School of Psychology and Speech Pathology

An explorative study of the knowledge, beliefs and experiences about speech and language development of parents who adopt children from overseas.

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Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signature _____

Date _____

Acknowledgements

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Abstract

Literature identifies children in institutional care as an at risk population due to the privation and lack of stimulation they may experience. It is therefore essential that adoptive parents are aware of this and are able to support their children's optimal development. In this explorative study a unique insight into Australian intercountry adoptive parents' knowledge, beliefs and experiences of speech and language development is provided. Data were collected from intercountry adoptive parents throughout Australia who had adopted a child aged 0 to 6 years in the past five years. Data were collected via online questionnaires and semi-structured interviews at two time points to allow follow up of the participants one year after their initial involvement. The study used descriptive statistics and thematic analysis, according to Braun and Clarke's (2006) protocol, to analyse data relating to the parents' knowledge of speech and language development, the effects of previous care on this development and the way the parents facilitated speech and language development in their adopted children. The findings of this study related to six main themes: the process of intercountry adoption, intercountry adopted children, attachment, speech and language development, support and professionals and future recommendations. The links that the adoptive parents made between these factors and a child's speech and language development highlighted the complexity of this developmental process. Detailed description of the adoptive parents' knowledge, beliefs and experiences about these factors allows insight into the way that their knowledge and beliefs influence their behaviours and interactions as parents. These results are important for any professionals or organisations who work with intercountry adopted children and their families. The adoptive parents' recommendations may provide a direction to support the development of evidence based services and support to meet the specific needs of this population.

Terminology

It is important to note that throughout the thesis I refer to the time the adoptive parents collected their child and bought them home as the *adoption.* Therefore terms such as *age of adoption* and *time of adoption* refer to when the child was taken from their previous care setting to their new family home in Australia. I am aware that there may have been outstanding legal documents and the adoption may not have been finalised at this time however I believed that *adoption* would be the best term to describe this process. Therefore, the term *current age* refers to the age at the time of participating in the study.

The term *intercountry adoption* is used throughout this thesis to refer to the adoption of a child from a different country from where the adoptive parents reside. This term was chosen to define this process as it is the term used by the government departments that oversee adoptions in Australia. This process may be referred to as *international adoption* in other sources.

The participants in this study were grouped into two groups titled 0 to 3 years and 3 to 6 years. These groups do not overlap in age. The inclusion criteria for each group was 0 to 2.11 years and 3.0 to 5.11 years however the titles 0 to 3 years and 3 to 6 years have been used for ease of reporting.

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Publications arising from this thesis

Golding, S., Leitão, S., & Williams, C. (2013). Speech and language development of intercountry adopted children aged 3 to 6 years: An explorative study of Australian parents' knowledge, beliefs, and experiences. *Adoption Quarterly,* 16, 40-61. doi: 10.1080/10926755.2012.754811

Overview

The adoption of children from other countries emerged and became common practice after World War II when children were adopted into both the U.S. and Canada (Lovelock, 2000). Since this time, researchers have been interested in the developmental trajectories and the outcomes of intercountry adopted children. The experiences of the children who are reared in institutional settings prior to adoption provide researchers with an opportunity to investigate the effects of a depriving environment and caregiving practices (Zeanah et al., 2003). Researchers into the children's post adoption development have been particularly interested in their language development due to the language switch that many intercountry adopted children typically experience (Scott, Roberts, & Krakow, 2008) and also because language is seen as a key indicator for academic and social success (Windsor et al., 2011).

Research findings demonstrate that there is great variability in the post adoption outcomes for intercountry adopted children (Scott, Roberts, & Glennen, 2011). Scott and colleagues (2011) emphasise the importance of investigating this disparity further and determining reasons for such varied findings. Other researchers such as Linville and Prouty Lyness (2007) state the importance of investigating and understanding the family context within which the child's development takes place. Together, the recommendations of these researchers provide the direction for this study of intercountry adoptive parents' knowledge, beliefs and experiences about speech and language development. Rather than summarising the speech and language outcomes of intercountry adopted children through the use of measures such as mean score it is important to understand the reasons for the variability in their abilities.

