial in giving as much information as possible. As one respondent put it:

They have ideas in their head, whether that be about abortion, adoption or keeping – there are myths there that they need to check out for themselves and get correct information. Then you can make a choice.

This agency also felt that one of the most important and key things at the initial contact was to help the woman tell someone else, particularly her parents. As one respondent said:

It's often their biggest fear – 'I'll be murdered at home' – but they get over it. That's really where the support is they need most at that time. That's the big thing for them... even talking through it actually makes it not so bad for them.

This same worker went on to say:

We would be supporting them to just take the first step. [...] They need to go away after coming out of a session and maybe check out things ... they may say, 'Well it's not as bad as I thought it was', or maybe it's worse ... but it doesn't just happen in one session.

The problem for this agency lay in trying to hold women in the counselling process.

The agency that provides both a crisis pregnancy counselling service and an adoption service also had a considerable number of women who contacted the agency for information only. Many of the women would be looking for information on abortion clinics or information on the kind of supports they would be entitled to if they decided to parent their baby. As the respondent pointed out, many of the women only see two alternatives—abortion or keeping the baby. As she put it:

Most of them say that if they're going to go ahead with the pregnancy they would find it too hard to give the baby up.

Consequently, the information they mainly look for is related to abortion and to entitlements.

One worker also pointed out that for many women the problem lies more in being pregnant, than having to make a decision once the baby is born. As she said,

I think the decision is more about whether or not they can cope with being pregnant for nine months, and rather than adoption or parenting the baby, I think the decision is around termination, what swings it is the fact that they can't deal with the pregnancy and don't want to go ahead with the pregnancy itself.

This view was also expressed by the medical social workers in one focus group.

For those women who think about adoption, it seems, from the agency perspective, that they present much later in the pregnancy:

It's only the women who come in at the very end who want to talk about adoption. The women who come in to think about adoption will always say to me – I haven't got a bond with this baby. I don't feel anything for this baby – that's their justification, in their minds, for why they want to do this. Whereas, women at the start say – if I get to know the baby, once the baby is born, it will be too hard to give the baby up.

For the women who conceal the pregnancy until late on, it appears that they seriously consider adoption and tend to consider this option by consulting a friend, rather than a counsellor. As one respondent put it, they are:

Concealing it [the idea of adoption] from people they think will try and change their minds.

This worker gave an example of one woman who had been planning all along to place the baby for adoption. When she told her parents of her pregnancy they tried to change her mind, which the woman said she resented.

The same agency worker has found that the women who continue in counselling tend to be those who are seriously intending to place their baby for adoption. The women who decide early on to keep their baby do not follow through with counselling. As this worker said:

Once they've talked about it they see it a lot clearer and they see what they have to do. They don't really want your involvement and they just want to get on with having their pregnancy, or not having their pregnancy, and they don't want anything else.

The adoption agency received most of its referrals directly from the maternity hospital, where the women had already had some contact with a social worker. The first visit or telephone call is usually to get more information on what adoption means. The respondent was very clear that the first visit was an information-giving session and not the start of the counselling process. Should the woman return for a second or subsequent visit the respondent described the agency service as:

Ongoing, literally from the minute they come in to the door to us we will carry them through to wherever they want to go, for however long they want our services.

If the women are requesting information about adoption all the agencies use the booklet 'Pregnant and Thinking of Adoption', together with additional readings, articles and case histories.

7.3 Factors affecting decisions

The respondents from each of the three agencies were asked what factors they considered most affected the women in making decisions about the future of their babies.

The following factors were highlighted by all three agencies:

- Where the girl is at, at that particular time in her life. Comments included:
It's like that they have just started in college or whatever and it's not possible to parent or to parent in the way in which they want to parent or would like to parent.

You'd have a certain number who would be third-level students who might be just starting out on that road and for them the timing is all wrong. And other factors come into play, of course.... Those who are working and are working in what would be seen as good secure jobs, but they just feel that they are not ready to become parents and to undertake the job of parenting.
- Financial issues
- Accommodation
- Support or lack of support from family
- The best interests of the child:
It's not in my child's best interests to be raised by a single parent or my child deserves more, to be with a couple who are now ready to parent, you know, psychologically, emotionally, financially.
- Some women never envisage themselves as a mother and feel they are not maternal.

One agency described the profile of women who place their children for adoption:

Predominantly it might be the more educated girls, into their twenties, but certainly we will have girls from a working-class background The number who place for adoption where they are already parenting and that's where you will see the girls from the working class background. They already have one or two children and just feel that taking a second or third child home would be to the detriment of every child and themselves.

7.4 Natural fathers

None of the agencies felt that the natural fathers played a particularly significant role in either the decisions concerning the child's future or in the supportive function for the mother. However, all the agencies held strong views, in concert with the 1998 Adoption Act, that they would like to involve the fathers in the process far more than at present.

The pregnancy counselling/adoption service advertises the fact that they provide a counselling service for fathers and the respondent from this agency felt that they had a number of fathers and extended family contacting them because of this. This worker stated that the majority of these contacts would be through telephone contact:

A lot of people come to us because we work with birth fathers. We advertise on our website that we will work with birth fathers, and grandparents as well. We get a lot of people who want me to talk to their mother or dad or want to bring their partner with them.... Quite often birth fathers will phone or women will ask can they bring the father in to see me or they will just ask about his rights and entitlements and how much they will need to involve him in any decision around the pregnancy.

The adoption agency worker reported that there are very few fathers involved in the counselling process, although a small number might come in for some parts of the counselling. However, she pointed out that most of the girls present for discussion around adoption when their relationship with the baby's father has already broken down and there is no ongoing relationship. However, she stated that the agency would still like the fathers to attend even if it was separately from the woman. In discussing the level of involvement of fathers, this worker stated that the fathers' involvement can be plotted along a continuum as follows:

- those who know of the pregnancy and have gone from contact with the natural mother
- those who know and are out there, but will not respond to active contact with the agency
- those who might respond by coming in once or twice
- those who are actively involved throughout
- those who would like to be in a position to keep the child themselves and take the responsibility for parenting
- those who are very active post-adoption and who actively seek updates and photographs.

As part of the qualitative interviews for this research study one father, who was actively involved and seeks updates and photographs, was interviewed. His comments have been incorporated elsewhere in this report.

Both of the agencies dealing with adoption have a policy of trying to involve the fathers in the counselling process and view that approach as being in the best interests of the child. They believed it was the child's right in the future to know that both of its parents were involved in the decision to place him or her for adoption. As one respondent pointed out, there is a lot of talk about the mothers having realistic options from which to make a choice, but they forget that fathers also have a right to options. In many instances fathers are never given any choice, since they are actively excluded from the process by the mothers. One of the mothers who was interviewed for this research did express her regret, ten years after the adoption, that she had never told the father or involved him in any way. However, she had given the agency full information about him, which would be available should the child look for it later.

7.5 Supported accommodation

The importance of supported accommodation being available for some women during the pregnancy, and after delivery should they require it, was stressed by all the respondents. While there has not been the same demand for such accommodation recently as in the past the agencies were making such comments as:

There really needs to be that option of accommodation, even if there's only one girl a year that needs it.

In addition, post-delivery accommodation is sometimes required in cases where a girl may be able to live in rented accommodation until the baby is born, but could not go back home for a short period of time. This type of accommodation is very difficult to obtain.

One of the agencies has a number of residential homes under its auspices. The women interviewed for this research were very positive about the experiences they had had in the accommodation run by this agency. The agency worker interviewed commented:

It [accommodation] seems to be really needed to help and be a supportive service for girls that maybe don't have anywhere else to go, are away from home and it gives them a foundation really with their babies.