As both 'nature' and 'nurture' can have a significant impact on shaping a child's abilities (Perry, 2002; Votruba-Drzal, 2003), it is important to understand more about the context of the child's development, their home environment and their interactions with their caregivers as a means to understanding the variability in their developmental outcomes, and more specifically their speech and language skills. These factors are investigated in this qualitative study, through the use of parental report in online questionnaires and semi-structured interviews, in order to understand more about how the parents' knowledge and beliefs shape their interactions and the

type of home environment that they provide for their child. By investigating this area, more information that describes the experiences of intercountry adopted children will become available, which may assist in explaining some of the differences in their speech and language outcomes.

As this thesis does not strictly follow the traditional structure, the following highlights the organisation of the chapters within.

This thesis starts with a fictional case study, that is based on the experiences of the participants in this research, to familiarise the reader with the intercountry adoption experience and the journey that the participants have undertaken prior to their involvement in this study. Chapter One provides the context by presenting key theoretical models which underpin the area of child development. This background information is essential in order to understand more about how the institutional care environment can affect a child's development. Intercountry adoption, the institutional care setting and the effects of these on a child's development are subsequently addressed through consideration of research that relates specifically to intercountry adoption. A review of literature pertaining to the method of the study is then discussed. The current study's research significance and aims are addressed at the end of the first chapter.

Chapter Two outlines the research methodology of this study. The study is primarily qualitative in design but includes some use of descriptive statistics to summarise demographic information about the participants. Further information and literature about the materials, the procedure and the method of analysis are provided.

A detailed description of the participants' demographic information is provided in Chapter Three. The participant groups were separated into those who adopted children aged 0 to 3 years (0 to 2.11 years) and those who adopted children aged 3 to 6 years (3.0 years to 5.11 years) in order to make comparisons between those who adopted younger and older children. These demographic results provide useful information about the participants and provide contextual information for the thematic results that follow in the next chapter.

In Chapter Four the results of the thematic analysis are presented and arranged into six main themes that were present in the data set: Parents' knowledge and beliefs about the process of intercountry adoption; Parents' knowledge and

beliefs about intercountry adopted children; Parents' knowledge and beliefs about attachment; Parents' knowledge and beliefs about speech and language development; Parents' knowledge and beliefs about support; and Parents' recommendations. These involve a series of sub themes and include quotes taken from the participants' responses to the open ended questions in the online questionnaire and the semi-structured interview. These quotes outline the participants' experiences from which their knowledge and beliefs were founded. The thematic analysis results are discussed in detail, drawing on the literature and theoretical models discussed in Chapter 1.

Chapter Five presents the concluding remarks, providing final reflections on the study, theoretical implications, clinical implications and future research opportunities. The significance of the research findings is discussed along with the importance of sharing the research findings in order to improve services and support for intercountry adopted children and their families.

An insight into intercountry adoption: Andrew and Kristen's story

Andrew and Kristen were unable to have biological children and believed that intercountry adoption would provide them with an opportunity to create a loving family for a child in need. They completed their detailed application and passed their interview four years ago. Since then they had a long and emotional wait not knowing when or if a child would ever complete their family. A few months ago they received a phone call to inform them that they would be adopting a little girl from China. They flew to China with a group of parents who had also been allocated children from the same orphanage. After a brief handover with the orphanage staff, Andrew and Kristen received their little girl and flew home to Australia just a few days later. Now at home, Kristen has taken time off from work as she starts her new role as mum and fulltime caregiver for Olivia who is 18months old. Andrew and Kristen know they will have a number of visits from their social worker in the first year to ensure that everything is progressing well. These visits make Kristen nervous as she and Olivia are still establishing their relationship. Olivia, who had limited communication skills in her first language and had poor attachment with her carers in the institution, now faces the task of settling into her new family home and developing her English abilities as neither of her parents can speak Mandarin. Andrew and Kristen face their new role as intercountry adoptive parents with excitement and some uncertainty. They are slightly anxious about the important task of caring for and supporting their 18 month old daughter's development as they have no prior experience as parents. Their family and friends are all intrigued by the whole process and watch closely. Kristen notices people will sometimes stare as Olivia does not look like her and this makes her uncomfortable at first. How will Olivia settle into her new family? How will Andrew and Kristen handle this exciting and unknown stage of life?

This was an invented scenario however was based on the experiences of many of the parents in the study. It is useful in highlighting the intercountry adoption process and the experiences of those that form a family in this way. Typically they have been unable to have biological children and start the task of parenting with limited experience. For some, years of trying for a biological child mean there is a significant amount of emotion and stress carried through the adoption process. There has been great anticipation and expectation about receiving a child and many must wait for a number of years before being allocated a child. Their adopted child often presents with unique needs due to their previous care and the adoption process. Although the child may be considered as having 'normal needs', the 'normal needs' for a child raised in an institutional setting are different to those of a typically developing child. Furthermore, the complexity of the child's needs may be unknown as parents usually receive limited information about the child's history and health status. The adoption department is involved for a period of time (usually one year) following the adoption in order to ensure that the child is settling in and while the legal paperwork is being finalised. Support is typically accessed elsewhere and is dependent on the parents seeking out and involving themselves in a support group network.

1.0 CHAPTER ONE

In this chapter, the context for development is addressed through a consideration of key models that consider the influence of environment and neural development. This is followed by a review of studies that relate specifically to intercountry adoption.

1.1 The context for development

It is important to first consider the role of the home environment, a child's relationship with the caregiver, the stages of neural development and the impact of abuse and neglect on these processes. This background information and theoretical models provide a framework to interpret and understand the experiences of intercountry adopted children, the institutional care setting and the effects of the child's care prior to the adoption on their development.

1.1.1 The home environment

The family and home environment provide the context for a child to grow and develop as their development is shaped and influenced by the quality and quantity of their experiences in these settings.

Goldfarb's (1945) interest in this area lead him to describe the typical experience of family. This definition from the 1940s involved the following:

1. There is warm, loving contact between a specific parent person and child.
2. This contact is continuous in terms of life span and also is terms of detailed daily routine. The child is in the company of the mother for many hours during the day and for many months.
3. The contact is a source of constant stimulation. The child is fondled and handled physically a great deal. He is sung lullabies and talked to. His motor and verbal responses receive immediate recognition. He is encouraged to babble, to form sounds and then words, to sit up, to stand up, to walk and climb. He is presented with many multi-coloured toys. He is carried through a house full of interesting objects, meets children and adults, and is often fascinated by animals about him. He is encouraged to perform various life

tasks and to reach to problems and frustrations in a way that is pleasing to his parents whom he loves and wants to please.

4. Yet his relationship to his parents, except in very rare situations, involves a degree of reciprocation. The child learns, and is generally encouraged to learn, that he may be active in regulating his living and in ordering his environment to meet his own needs and desires. (Goldfarb, 1945, p. 18)

Although the structures of families have changed over time, this definition, provided in 1945, highlights the importance of a warm and loving relationship with a caregiver that is secure over time. Parents, or the primary caregiver, play a critical role in meeting the child's needs and providing a warm and stable relationship. They must be aware of developmental milestones and appropriate caregiving techniques as well as how their behaviour can influence their child's development (Smeriglio & Parks, 1983). Sensitive and responsive parents are those who meet the developmental needs of their children, are educated and aware of parenting and developmental principles, and are able to provide a conducive and supportive home environment for their child (Manocha, Narang, & Balda, 2008; Smeriglio & Parks, 1983).

The home environment is important as it provides the structure and foundation for the child's learning and development, particularly for their early years (Haydari, Askari, & Zarra Nezhad, 2009). Home environments that are described as stimulating settings are measured by the child's interactions with their parents and by the amount and types of books and stimulating play materials available within the home (Haydari et al., 2009).

It is these regular, stimulating and enriching experiences that support the child's development as a lack of these experiences when the child is young can result in motor, language, social and cognitive delays (Perry, 2001). In particular, the development of the child's speech and language skills is dependent on positive, sensitive relationships and interactions between the child and their carer. It is these interactions that provide the child with the structural framework and opportunity to develop their own communication skills (Murray & Yingling, 2000; Snow, 2009; Vohr et al., 2010).