She said that supported accommodation gives the women an opportunity to have some time away from home, where they may be feeling claustrophobic or under pressure. As she put it:

They just need time away, whether that be for six months or six days, we'll work with them.... They just need space and we'll facilitate them like that.

One of the homes run by the agency is managed by a male social worker. The respondent felt that this has worked well because some of the girls have had very negative experiences with men. This arrangement gives them an opportunity to experience a different type of male relationship:

There's a security with a male figure around them ... it's like a parent and some of them need that.

In addition, while the agency does not have accommodation for post-natal care, it does provide support and assistance to mothers post-natally who are looking for accommodation, if they are keeping their babies. The added value of some of the supported accommodation lies in the opportunity for continuing education for girls doing junior and leaving certificate examinations.

7.6 Secrecy

Secrecy remains a central issue in the adoption process. Several examples were given of women wanting to maintain secrecy because they are afraid that if they tell their parents or extended family they will be pressurised into keeping the baby when they really want to place the child for adoption:

Some of the girls, they're choosing not to tell the family because it has reversed, they think their family will put pressure on them to keep the baby.

The respondents also pointed out that in some instances their clients want it to remain a secret because they do not wish the father to be involved in the decision. They do not want the father to know of the pregnancy and worry in case a relative or the father of the child will take the child instead of them. The respondents expressed the view that some of the women felt there was a stigma about placing a baby for adoption, that it was

unnatural and they would be blamed for 'giving the child away'.

7.7 Open adoption

The two adoption agencies both work on the basis of open adoption (and encourage this with both mothers and adoptive parents) because they consider it to be in the best interests of the child. Open adoption was defined as a continuum from total secrecy to a varying number of visits per year—either in a neutral venue or in the home of the adoptive parents. However, the most common arrangement in open adoption is contact through letters and photographs, channelled through the adoption agency. This can be a two-way process with letters and photos also passing from the natural mother to the adoptive parents and the child, although this latter arrangement is less common. In some instances, where the child is slightly older, he or she has been encouraged to write directly to the natural mother rather than information being provided solely from the adoptive parents.

Both agencies select adoptive couples on the understanding that they will accept open adoption if they have a baby placed with them. One of the agencies stated that if the prospective adopters do not accept the concept of open adoption it would be unlikely that they would have a baby placed with them. However, both agencies see difficulties with the system of open adoption, in so far as it has no legal status and no agreement can be enforced once the adoption order has been made. At present it is not a condition of an adoption order.

At present open adoption is a 'gentlemen's agreement' between the adopters and the natural mother, the latter being very much at the mercy of the adoptive parents' willingness to honour the agreement. The adoption agencies say that they stress on the adoptive parents that they should not renege on the agreement and that it is better for all the parties:

We know situations in the past where mothers have been ousted out of the arrangements.... I would see it as my job ongoing to make sure that the contact is kept up on some level.

One of the agencies now has a practice of requiring the adoptive parents and the natural mother to sign a statement, which sets out the agreements concerning the open adoption contacts. While this does not have any legal status as a contract, the agency feels that it prevents either of the parties coming back in the future and saying that a certain thing had or had not been agreed, or that they could not remember.

On a rare occasion a natural mother will refuse to have an open adoption and wants a total break. If this occurs, the agency will respect this view and not press the girl to make open adoption arrangements. They will, however, talk through the future implications of this with her, pointing out that the child or the agency may be in contact with her in the future.

The value of open adoption was validated in the interviews with the natural mothers. Even where the pregnancy was kept a complete secret from family, friends and the natural father, open adoption has been of part of the arrangement. In some ways this might appear to be a contradiction. However, it appears that the open adoption arrangement provides an opportunity for a mother who has totally concealed the

pregnancy to keep the contact with her child alive. It also provides her with someone with whom she can discuss the experience on an ongoing basis. All of the women who had open adoption arrangements spoke in positive terms about being able to talk to their social worker about the baby. A smaller number (n=3) mentioned that they felt able to talk to the adoptive parents as well. In practice, the contact necessitated in maintaining the open adoption has a value in providing ongoing support for women, in particular those who are still keeping the secret. There is a need to assess how open adoption works on a long-term basis, when the child becomes older and the adopting parents' and/or the child's attitude to it may change.

One part of the open adoption arrangement undertaken by both agencies is the selection of a couple by the natural mother. Both agencies operate a system in which a mother is given the opportunity to meet with a prospective couple, talk with them, and then decide whether or not she would be happy for the baby to be placed with them. The couple would have been selected as near as possible to meet the criteria that the mother had laid down as to the type of home she would wish for her child:

The purpose of the meeting is to give her the opportunity to get to know the couple but to also give her the opportunity to say why it is that she is placing her child for adoption. During the meeting mum would be discussing the arrangements for the future.

The usefulness of these meetings was validated in the interviews with the natural mothers undertaken for this research study. The mothers felt that the meetings were useful but also felt that once they had been introduced to the prospective couple it would be very difficult to reject them.

The agencies also expressed some concerns about situations where more than one child is placed with a couple and the open adoption arrangements vary between the two placements. The agencies try to avoid this situation arising as it can cause difficulties for both the natural parents and the adoptive parents and for the children, if they become aware of differences in the situation of each of them.

7.8 Post-natal support

Post-natal support for mothers who place their baby for adoption and those who keep their baby was discussed with the three agencies. All three believed that post-natal support is very important and necessary, although it has tended to be a neglected area to date. In addition, post-abortion support was mentioned by one agency, which does provide such support. The respondent argued that women often feel that abortion will be a 'quick fix' for the crisis compared to placing for adoption, which is likely to be a lifelong process for them:

Some women find it easier to put closure on abortion. They can say, well I don't have a child out there, but with adoption, their reaction is that every time I walk down the street I'm looking for a little girl of a certain age, or a boy ... adoption is difficult.

All three of the agencies provide post-adoption support of some kind. The non-adoption agency provides post-adoption counselling if the women make contact with them, but they do not follow them up automatically.

The following quote demonstrates an increasing acceptance that adoption is a lifelong

process for the mother:

No matter how much support and how many types of adoption, it is still very difficult, and you need great strength and great courage to make that decision and to be able to say that, yes, it's the right decision.

The view was that the support should extend well beyond the signing of the final consent and the making of the adoption order. One agency is developing a support service organised around groups of women who have placed their baby for adoption within the past five years. However, some of the mothers who chose adoption were not inclined to accept the value of this type of support. The majority of support offered and accepted by the women whose babies were adopted revolved around the need to talk to someone at particular times, such as birthdays or Christmas, or before or after a visit had been undertaken. With the increasing use of semi-open and open adoption the opportunity for continued contact and support offered by the agency has increased. One respondent commented that there needs to be an open acknowledgement of the importance of offering post-adoption services. However, as she put it:

The amount of work that that means for an agency is huge because we have to be there for the birth mother, for the child and for the adoptive parents. It's not as simple as getting a letter and sending it out – there's more to it than that because in the sending out you're opening up the ability to make contact, you are picking up the phone and for those few minutes that you have with someone could solve the crisis that's about to happen, in terms of an adoption issue. So it really is very much ongoing.

One of the agencies provides post-natal support services for any of the clients who have attended counselling. However, this service is more likely to be taken up by those women who placed the baby for adoption, rather than those who kept their babies. Those who have kept the baby and keep in touch with the agency are usually those with special needs or those who have difficulties with accommodation and finance. None of the women reported getting this type of help from adoption agencies. One did comment on being allowed to return to her supported accommodation for several weeks without her baby. She found this very helpful. The agency workers pointed out that if women go through the counselling process considering adoption and then change their minds, they can feel embarrassed at changing their minds and then feel that they have let the agency down. As a consequence they make no further contact with the agency and cut themselves off from further support. The agency staff is reluctant to contact them in case the clients will believe they are being chased or harassed to change their mind and choose adoption:

One client had been all along, adoption, adoption and to the extent that the baby nearly got to the foster family and then she said to the hospital social worker that she was afraid to contact her [the agency social worker] because, [the client said] 'I don't know what she expects of me now'.