A number of researchers have investigated the interactions of parents with their children and the home environment that they provide to determine how these factors

shape the child's development. This has been an area of interest for some time. A study by Smeriglio and Parks (1983), found a relationship between mothers' awareness of caregiving practices and the type of home environment they provided as measured by a questionnaire. Although the results were not statistically significant, those mothers who believed their actions had an impact on their children tended to provide higher quality environments for their toddler children (Smeriglio & Parks, 1983). Since this time, further research has taken place in the field. For example, Murray and Yingling's (2000) study of 58 toddlers born in the U.S. involved direct assessment of the home environment, the child's attachment to the mother and the child's language abilities. Those with the highest receptive language scores came from homes that were stimulating and where there was a secure relationship with the mother (Murray & Yingling, 2000). In another study of 264 mother infant pairs, mothers were randomised into two groups where one group was taught how to respond to their children in a prompt and sensitive manner using rich language (Landry, Smith, & Swank, 2006). The teaching phase involved 10 home visits that included video examples of the mother, activities and discussion of the mother's abilities. The researchers found that improvements in the mothers' responses resulted in improved social, emotional, communication and cognitive skills for their children (Landry et al., 2006). Together these findings demonstrate the link between parents' responsiveness and interactions with their children and their children's language output and development. It must be noted that although a number of studies show the importance of the parents' interactions on the child's development, the specific causal nature of the relationship between parent practices and the child's development is often unclear (Jaffee, 2007).

As the child's development is dependent on their caregiver, it is the caregiver's responsibility to meet their child's needs and provide opportunities for the child to develop to their full potential in a stimulating and nurturing home environment (Haydari et al., 2009). Intercountry adopted children can experience both a range of care settings and caregivers within these settings.

1.1.2 Attachment with a caregiver

An essential factor influencing the relationship between a child and their caregiver is their ability to develop a positive attachment. This process takes place in the early years when the neural systems responsible for maintaining emotional relationships are developing (Perry, 2001). The relationship between the child and their primary caregiver, usually the mother, is critical as this relationship provides the model for all future relationships (Perry, 2001). Therefore early experiences of a lack of warmth or violence with their caregiver or other significant adults can damage and impact the child's expectations of how to relate with others (Perry, 2001; Snow, 2009).

This relationship with a primary caregiver also provides the child with an opportunity to develop their communication and relational skills, their cognition and their awareness of the world (Snow, 2009). Attachment is of particular importance as the child's ability to respond to a familiar face and to communicate through non-verbal means with the caregiver are precursors and important steps in the development of social cognition and language (Parker, Nelson, & The Bucharest Early Intervention Project Core Group, 2005).

Perry (2001, 2002) defines the following as characteristics of an attachment bond between two people a) the bond involves a relationship with one specific person that endures over the course of time, b) the relationship allows those involved to feel safe, comforted and calm and the relationship is enjoyable and c) there would be severe concern if there was threat to the relationship or other person. A child's early relationships must meet these criteria for the child to feel safe and secure and therefore feel able to explore, grow and develop their abilities rather than focusing on meeting these basic needs. Intercountry adopted children receive caregiving from a number of caregivers and therefore it is important to consider the effects of these relationships on their development.

1.1.3 Bronfenbrenner's ecological model

Each child is exposed to a range of different experiences within their environment. The influence of a child's environment is addressed in the Ecological Systems Theory (Bronfenbrenner, 1979). The model recognises the importance of

the child's biology, their home environment, their immediate relationships, the greater culture and society, as well as how these factors interact to determine the child's development (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994). Weaknesses in one factor can interfere with the other factors and impact on the child's overall development. This emphasises the crucial need for a child to experience a stimulating home environment and sensitive relationships with their caregivers while they are young to ensure appropriate neural development (Bronfenbrenner, 1979). This model was selected as a key framework to discuss the context for development of children who are adopted and the effects that their changing environments can have on their development. The model recognises a number of external factors that are particularly important for intercountry adopted children such as the community, culture, political and economic environment.

Specifically, Bronfenbrenner identified five systems or circles of influence on the child's development. These are the microsystem, mesosystem, exosystem, macrosystem and chromosystem (Onchwari, Onchwari, & Keengwe, 2008).

- Microsystem is the child's immediate environment including their home environment and family (Guhn & Goelman, 2011; Onchwari et al., 2008). A stimulating home environment can activate and encourage neural development. Characteristics of such an environment include one where there are a variety of age-appropriate toys that provide the child with opportunities for perceptual, cognitive, motor and social stimulation (Farah et al., 2008).
- Mesosystem is the larger context in which the family, school and religious group exist (Onchwari et al., 2008). It includes the environments or populations that interact with the microsystems and therefore affect the individual (Phelan, 2004).
- Exosystem involves the local community, cultures and socio economic environment (Phelan, 2004). It is important to look at the exosystem level as the neighbourhood can have a significant influence on an individual's development and behaviour (Guhn & Goelman, 2011).
- Macrosystem is the wider setting involving the current political and economic situation (Phelan, 2004).