These difficulties of agency function have been strongly highlighted by the workers and they have expressed concerns that it prevents women from availing of post-natal support. The workers argue that there is a big gap in service provision for women keeping their babies:

The only place you can go for counselling is if you're pregnant and thinking about keeping or placing a baby for adoption and then once you've stopped that service and you are not going to the adoption agency where do you go? They think that once they have decided to keep the baby, you tell them about benefits and who to contact and they don't perceive a need to stay in contact. When they have the baby and they see the difficulties then maybe it's too late to go back and to ask for help.

These findings do have implications for agencies to make sure that women clearly understand that whatever their final decision, it will be respected. In addition, it should be communicated to the women that support for them, whether placing or keeping their baby, will be available on an ongoing basis, whether with the adoption agency or another family support agency. The provision of ongoing support does have immense resource implications. It also requires policy decisions on where support for women who decide to parent their child should be located—within the crisis pregnancy counselling services, the adoption agencies or in the more general social-service family support agencies.

7.9 Future of adoption

All the agencies believe that there is still a future for adoption, in all its forms. There are still a number of women who wish to avail of a service that provides total secrecy on an ongoing basis. However, some of the respondents felt that there was a need to reframe adoption in a more positive light, and to find a way to make the general public aware of the changes that have taken place in adoption policy and practice. There is a need to dispel the myths that have built up around adoption and to attempt to lessen the stigma and negativity that have built up around the adoption option.

Some of this work is being undertaken by CURA, who have mounted a schools' education programme, with literature on prevention of teenage pregnancy and the options available to women and men in relation to pregnancy counselling.

7.10 Other issues

One interesting issue, which was raised by one of the professionals interviewed, was the role of kinship and blood ties in the process of adoption. It was argued that at the present time, when women are delaying child rearing and are having smaller numbers of children, parents might fear that the child being placed for adoption may be the only grandchild they might have and therefore would prefer to rear the child themselves than to allow the child to be placed for adoption. The issue of the rights of grandparents is a new phenomenon now coming onto the social rights agenda.

7.11 Conclusion

Several issues arose from the critical case interviews:

- need for easy access to counselling services – telephone, email, websites
- timing of referrals to adoption agencies
- dilemma of holding women in counselling
- dilemma for mixed agency function
- counselling with natural fathers and need to engage them in the process
- post-adoption or parenting support services
- legislation or regulations to protect open-adoption arrangements

- public awareness of modern adoption practice and need to dispel myths
- need for research on open adoption and how it works over time.

8.0 Conclusions

8.1 Introduction

This research employed a mixed method research protocol to investigate crisis pregnancy counselling and adoption services in Ireland. The focus of the study was on developing an appreciation of the place of adoption as an option for women experiencing crisis pregnancies. The research incorporated both a quantitative and qualitative methodology. The exploratory nature of the research allowed some flexibility in terms of data collection. A broad base of informants was incorporated into the final analysis. Those interviewed came from key adoption and crisis pregnancy agencies and maternity hospitals (as identified in national statistical data). In addition, sixteen women who had experienced a crisis pregnancy (as defined for this research), one natural father and a number of special interest groups were included in the data collection. The data gathered pointed to some important issues for consideration.

8.2 Counselling and information

Mapping the location of crisis pregnancy counselling agencies and adoption services indicated that the majority are located in urban areas, not evenly distributed across the country. This needs to be addressed so that women can have access to services within a reasonable distance of their accommodation. Ease of access to services could facilitate women who might be reluctant to engage in counselling, particularly if they need to avail of the service over a period of time.

It was not clear in the data if access to counselling was valued by the women interviewed. Many felt they only wanted information and resented being asked to review their options. The counselling process itself was not identified as a factor that influences choices. This aspect of crisis counselling has been explored in depth by Nic Gábhainn and Batt (2003). The current finding indicates the importance of targeting information to a broad spectrum of people. Even parents may benefit from more detailed information about what to do if they suspect their child is pregnant.

All professionals who are likely to encounter women in crisis pregnancy should be in a position to give accurate information about all options or, at the very least, to give detailed referral to an appropriate source of such information. The study highlighted the importance of ongoing training programmes for professionals who are likely to encounter women with crisis pregnancies on the contemporary policies and practices in options available for women. This includes private counsellors and general practitioners. The data suggest that many women make only one contact with an agency for advice and help. If that one contact provides incorrect information, then women may be forced to make poorly informed decisions. The reliance on informal networks for information may be a cause for concern if the information is dated or inaccurate. The feedback from agencies suggests that literature has only a limited success as a means of distributing information. New technologies offer other modes of information dissemination that may be more suitable for young people. One agency is already looking at developing new initiatives in this area: the schools education programme operated by CURA, which uses a range of information formats, has proved to be of value in providing accurate information to young people concerning options available to those facing a crisis pregnancy.

Many of the women in this study approached friends, the telephone book, or their general practitioner for initial help in dealing with their crisis pregnancy. In particular, the data suggested that the GP plays a significant role in responding to crisis pregnancies; half of the women interviewed approached their GP as a first contact. However, the service delivered by the GP appeared to vary.

Further studies should be undertaken to assess the views of GPs to crisis pregnancy counselling, and their ability to discuss all the alternatives available to women. The primary care sector currently has underdeveloped potential for meeting the needs of the women in crisis. Its full potential needs to be developed.

- **Priority should be given to the development of easily-accessible services.** This may involve some expansion of local/rural crisis pregnancy services, but should focus more on harnessing user-friendly technology. The development of web-based information sites, text and email facilities should be encouraged and supported in order to meet the needs of information seekers.
- **The primary care sector has greater potential than is currently used for meeting the needs of the women in crisis and its full potential needs to be developed.**
- **Further resources should be targeted at primary care providers and those in the adoption services to emphasise their role in providing first-line contact to women who want to evaluate the possibility of adoption.**

8.3 Demand for adoption services

As the Crisis Pregnancy Agency Strategy document points out, no accurate measure of crisis pregnancy in Ireland is currently available (2003: 12). However, from this research the overall demand for adoption counselling appears to be greater than is suggested by the official figures of the number of adoption orders granted. Interview data collected indicates that for every two women who place their baby for adoption there may be as many as five who are considering adoption and receiving counselling within the adoption agencies. The demand for adoption counselling services, therefore, is greater than the output of adoption orders made. Meeting this demand will involve engaging sufficient front-line crisis pregnancy counsellors and other agents in adoption counselling. Some professionals' lack of knowledge regarding contemporary adoption policy and practice, which was highlighted in this research, suggests that knowledge of adoption practice and procedures should be incorporated into training programmes for those workers likely to come into initial contact with women experiencing a crisis pregnancy.

The demand for placing children for adoption in the traditional sense has seen a significant decline. There was some discrepancy in the response to referrals by different adoption agencies. Most notably, the health board services appear to be faced with resource issues, which may result in a delay in making initial contact with women considering adoption until after the baby is born. The view that resources may be wasted where time is spent with women who may consider adoption during the pregnancy but change their minds at the time of delivery may have contributed to this approach. It is not clear if the delay in referral in itself is a contributing factor to women changing from adoption to keeping, but it was a noted aspect of the referral process.

There are some indications that health boards are only involved in adoption situations where adoption is complicated by child protection or mental health issues. This appears to have resulted in a separation between adoption and fostering services, the fostering specialism being invested in health boards and traditional non-family adoption in private agencies. Fostering and adoption are different elements of the provision of suitable care to answer the needs of children and therefore the continued combination within health board services of fostering and some adoption services may be appropriate.

A more consistent and speedy response from adoption services to referrals, from whatever source, may facilitate a smoother transition from crisis pregnancy counselling to adoption counselling. This may be achieved by investing specialist adoption services with responsibility for responding to all requests for adoption information. Health boards, who often have to deal with the most complex adoption situations, should be given resources to ensure they do not lose the expertise to deal with these cases.

- **Transition between crisis pregnancy and adoption services should be improved. A more consistent and speedy response from adoption services to referrals, from whatever source, would facilitate a smoother transition from crisis pregnancy counselling to adoption counselling.**
- **All professionals who are likely to encounter women in a crisis pregnancy situation should be in a position to give accurate information about all options, and this should include information on adoption. There is a need for clear and detailed information to be readily available on all options.**
- **There is a need to educate professionals, parents and the wider general public on current adoption policy and practice**
- **A rationalisation of the role of private adoption agencies and health boards should be considered. This might include the adoption practice for traditional non-family adoptions being undertaken completely by private agencies leaving the Health Boards to fulfil their statutory duties.**

8.4 Open adoption

Open adoption is now standard practice in adoption. This research showed that the understanding of open adoption differed between stakeholders in the system. From the adoption agency perspective there is a continuum of options within open adoption, ranging from letters and photographs from the adoptive parents channelled through the adoption agency, to visits by the natural mother to the child in the home of the adoptive parents. The letters and photographs may be sent from the natural parents to the adoptive parents either directly or through the agency. Eight of the nine mothers who placed their baby for adoption were involved in open adoptions. The data indicated that while this was not the only factor in deciding on adoption it was an important consideration for the natural mothers.

The current arrangements for open adoption are voluntary and unenforceable. The long-term consequences have not been thoroughly considered nor has the viability of maintaining arrangements as agreed at the time of adoption. There was some suggestion that these arrangements may prove volatile in the future. This study found some discrepancy between the attitudes of the adoptive parents and those of the agencies and the natural mothers in relation to open adoption. The spokespersons for the Adoptive Parents Association indicated that there was a danger that some adoptive parents might, under pressure, agree to any arrangements at the time of their selection

and the placement of a baby, but that since they know that the arrangements are unenforceable they can allow them to lapse in the future without any sanctions. This approach has serious implications for the working of the open adoption system. Reduced contact and information can cause considerable distress to the birth mother; the trust of women in the credibility of the adoption system may also be reduced. In addition, if the natural mother does not keep up contact, there may be implications for the continuing identity needs of the child.

Adoptive parents may accept open adoption as a requirement of the adoption placement. In practice, the reality of including the natural mother and (possibly) the natural father in the life of the child after the adoption may present more of a challenge.

Open adoption has also included the practice of allowing natural mothers to meet the prospective adoptive parents. This is now general practice among adoption agencies and has a positive spin-off for the natural parents, who feel that they have an active input into the placement of their child. However, some of the respondents felt that they were unable to upset a couple who they knew were desperate to have a child placed with them; therefore they did not feel free to reject a couple.

There needs to be a review of levels of open adoption. The long-term consequences of open adoption arrangements need to be monitored and evaluated. This should include a consideration of what services need to be in place to keep the channels of communication open between adopters and natural parents. The need for ongoing support for all parties should be assessed and a designated service should be provided as soon as possible.

This study would strongly support the Adoption Board's call for legal provisions to be put in place to ensure that where a natural parent wishes to have continued contact with his or her child after the making of an adoption order, such contact should be made a condition of the adoption order and be legally enforceable (An Bord Uchtála 2003: 8). There is a need to assess the views of adopted persons regarding open adoption and the implications for them in the future. In addition, it would be important to gain some insight into the views of the child in the open-adoption situation—in particular, how adoptive parents help children to understand, over time, the involvement of the natural parents in their lives.

- **Adoption should remain as one of the options for resolving a crisis pregnancy. However, consideration needs to be given to reframing traditional adoption to incorporate a wider range of options within the adoption paradigm, such as subsidised guardianship and co-operative adoption.**
- **Legal status of open adoption agreements should be reviewed and the long-term consequences monitored and evaluated.**

8.5 Professional referrals to adoption agencies

8.5.1 Attitudes to adoption: maternity hospitals

Maternity hospitals and crisis pregnancy agencies were the main sources of referral to the adoption services. There was a mix in terms of the attitudes to adoption and information about adoption options that these referral agents had: for example, some had less information than others, some had a more positive view of adoption.

There was a difference in practice between agencies that always introduced the option of adoption and those that only discussed it if the matter was raised by the woman herself. The rationale for not raising adoption was well thought-out and based on practice experience related to the development of a trusting relationship with vulnerable women. It did appear from the data that if adoption was at all a consideration the woman would raise the issue herself. What was more important was the clear message that anyone considering adoption could explore that possibility without making a commitment to that course of action. This is an important piece of information for the women.

8.5.2 Attitudes to adoption: women in crisis pregnancy

As one would expect, there was a range of opinions regarding adoption among women. Among some women, in particular among those who kept their babies, there was a belief that adoption was worse than abortion. In addition, some views were expressed regarding the 'stigma' of adoption. There was a belief among some of the respondents that if they had placed their baby for adoption they would have been stigmatised as 'hard and unfeeling' in giving away their child. It appears that the stigma of unplanned pregnancy has moved from that of being an unmarried parent to stigma around being a woman who has placed her baby for adoption. Others felt that each woman had to do what she felt best. One woman who kept her baby commented that anyone who placed a baby for adoption must be very brave. There was less variety in the views of those who placed their baby for adoption. They felt that adoption was a good option, because it could provide a better future for their baby than they could at that time. Two of the women had reservations about adoption but went ahead with it because of what appeared to be the lack of an alternative.

The nature of adoption is clearly changing. All of the mothers who placed their babies for adoption more recently did so knowing that there would be some form of open arrangements. However, one adoption agency does have women who do not wish to have any form of open adoption, despite being made aware of the identity needs of their child and the possibility of difficulties for themselves in the future in not knowing about the development of their child.

Overall, it seemed that adoption is the right choice for some women. It is evident that there continues to be a place for adoption counselling both within the crisis pregnancy services and as part of the formal adoption process.

8.5.3 Attitudes to adoption: professionals

A mixed view of adoption among professionals emerged from the data. Some professionals clearly stated that they saw their role as maintaining the baby in its birth family, if possible. One social worker described this as being laid out in the Irish Constitution, and so it was something that they had to work towards. In some cases, particularly where birth mothers had other problems, the services described their role as attempting to support the mother in keeping her child. The majority of professionals agreed that there was a place for adoption as a response to crisis pregnancy for some women. There appeared to be a tension for workers in reconciling their commitment to family and the best interests of the child. This may have related to the experiences of working with search and reunion, which can bring up many incidences of problem adoptions. One social worker explained that search-and-reunion services are used both

by those who have very bad experiences of adoption and by those who have had very good experiences. This helps to create a balanced view of adoption. The main concern that arose regarding adoption was that the process of adoption has under-emphasised the identity needs of children. Many of the professionals were uncertain whether open adoptions, as they are currently formulated, could sufficiently redress this problem.

Professionals, other than social workers and counsellors, who were mentioned in the data were GPs and nurses. There were mixed reports about their attitudes. One woman was very upset by the attitude of the nurse in the labour ward. She made it very clear that she (the nurse) did not approve of adoption. Other women made similar comments about GPs and social workers.