- Chromosystem refers to the events that occur within the child's life (Onchwari et al., 2008). This involves the consideration of when and which order these events occur and the way they shape the child's development (Guhn & Goelman, 2011).

It is important to consider the interaction of these circles as they have an effect on one another and on the individual at the centre of the system. The interactions that take place between the individual and those around them and in their environment have been termed 'proximal processes' and Bronfenbrenner defines these as the primary engines of development (Bronfenbrenner & Morris, 2006). The developmental outcomes are a result of a combination of a number of factors including these circles of influence, the person, the context and the time (Guhn & Goelman, 2011). Therefore, in order to implement change, it is most effective to focus on the points of interactions rather than on isolated segments of the microsystem (Phelan, 2004). It is crucial to consider the person as a part of their own system and not to see them separate from this (Phelan, 2004). Following adoption, intercountry adopted children experience a significant change in circles of influence. It is important to consider the impact of this change and to be aware of both their old and new ecosystem.

1.2 Neural development

1.2.1 Neural development and critical periods

The rate of neural development that takes place in the postnatal period is remarkable. During the first years of life each of the 100-billion neurons that a child is born with develop approximately 15,000 synapses (Balbernie, 2001). Due to the amount of neural activity and development at this time, the infant's brain is highly receptive and will adapt according to the stimulation that it receives from the environment. Their experiences in this period will determine which neural pathways are reinforced and which will be removed (Johnson, Browne, & Hamilton-Giachritsis, 2006; McCain & Mustard, 1999; Perry, 2002). It is therefore essential that a child receives the appropriate stimulation to strengthen the required synapses and to prevent the elimination of other important synapses due to low activation.

As already described, the child must experience a secure attachment with a caregiver who engages with them in a sensitive manner in order to promote their neural development. An environment that does not provide this form of support and input will have the opposite effect (Johnson et al., 2006) as the child's social, emotional, cognitive and physical experiences at this time will have lasting implications for their development and neural systems (Perry, 2002). If these experiences are detrimental or damaging, then the result can be neurological dysfunction and development. The significance of the impairment or difficulties will depend on the timing of these damaging experiences, the nature or severity of the experiences and the duration and frequency of the negative experience (Perry, 2002).

There is greater neural plasticity when the child is young and this decreases with the child's age (McCain & Mustard, 1999; National Scientific Council on the Developing Child, 2007; Perry, 2002). Due to the activity dependent and sequential nature of the development of the brain, there are also key periods when the development of particular skills is more active and sensitive to input (Perry, 2002). Therefore, if important synapses are removed it is crucial that a child has the opportunity to reinstate these during the period of neural plasticity. Early neural connections must be maintained as increasingly complex skills are built upon earlier developed skills (National Scientific Council on the Developing Child, 2007). If a child's skills are not stimulated and acquired in the appropriate critical period, then there will be consequences for their later development as the necessary foundations will not have been established (McCain & Mustard, 1999; National Scientific Council on the Developing Child, 2007). The neural pathways that are developed in the early years are critical in determining the health, learning and behavioural outcomes for the remainder of the child's life (Mustard, 2006).

The complexity and sensitivity of early neural development means that a child's early years are vital in forming the neural networks to support their ongoing development (Perry, 2002). Therefore, promoting and supporting healthy development is important for all involved in the care of infants as, despite there being examples of remediation and improvement, the task of trying to repair neural damage later in life is both difficult and costly (Hawley & Gunner, 2000).

1.2.2 The nature versus nurture debate

The role of both nature and nurture in the developmental outcomes of children is considered critical. Researchers state that a child's genetic potential is activated by the stimulation they receive from their environment (Perry, 2002; Votruba-Drzal, 2003). The opportunities that are available to them in their immediate environment will influence which genetic capabilities are realised (Votruba-Drzal, 2003). At the same time, the way that a child acts and their level of attention or engagement with those around them alters their environment and the response they may receive from those around them (Votruba-Drzal, 2003). Thus both the role of nature *and* nurture are significant in determining the child's development, however, it is the complex interplay between these factors that has the greatest influence (Bronfenbrenner & Ceci, 1994).