Professionals working in areas where they are likely to meet women considering adoption should be given the opportunity to reflect on their own personal views and be allowed the chance to explore the implication of these in terms of their interaction with birth mothers.

- **Policies need to be reviewed to ensure that they are neither inadvertently making keeping the baby seem unattractive, nor penalising women who keep their babies. In addition, care needs to be taken to ensure that women who place their babies for adoption are not stigmatised.**
- **Closely associated with this recommendation is the need for ongoing training and support for such workers. In areas where they are likely to meet women considering adoption, professionals should be given the opportunity to reflect on their own personal views and be allowed the chance to explore the implications of these in terms of interaction with birth mothers.**

8.6 Extended provision of counselling services

This study indicates that the counselling services related to adoption have already begun to address a broader range of service provision, such as post-adoption services, which were highlighted throughout this study as an important aspect of the counselling services.

8.6.1 Post-natal counselling and support

This research has shown that the experiences of women who keep their babies give rise to concerns. Although it was found that many mothers choose to keep their babies on the basis of the level of support of family and partners, this in itself is not a safeguard against being caught in poverty and isolation. A number of the women interviewed were engaged in follow-up parenting services, which offered support in parenting and practical advice about education options. As one worker pointed out, if the woman sees the pregnancy as a crisis it can offer an opportunity for her to reassess her life and motivate her to take a new direction. There were particular problems in the limited system to help young mothers to return to education. If these mothers cannot complete second-level or, indeed, continue with third-level education, then there is a danger that a potential economic resource is lost and a way out of lifelong dependence on welfare that faces these women is blocked. The women interviewed in this research who kept their babies were all in touch with support agencies and many of them were struggling with problems of finance, accommodation and isolation. If this is the case for these women, it can be hypothesised that women not in touch with agencies may be in similar or more serious difficulties.

In fact, other research, (e.g. McCashin 1996 Richardson 2001) has highlighted the difficulties for women parenting alone. Support services should be available within a short time of the birth and crisis pregnancy post-natal services (such as the teen parenting programmes already in place in some parts of the country) should be expanded on a national basis.

- **Continued support and counselling services should be widely available for women who choose to parent their child.**
- **In addition, there should be an investment in the future for these women to allow them to continue in education, if they so desire. The recent cutbacks in one-parent family payments and back-to-education allowances are a retrograde step in this regard.**

8.6.2 Post-adoption support services

It was very clear from this research that women who had placed their baby for adoption needed access to post-adoption support services. Particularly vulnerable times were birthdays, Christmas and life events such as their child's First Communion or Confirmation, or when the woman may be having a subsequent pregnancy. All those interviewed for this research—professionals, interest groups and clients—agreed that adoption is a lifelong process and it has repercussions throughout the lives of all parties to the adoption. Resulting from this, all the stakeholders in the process argued for the development of easily accessible post-adoption support services for adopters, natural parents and the child.

Open adoption has meant that agencies have begun to provide post-adoption support for natural mothers and adopting parents. Open adoption provides a forum for natural mothers to maintain ongoing contact with the adoption services. The place of adoption services as mediators to the open adoption 'contract' is crucial. However, trust and confidence in the adoption worker is seriously at risk should the agreed, but voluntary, arrangements be withdrawn by the adoptive parents or the natural parents over time.

There are indications that the credibility of adoption services could be undermined if open adoption provision is not regularised. In addition, when open adoption arrangements fall apart the ongoing support, particularly for the natural parents, is at risk. Post-adoption support services for all parties to the adoption should be expanded and developed independently of any open-adoption arrangements.

- **A comprehensive post-adoption service accessible to all stakeholders – natural parents and their family, adoptive parents and family and adoptive persons – should be established.**

8.6.3 Post-abortion services

The provision of abortion and post-abortion counselling was not the focus of this research. However, the professionals and crisis pregnancy agencies did raise the importance of discussing all the options with women facing a decision concerning their crisis pregnancy. These options needed to include the possibility of termination of the pregnancy. Where this was contrary to the ethos of the agency, workers indicated that if the woman raised the issue they would be advised to contact their general practitioner for advice. However, all the agencies highlighted the need for an increase in the provision of post-abortion counselling.

There is a clear need for the expansion of all aspects of post-delivery and post-abortion counselling services. The role of the general practitioner is particularly important in the area of abortion counselling and as a first line of referral to crisis pregnancy counselling services.

- **The suggested lifelong nature of the crisis pregnancy experience, whatever option is followed, indicates that there is a need for the expansion of all aspects of post-delivery and post-abortion counselling services. These services require adequate resourcing.**

8.7 Factors affecting decision making

This research confirmed the findings of other studies that the main factors affecting decisions on crisis pregnancy outcomes were:

- level of family support
- relationship with the baby's father
- knowledge about welfare supports
- knowledge concerning adoption
- personal experience of adoption
- investment in life goals
- stigma surrounding both adoption and being an unmarried parent
- identification with the baby during pregnancy or after birth.

While these were the factors most likely to affect the final decision, they were not predictors of the final decision.

The mothers of the women were important and influential elements within the decision-making process; they influenced both decisions to keep the baby and decisions to place the baby for adoption. In some instances they had been forceful in trying to persuade their daughters to have an abortion and some arranged consultations concerning travelling to England. Some of the respondents felt pressurised into making decisions advocated by their mothers. Fear of parents putting pressure on them to keep their baby acted as a deciding factor in not telling the parents about the pregnancy. Most of the women interviewed considered that there is now more stigma attached to adoption than to keeping the baby, although some felt that there was stigma in being pregnant that dissipated on giving birth.

This research found no relationship between the decision to keep the baby and the decision to place the baby for adoption. It appears that those who go on to parent are more likely to have considered abortion than adoption. If they did consider adoption it was often a brief notion, rather than a serious option. This indicates that any practices or policies that result in making parenting less attractive will be likely to result in women choosing termination instead. The data illustrated a view that for some women adoption was a far less attractive option than abortion and once abortion was rejected keeping the baby was a foregone conclusion.

The research clearly demonstrated that the provision of clear and detailed information concerning all the options must be available in order for women in a crisis pregnancy situation to have the opportunity to make reasoned decisions based on sound knowledge.

The data also demonstrated the need for counsellors to emphasise the importance of taking time to consider the options and that women should be aware throughout the pregnancy that they are free to change their decisions as often as they wish. Emphasising that no decision regarding adoption is final until the adoption order is made must be a central part of the counselling process. A further conclusion is the need to recognise the dilemmas which exist for both counsellors and clients when a woman changes her mind from adoption to keeping. This sets up a situation of discomfort for the woman who is in danger of withdrawing from the counselling process completely, thus isolating herself from a possible source of support and help in the future.

- **There might be an argument for separating different aspects of the counselling service within agencies, thus providing a separate ante-natal support for women who change their minds about proceeding with adoption.**
- **The needs of women who conceal their pregnancy should be identified through research in order to reach out to women who feel unable to access services early in their pregnancy.**
- **Counsellors need to emphasise the importance of taking time to consider all the options. The concept of crisis does not need to imply hasty decisions. Once a woman has decided against terminating the pregnancy she should be encouraged to take as long as she needs to come to the most appropriate decision for her own circumstances.**

8.8 Supported accommodation

The individual respondents and the agencies all indicated that supported accommodation, both before and after delivery, was an important service, which was needed within the range of provisions for women with a crisis pregnancy. The reduction in the number of places available was noted and the view was obtained that insufficient resources are available to meet the need, particularly in the Dublin area. This is caused by a high take-up of places by women with special difficulties, such as mental health problems, addiction problems or homelessness. The view was expressed that the reason for the demand was not necessarily related to the need for secrecy associated with unmarried pregnancy, but the need for a supportive environment and an opportunity to examine available options in a neutral space.

- **Supported accommodation should remain and be adequately resourced on a national basis.**

8.9 Natural fathers

Natural fathers continue to be excluded from most aspects of crisis pregnancy. This is reflected in the problems experienced by researchers in identifying natural fathers for the study. It was only possible to interview one natural father. Some of the women who had kept their babies and were still involved with the baby's father were reluctant to ask the fathers to be interviewed. It was clear from the research that natural mothers and counsellors act as gatekeepers, and the mothers, in particular, actively exclude the fathers, particularly from the adoption process. Only one of the mothers who placed her child for adoption had told the father of her pregnancy. Natural mothers can monitor the information given to, and to some extent available from, natural fathers. The crisis pregnancy agencies are already attempting to target natural fathers. They are encouraging them to come forward and talk to counsellors. The one natural father

interviewed pointed out that there appeared to be a view that it was helpful to include natural fathers in joint counselling, but that this did not necessarily include being seen as a 'client' in their own right.

The adoption agencies acknowledge the difficulties of involving fathers and are trying to address this situation. However, there was a lack of clarity around practices in relation to natural mothers attempting to exclude natural fathers from the adoption process, by denying knowledge of the identity or whereabouts of the father and thus preventing adoption agencies from making contact with them. In these situations the women were prepared to tell the adoption agency details about the father, including in some instances their name, but at the same time were not prepared to allow the father to be contacted.

Counselling services face a complex problem. They need to make their service more accessible to natural fathers but, in so doing, must be careful not to alienate natural mothers. From the data gathered from natural mothers there is a huge range of responses from natural fathers. Some want no involvement and disown any responsibility in the pregnancy; at the other end of the continuum some fathers take a full share in the responsibility. It is difficult to provide for such diversity. What is evident is that at present natural fathers are, by and large, not 'in the loop'.

There is a real need to explore all avenues to engage natural fathers in crisis pregnancy counselling and adoption services. Natural fathers have either been neglected or excluded from the process, and this needs to be addressed. Natural fathers may also have excluded themselves from the process by disengaging themselves from the decision-making process or being unaware of the need for an ongoing role in the decision-making process. The importance of the future identity needs of the child should be the central factor in engaging fathers in the services.

- **There is a need to explore all avenues to engage natural fathers in the crisis pregnancy and adoption services.**
- **Although accessing natural fathers clearly poses difficulties, continued efforts should be made to understand crisis pregnancy and adoption from their perspective.**

8.10 Search and reunion

While this study did not focus on search and reunion, the issue did arise as a concern during the research. It appeared that one of the primary needs of adopted people is information regarding their adoption and their parents. Search and reunion is now a vital service for adopted people and natural parents who accessed adoption agencies in the past. While not grounded in legislation or regulations, traditional adoption practice was based on the premise of secrecy and anonymity, leaving adoptees with little knowledge of their origins—and natural parents with no knowledge of the outcome of the adoption of their child. Representatives of the Natural Parents Association who were interviewed highlighted their present role in assisting parents in the search and reunion process. The Adopted Person's Association is also actively involved in helping adoptees in search and reunion. They recommended the introduction of a single state post-adoption service for search and reunion. It is hoped that the planned legislation dealing with access to birth and adoption information will address the deficiency in current Irish adoption law concerning search and reunion. The search and reunion service may need to be

facilitated in distinguishing the task of uncovering factual information and offering counselling and support. One adopted person commented that there was almost exclusively attention to the 'detective' work of fact-finding.

- **Both the search and reunion and open adoption aspects of adoption counselling should be expanded.**

8.11 Limitation of this study

The limitation that caused most concern for this study relates to the problems in accessing natural mothers and fathers. As a result of ongoing problems, the method of sampling changed to a snowballing sample, wherein names were obtained from contacts already made and progressed in this fashion to identify the required number of respondents. Information about those who kept their baby was obtained mostly through contacts in the western region. In this type of sampling once the snowballing is set in motion it is often the case that clusters of respondents will be identified. To counteract this, and in order to spread the net as wide as possible across a range of service providers, informants were asked for only one or two contacts. In relation to those who kept their baby, women were accessed through maternity social workers, specialist teen-parenting services, supported housing projects and parenting-education projects. The women who placed their baby for adoption were identified and initially approached by the adoption service with whom they continued to have contact via their open-adoption arrangements. Consequently, the majority of the women interviewed were those who were still engaged with a service. One woman who had placed her child heard of the study through personal contacts and approached us herself. The special interest groups of natural parents and adopted people also provided contacts. However, the nature of the sampling procedures did inevitably restrict the data and, therefore, the findings.

Mothers with other problems such as mental health and substance abuse issues were also excluded. The gatekeepers felt that these women were too vulnerable and so should not be approached to participate. Natural fathers were another group virtually excluded from the study because of difficulties in accessing them. However, this may be an accurate reflection of their lack of engagement with crisis pregnancy services. This was a disappointing aspect of the study, since the only natural father interviewed did add an important dimension to the findings.

Any future studies in this area will need to address the feasibility of accessing these hard-to-reach groups. It was clear that negotiating with the gatekeepers within the service was a delicate and difficult operation. In particular, the question of gatekeepers' reservations will have to be considered in any future research.

8.12 Further research

Despite the limitations on generalising from the data obtained in this study, it has provided a rich basis on which to build further research studies. It is considered that the study should be used as a basis for further research in specified areas. The data have validated many of the issues raised in the Strategy to Address the Issues of Crisis Pregnancy (CPA 2003).

- **Further studies should be undertaken to assess the views of GPs to crisis pregnancy counselling and their ability to discuss all the alternatives available to women.**

- It is recommended that further research on adoption should be undertaken using a larger sample and covering some of the following areas:
 - open adoption
 - post-adoption support services
 - post-abortion services
 - support services for women keeping their babies
 - the role of natural fathers
 - concealed pregnancies and the needs of women who conceal pregnancies
 - dissemination of information on services available for women with crisis pregnancy and to inform frontline professionals on options
 - alternative models within adoption provision.

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Appendices

- Appendix 1 (a) – Interview topic guide for special interest groups
- Appendix 1 (b) – Interview topic guide for community care social workers
- Appendix 1 (c) – Consent form: letter of consent for participants
- Appendix 1 (d) – Interview topic guide for interviews with women who experienced crisis pregnancies
- Appendix 2 (a) – Questionnaire for adoption agencies
- Appendix 2 (b) – Questionnaire for maternity hospitals
- Appendix 2 (c) – Questionnaire for crisis pregnancy agencies
- Appendix 2 (d) – Letter sent to non-respondents
- Appendix 2 (e) – Table of crisis pregnancy agencies & adoption services reporting women with social problems
- Appendix 3 – Key to map of counselling services and adoption agencies

Appendix 1 (a)

Interview Topic Guidelines for Special Interest Groups

- General discussion of the experiences of the adopted persons organisation, why do people make contact, what sort of service does the organisation provide?
- Where do you see adoption fitting in the current climate?
- What is your view of open adoption?
- Other people interviewed have made the point that adoption, like other options related to crisis pregnancy, are lifelong issues, what is your view on this?
- What services would you like to see in place for adopted people/adoptive parents/natural parents?

Appendix 1 (b)

Community social worker general background information:

Number of crisis pregnancy seen in a year

What decisions were reached?

What referrals were made?

Involvement of birth fathers

Interview Topic Guidelines

- What is the role of the community care social worker in relation to crisis pregnancy (domestic/non-married)?
- How are potential clients selected/referred in the system?
- Do you have a procedure regarding late presentation/concealed pregnancy?
- Outline the process for dealing with crisis pregnancies from initial contact, through to referral on to other services or dealing with final decisions
- What options are usually discussed?
- Who is involved in the decision-making process?
- What do you see as the involvement of birth fathers in the process?
- What about under 18-year-olds? Is there a specific policy/procedure in place? If so what does it involve?