In particular, for language to develop the child must be exposed to and experience language in their environment (Hoff, 2006; Windsor, Glaze, Koga, Zeanah, & The Bucharest Early Intervention Project Core Group, 2007). The environment serves two functions in facilitating language development. Firstly, the child must experience communication for them to identify that it exists and consequently understand that they are able to communicate to manipulate their environment. Secondly, the environment must provide the child with opportunities to store and analyse language to provide the framework for the development of their own skills. Therefore language acquisition is a result of both the child's social setting and their cognitive abilities to process the situation (Hoff, 2006).

An important factor that can change the way that parents interact with their children is the amount and type of response the child him or herself offers. A child's language and interaction is able to shape their parents' interactions and way they engage with their child as well as influence the type of care provided (Valotton, 2009). A study that involved longitudinal video data for parents and caregivers who used infant signing reported that when an infant was socially competent and able to communicate clearly to their caregiver, the carer's responsiveness increased as they were more engaged and motivated to respond to the infant (Valotton, 2009). This is also typical of older children who elicit more language and more cognitive stimulation from their parents (Votruba-Drzal, 2003). This is an important

consideration when analysing the interactions between caregivers and their children as there is a two way interaction between the child's communication skills shaping the parents' response and the parents' interactions supporting their child's development.

This understanding of nature and nurture highlights the importance of both the internal processing mechanisms and the external environment for the child. One must acknowledge the genetic abilities within the child and the child within their environment as their developmental outcomes are a result of the interactions between these internal and external factors (Bronfenbrenner & Ceci, 1994; Hoff, 2006).

1.2.3 Abuse and neglect

Although intercountry adopted children are a specific population of children, their experiences before adoption can often be detrimental and may include episodes of abuse and neglect. Therefore it is important to review the literature that reports on the general effects of abuse and neglect in addition to studies of children adopted from overseas.

Experiences of abuse and neglect can have detrimental consequences for a child's physical, cognitive and social development. Typically, the earlier, more pervasive and more severe the neglect is, the greater the severity of the problems for the child (Perry, 2001, 2002). These experiences of maltreatment affect the child's ability to develop appropriate abilities later in life. Neglect is particularly damaging as children do not experience enough relational experiences which then affects the development of their language abilities, social skills, problem solving abilities, emotional self-regulation and appropriate coping strategies (Snow, 2009). Neglect is typically endured over a greater length of time than sporadic episodes of abuse and therefore may also have greater consequences for a child's language development (Culp et al., 1991).

Direct assessment of the speech and language abilities of 74 preschool-age maltreated children (mean age approximately 41 months) in the U.S., demonstrated the effects of abuse and neglect, finding the children's general development to be 6 to 9 months delayed and their language development to be delayed 4 to 8 months

(Culp et al., 1991). Others have found that victims of abuse and neglect present with poor language abilities and problem behaviours 18 months later (Jaffee, 2007).

When children experience frequent or prolonged exposure to damaging experiences their body's stress-response system may be damaged resulting in toxic stress (Shonkoff, Thomas Boyce, & Mc Ewen, 2009). This can affect the whole body but specifically the child's neural structures and therefore increase the risk for cognitive impairment and other diseases throughout the later years of life (Shonkoff et al., 2009).

Nathanson and Tzioumi (2007) studied children living in out of home care in Australia and found that the rates of poor health were higher than the typical population of children in Australia and were more similar to the statistics reported for children living in care facilitates overseas. Of the children living in out of home care, they reported high rates of physical, developmental and emotional complications, failed hearing tests (26%) and delayed speech for children less than 5 years (45%) (Nathanson & Tzioumi, 2007). These results are similar to the descriptions of intercountry adopted children that will be provided in the next section.

Some children who have experienced maltreatment have demonstrated gains in their language and behavioural abilities following changes to the amount and type of stimulation and support they received (Jaffee, 2007). One example is Jaffee's (2007) longitudinal study of 1,720 children who were involved in child welfare services in the U.S.. Children whose caregiving improved over an 18 month period showed gains in both their cognition and behaviour upon re-assessment (Jaffee, 2007). The findings of this study are useful as they capitalise on the opportunity to investigate the effects of caregiving practices on children for those who had to be removed from their parents' care.