- Outline the general trends in decision making you see today in this area (including factors/people that tend to influence choices about adoption/keeping baby/abortion)
- Where do you see adoption fitting in the current climate?
- Is it the norm to raise adoption as a possibility for women attempting to make a decision regarding crisis pregnancy whether they raise it or not?
- What is your view of open adoption? (Identify whether it makes a difference to decision making, and if so in what ways?)
- What agencies do you use if clients wish to proceed towards the option of adoption?
- What is the place of supported accommodation for the client group you work with?
- Do you have a particular service in this area that you refer clients to?
- What feedback, if any, do you have from clients about the response of agents to whom you have referred them?

Appendix 1(c)

Consent Form

We have been commissioned by the Crisis Pregnancy Agency to undertake a study of the domestic adoption service in Ireland. One aspect of our study is to obtain the views of individuals who have experienced the services of counselling agencies and adoption agencies. To this end we are interviewing a range of people who have been involved in decisions to keep their babies and those who have placed babies for adoption.

We are very grateful that you have agreed to meet with us and to talk about your experience. In order to proceed we require that you give written consent to being interviewed and to be clear that it is under the following conditions:

- The interview is confidential and that no information you give will be traceable to you
- No identifiable information will be included in the research report.
- You have the right to decline to answer any questions at any time during the interview and may terminate the interview at any time.
- If you agree to the interview being tape recorded, the tape will be destroyed as soon as the research project is completed.

Consent

I, freely give my consent to being interviewed for the purposes of the research being undertaken by Dr. Hilda Loughran and Dr. Valerie Richardson on behalf of the Crisis Pregnancy Agency. I agree that the information I give may be used for the purpose of the research only and under the conditions listed above.

Signed (interviewee) _____

Signed (interviewer) _____

Date _/_/___

Appendix 1 (d)

Mixed-Methods Crisis Pregnancy Study

Dr Valerie Richardson and Dr Hilda Loughran

Topic guide for interviews with woman who experienced crisis pregnancies:

There are two main areas that we are interested in

1. what factors influenced the choices made in relation to the crisis pregnancy
2. What was their experience of the services they had contact with? In particular we would like to understand the process they went through with whatever agencies they encountered and to discover if this in itself influenced how they saw their situation and the choices they had and also discuss attitudes to adoption. Did it feature in their decision-making process? If so, how? If not, why not.

The women who agree to be interviewed will be offered the option of giving their views on what crisis pregnancy meant to them, what made it a crisis, what helped them to deal with the situation and with what services they were able to make contact. The participants will be asked to comment on what was helpful/ unhelpful throughout the process in terms of their decision making. In particular we would like to know about the level of information they had and what they think might have made things better/easier for them.

The interviews from all our sources will be analysed and put together to form a report on the experiences of crisis pregnancy and reflections on the service offered to women dealing with that crisis. We have interviewed a number of professionals working in the field as well. The interview will be confidential and no names will be used in the report. It would hopefully impact on the quality of services in the future.

Appendix 2 (a)

This is a confidential questionnaire, no individual client will be identifiable.

Questionnaire on Crisis Pregnancy and Adoption

(Adoption Agencies)

1. How many unmarried women were seen in your service for crisis pregnancy counselling in 2002? _____

2. Of the women seen, how many were referred by one of the following (Please give exact number for each category)

GP	_____
Maternity Hospital	_____
Self Referral	_____
Crisis Pregnancy Agency	_____
Other counselling service (please state)	_____
Other (please state)	_____

3. At what stage in pregnancy did the women make first contact?

1 to 2 months	<input type="radio"/>
3 to 4 months	<input type="radio"/>
5 to 6 months	<input type="radio"/>
7 to 8 months	<input type="radio"/>
9 months	<input type="radio"/>

4. How many of the women had problems in the following areas? (Please give exact number for each category)

Alcohol abuse	_____
Substance abuse	_____
Domestic violence	_____
Homelessness	_____
Psychiatric problems	_____
Criminal justice	_____

5. Age of women seen. (Please give exact number for each category)

Under 16 yrs.	_____	16–18 yrs.	_____
19–21 yrs.	_____	22 yrs. and over	_____

6. How many of those women seen availed of counselling? (Please give exact number for each category)

Once	<input type="radio"/>
Twice	<input type="radio"/>
Three times	<input type="radio"/>
Four times	<input type="radio"/>
Five times	<input type="radio"/>
Six times	<input type="radio"/>

(For numbers over six, please state the no. of sessions that took place and the no. of women who attended that frequency of sessions in the space below)

Sessions _____ Women _____

7. Of those women seen, how many involved the birth father in the counselling process? _____
8. Of those women seen, where were they living at the time of initial contact? (Give exact number for each)
- At home with family _____
- In rented accommodation with friends _____
- In rented accommodation with partner _____
- In specialist residential accommodation _____
- In rented accommodation alone _____
- Other (please specify) _____
9. Of the women seen, how many, at any stage during the pregnancy moved to specialist residential accommodation? _____
10. If their accommodation did change, did the agency facilitate the accommodation change?
- Yes If "Yes", please give exact number _____
- No
11. Please specify the outcome for each of the women seen (exact number for each category)
- Temporary Foster Care (Resulting in adoption) _____
- Temporary Foster Care (Baby returning to birth mother) _____
- Temporary Foster Care (Remaining in Foster Care) _____
- Kept the baby _____
- Other (please specify) _____

Appendix 2 (b)

This is a confidential questionnaire, no individual client will be identifiable

Questionnaire on Crisis Pregnancy and Adoption

(Maternity Hospitals)

1. How many unmarried women with a crisis pregnancy were seen in 2002? _____
2. At what stage in pregnancy did the women make first contact?
- 1 to 2 months
- 3 to 4 months
- 5 to 6 months
- 7 to 8 months
- 9 months

3. How many of the women had problems in the following areas? (Please give exact number for each category)

- Alcohol abuse _____
- Substance abuse _____
- Domestic violence _____
- Homelessness _____
- Psychiatric problems _____
- Criminal justice _____

4. Age of women seen. (Please give exact number for each category)

- Under 16 yrs. _____ 16-18 yrs. _____
- 19-21 yrs. _____ 22 and over _____

5. Of those women, how many were seen (Please specify exact number for each category)

- Once
- Twice
- Three times
- Four times
- Five times
- Six times

(For numbers over six, please state the no. of sessions that took place and the no. of women who attended that frequency of sessions in the space below)

Sessions _____ Women _____

6. Of this number, how many involved the birth father in the counselling process?

7. How many of these women were referred to one of the following (Please specify exact numbers for each Crisis Pregnancy Agency (CPA))

- CHERISH _____
- CURA _____
- LIFE _____
- WELL WOMAN _____
- IFPA _____
- PACT _____
- Other specialist CPA (please specify) _____

8. How many of these women were referred to a health board adoption department? If so, in which health board region? (Please specify exact number for each)

- Eastern (Dublin, Wicklow, Kildare) _____
- North-Eastern (Meath, Louth, Cavan, Monaghan) _____
- South-Eastern _____
- (Carlow, Tipperary Sth., Kilkenny, Waterford, Wexford) _____
- Southern (Cork, Kerry) _____
- Western (Galway, Mayo, Roscommon) _____