Perry's (2001) work supports the claim that improvements can take place, however, it is often a complex and arduous task that can take years despite the damage occurring over only a few months. Perry (2002) highlights the significance of the first three years in laying the appropriate foundations and states that adoption into a more loving, nurturing environment may not be enough to compensate for a child's previous experiences if the child has not already developed their social-

emotional behaviours. These findings highlight the complex relationship between experiences of maltreatment, development and long term outcomes.

The next section discusses a model of language development that takes a neurolinguistic perspective. It highlights the complexity of this process with particular reference to the role of the caregiver, the importance of critical periods and the effects of maltreatment on the development of language.

1.2.4 Locke's theory of neurolinguistic development

Locke (1997) describes a theory of neurolinguistic development which is useful in highlighting the development that takes place in the early years and the effects of the child's environment and interactions on this process. The theory involves four fixed phases that take place in an overlapping sequence. Each phase has a specific outcome to achieve and specifically timed cognitive resources allocated to achieving the particular function. The first phase, indexical and affective, has a prenatal onset and extends to 5 months. This is where the child is oriented to the human face and voice and identifies vocal characteristics of their primary caregiver. The second phase, affective and social, commences at 5 to 7 months and is where the child stores and learns utterances. This phase is dependent on external stimulation and the child being provided with an opportunity to hear and experience communication with others. Utterances are learnt as a whole unit that the child can understand and may begin to use, however, they have no awareness of the internal structure of the utterance. These simple utterances allow the child to participate in a social setting however they are unable to form responses other than those previously learned. The third phase, analytical and computational (between 20-37 months), is when the child identifies syntactic rules within the utterances they have learnt and then begins to apply them accordingly. This is where the child identifies regularities and begins to construct an awareness of syntactic rules. The fourth phase, integrative and elaborative, commences at 3 years of age and is where the child experiences great lexical learning. The child's experiences with language are integrated with their stored knowledge and representations resulting in increased language abilities. Table 1 provides a summary of the phases of neurolinguistic development.

Table 1

Summary of Locke's (1997) stages of neurolinguistic development

Age of onset	Developmental phases and systems	Neurocognitive mechanisms	Linguistic domains
Prenatal	Vocal learning	Specialisation in social cognition	Prosody and sound segments
5-7 months	Utterance acquisition	Specialisation in social cognition	Stereotyped utterances
20-37 months	Analysis and computation	Grammatical analysis mechanisms	Morphology Syntax Phonology
3+ years	Integration and elaboration	Social cognition and grammatical analysis	Expanded lexicon, automatized operations

(Locke, 1997)

The processes explained in Table 1 must occur at the specified times and must have the required external stimulation and internal cognitive abilities to develop accordingly (Locke, 1997). For example, children who experience limited communicative interactions may not store enough language to activate the third phase. This can have detrimental follow on effects as the third phase, analytical and computational, is only functioning for a finite period from approximately 20-37 months (Locke, 1997). For this phase to occur, the child must have previously stored examples that they can access to analyse and segment. As the phases are fixed sequentially, it is essential that a child receives the required stimulation at the appropriate time to progress through the stages (Locke, 1997). If the previous phase has not been fully activated then the development of the phases that follow will be restricted (Locke, 1997). These four phases are essential as they provide the foundations for the development of appropriate expressive and receptive language skills and for success with reading, writing and spelling in the later years (Locke, 1997).

A child must master a range of language skills and forms, from a more oral to a more literate style, to be able to function both in their day to day environment and in the academic setting. Day to day communicative language is used in social interactions in everyday situations. It is more contextualised as the meaning can be derived from the social cues and current situation (Dalen, 2002; Gindis, 2004). Academic or cognitive language, however, is more decontextualised and therefore more difficult to comprehend (Dalen, 2002; Gindis, 2004). For this form of language, the child must have a greater understanding of language and be able to identify and understand a message that is often not linked to the current situation. This includes the type of communication present in the classroom setting involving written texts and lecture-like teaching to a group of listeners (Dalen, 2002). This more complex type of language has been described as a necessary skill for academic success (Gindis, 2004). It is therefore important that a child develops adequate communicative language skills first as these provide the framework for the development of cognitive language and later academic achievement (Gindis, 2004). Due to the complex nature of language development, the child's success with language and literacy tasks may be used as a measure of their overall brain development when they are young (Mustard, 2006).