- Mid-Western (Limerick, Tipperary Nth., Clare) _____
- North-Western (Sligo, Leitrim, Donegal) _____
- Midlands (Laois, Offaly, Longford, Westmeath) _____
9. How many of those women seen were referred to an independent adoption agency (Please specify exact number for each agency)
- CUNAMH _____
- PACT _____
- St. Anne's Adoption Society _____
- St. Catherine's Adoption Society _____
- Other adoption agency (Please specify) _____
10. Of those women seen, where were they living at the time of initial contact? (Specify exact number for each)
- At home with family _____
- In rented accommodation with friends _____
- In rented accommodation with partner _____
- In specialist residential accommodation _____
- In rented accommodation alone _____
- Other (Please specify) _____
11. Of those women seen, how many, at any stage during the pregnancy moved to specialist residential accommodation? _____
12. If their accommodation did change, did the agency facilitate the accommodation change?
- Yes If "Yes", please give exact number _____
- No
13. Please specify the outcome for each of the woman seen (exact number for each category)
- Temporary Foster Care (Resulting in adoption) _____
- Temporary Foster Care (Baby returning to birth mother) _____
- Temporary Foster Care (Remaining in long term foster care) _____
- To keep the baby _____
- Other (Please specify) _____

Appendix 2 (c)

This is a confidential questionnaire, no individual client will be identifiable

Questionnaire on Crisis Pregnancy and Adoption

(Crisis Pregnancy Agencies)

1. How many unmarried women with a crisis pregnancy agency did you see in 2002? _____

2. Of the women seen, how many were referred by one of the following
(Please give exact number for each category)

GP _____
Maternity Hospital _____
Self Referral _____
Other (please state) _____

3. At what stage in pregnancy did the women make first contact?

1 to 2 months
3 to 4 months
5 to 6 months
7 to 8 months
9 months

4. How many of the women had problems in the following areas?
(Please give exact number for each category)

Alcohol abuse _____
Substance abuse _____
Domestic violence _____
Homelessness _____
Psychiatric problems _____
Criminal justice _____

5. Age of women seen. (Please give exact number for each category)

Under 16 yrs. _____ 16-18 yrs. _____
19-21 yrs. _____ 22 and over _____

6. How many of those seen availed of counselling? (Please specify exact number for each)

Once
Twice
Three times
Four times
Five times
Six times

(For numbers over six, please state the no. of sessions that took place and the no. of women who attended that frequency of sessions in the space below)

Sessions _____ Women _____

7. Of this number, how many involved the birth father in the counselling process? _____

8. How many of these women were referred to a health board adoption department?
If so, in which health board region? (Please specify exact number for each)

Eastern (Dublin, Wicklow, Kildare) _____
 North-Eastern (Meath, Louth, Cavan, Monaghan) _____
 South-Eastern
 (Carlow, Tipperary Sth., Kilkenny, Waterford, Wexford) _____
 Southern (Cork, Kerry) _____
 Western (Galway, Mayo, Roscommon) _____
 Mid-Western (Limerick, Tipperary Nth., Clare) _____
 North-Western (Sligo, Leitrim, Donegal) _____
 Midlands (Laois, Offaly, Longford, Westmeath) _____

9. How many of these women were referred to an independent adoption agency? _____

How many of those were referred to (Please specify exact number for each)

CUNAMH _____
 PACT _____
 St. Anne's Adoption Society _____
 St. Catherine's Adoption Society _____
 Other adoption agency (Please specify) _____

10. Of those women seen, where were they living at the time of initial contact?
(Specify exact number for each)

At home with family _____
 In rented accommodation with friends _____
 In rented accommodation with partner _____
 In specialist residential accommodation _____
 In rented accommodation alone _____
 Other (Please specify) _____

11. Of the women seen, how many, at any stage during the pregnancy moved to specialist residential accommodation? _____

12. If their accommodation did change, did the agency facilitate the accommodation change?

Yes If "Yes", please give exact number _____
 No

13. Please specify the outcome for each of the women seen (exact number for each category)

Temporary Foster Care (Resulting in adoption) _____
 Temporary Foster Care (Baby returning to birth mother) _____
 Temporary Foster Care (Remaining in long term foster care) _____
 To keep the baby _____
 Other(Please specify) _____

Appendix 2 (d)

Letter to Non-respondents

Dear Sir/Madam,

We are writing to you to request the return of a questionnaire we sent you in October 2003. The questionnaire was intended to gain information on crisis pregnancy and adoption for a research project we have undertaken on behalf of the Crisis Pregnancy Agency.

The return date of the 24th of November was specified on the cover letter and we would be most grateful if you could return the questionnaire to us at the address below as soon as possible as we are awaiting your data for analysis. If the figures are not to hand, we would also appreciate the return of the blank questionnaire, should you decide not to complete it. The questionnaire is being used to research crisis pregnancy and adoption counselling services and your help would aid us in developing research that would improve the crisis pregnancy and adoption services available to women in Ireland today.

Yours sincerely,

Dr. Valerie Richardson

Dr. Hilda Loughran

Department of Social Policy & Social Work
University College Dublin
Belfield
Dublin 4
Ireland

Appendix 2 (e)

Table of Crisis Pregnancy Agencies & Adoption Services that reported women suffering from Social Problems in 2002

Homelessness	Alcohol Abuse	Psychiatric Problems	Criminal Justice	Domestic Violence
Cunamh (Adoption Agency, Dublin)- n= 3	Cherish (Crisis Pregnancy Agency, Dublin)- n= 1 Cherish (Crisis Pregnancy Agency, Dublin)- n= 1	Adoption Services (NEHB, SHB, MWHB, Cunamh)- n=4	LIFE (Crisis Pregnancy Agency, Galway)- n= 2	Cherish (Crisis Pregnancy Agency, Dublin)- n= 2
LIFE (Crisis Pregnancy Agency, Dublin)- n=27	LIFE (Crisis Pregnancy Agency, Galway)- n= 2	LIFE (Crisis Pregnancy Agency, Galway)- n= 1	Adoption Services (WHB)-n=1	Adoption Services (SHB)-n=4
LIFE (Crisis Pregnancy Agency, Galway)- n=30		Cherish (Crisis Pregnancy Agency, Dublin)- n= 1		
Total n= 60	Total n = 3	Total n = 6	Total n = 3	Total n = 6

'SHB' – Southern Health Board

'WHB' – Western Health Board

'MWHB' – Mid Western Health Board

'NEHB' – North Eastern Health Board

Appendix 3

Key to Map on Page 60 Location of Crisis Pregnancy & Adoption Services

CURA: Located in the following areas:

Athlone	Kilkenny
Castlebar	Letterkenny
Cork	Limerick
Derry	Maynooth
Dublin	Monaghan
Dundalk	Sligo
Ennis	Thurles
Galway	Waterford
Kerry	Wexford

LIFE: Located in the Following Areas:

Cork, Dublin, Galway, Letterkenny, Thurles, Tullamore

Well Woman Clinic: Three locations in Dublin

Irish Family Planning Association: Cork and Dublin

One Family (Formerly Known as Cherish): Dublin

Private Adoption Agencies: St. Catherine's Adoption Society, Ennis

CUNAMH, Dublin
 PACT, Dublin
 CLANN/WHB

Health Board Adoption Departments: Centralised Offices*

Eastern Regional Health Authority/St. Louise Adoption Agency, Dublin
 North Western Health Board Sligo in association with St. Mura's Adoption Society
 Letterkenny
 Southern Health Board Adoption Service, Cork/Regional Office, Tralee
 North Eastern Health Board Adoption Service, Drogheda
 Midlands Health Board Adoption Service, Tullamore
 Mid-Western Health Board Adoption Service, Limerick
 South Eastern Health Board Adoption Services, Waterford
 CLANN in association with Western Health Board

* telephone contact with these services indicated that they are accessed through the centralised adoption service in each Health Board Area

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