1.2.5 Parental beliefs about speech and language development

A number of qualitative studies have investigated parents' understanding of speech and language development in children rather than assess the child's skills directly. These studies have provided parents with an opportunity to explain their knowledge and beliefs in detail and without restriction to a specific set of questions, for example, those found in a questionnaire (Glogowska & Campbell, 2000; Marshall, Goldbart, & Phillips, 2007). An understanding and appreciation for this information is important for professionals working with parents as it shapes the advice and services provided by speech pathologists (Marshall et al., 2007).

A UK study of 15 parents, whose children had been referred to speech and language services, reported parents believed that a child's hearing ability, gender and personality affected their language development (Marshall et al., 2007). Another UK study of 16 parents reported similar findings, stating parents linked their child's

personality and emotional behaviour with their language development abilities (Glogowska & Campbell, 2000). Not only did parents refer to characteristics of the children, parents also believed that they played an important role in shaping their child's language development (Marshall et al., 2007). A third UK study of 23 parents of children who were identified as having language difficulties, provided further description of parental beliefs about speech and language development. This study reported on the uncertainty that parents faced about their children's developing abilities in the time prior to difficulties being recognised (Glogowska & Campbell, 2004). Typically the parents adopted a 'wait and see' approach for their child's communication skills when there were no other medical concerns present (Glogowska & Campbell, 2004). The "watchful waiting" (p.399) approach parents use to monitor their children's speech and language development has also been described in other studies (Glogowska & Campbell, 2000). Parents believed it was their role to carefully monitor their child's speech and language development prior to seeking out professional services (Glogowska & Campbell, 2004). Unfortunately when children presented with difficulties, some parents saw their child's communication difficulties as being their fault and a result of their parenting style (Glogowska & Campbell, 2004).

While these studies were not of intercountry adopted children, they do, however, highlight the beliefs of parents about their children's speech and language development and the role of professionals in this process. An understanding of these beliefs is important before specifically investigating the knowledge, beliefs and experiences about speech and language development of parents who adopt children from overseas.

This section has presented theoretical models and information that explains the framework for a child's development. This information provides important contextual background for the following section that describes intercountry adoption and the effect of this process on a child's general development and more specifically, their speech and language development.

1.3 Intercountry adoption

1.3.1 Intercountry adoption

Intercountry adoption involves the legal adoption of a child from another country followed by permanent care of the child in the caregiver's home (U.S. Department of State, 2010b). Intercountry adoption often involves the movement of children from poorer to more wealthy countries (Selman, 2006) as often it is countries that are experiencing serious political or economic difficulties that allow their children to be available for intercountry adoption (Pollock, 2007). The children that are available for adoption differ based on the current circumstances in their country of origin. For example, 98% of children available from China are young healthy girls abandoned soon after birth, whereas other countries have a more even number of boys and girls (Pollock, 2007). Based on previous intercountry adoption trends, it has been concluded that the level of adoption is determined by two contributing factors. These are the demand for children in affluent Western countries as well as the availability of children from countries affected by poverty and other detrimental factors (Lovelock, 2000). Most intercountry adopted children are placed in countries where English is the primary language for example the United States, UK, Canada, Australia and New Zealand. However some children are also adopted into other counties including Norway, Sweden and the Netherlands (Pollock, 2007).

The significant number of orphaned and abandoned children following the World Wars saw the start of intercountry adoption. For example following World War II a large number of children were adopted from Europe, Japan and China to the United States. Children left orphaned in Korea at the end of the Korean War led to another large wave of adoptions to the United States. Intercountry adoption to Australia began after the Vietnam War in 1975 (House of Representatives Standing Committee on Family and Human Services, 2005). The underlying motivation for intercountry adoption has since evolved from a desire to care for abandoned children to include families who adopt for religious reasons, humanitarian reasons and increasingly from couples who are infertile (Rojewski, Shapiro, & Shapiro, 2000).

Trends in intercountry adoption vary throughout the world. The United States saw a rapid increase from 15,719 intercountry adoptions in 1999 to 22,990 in 2004, however, this declined to 12,753 intercountry adoptions in 2009 (U.S. Department of

State, 2010a). The number of adoptions into the U.S. in 2011 declined further to 9,320 (Bureau of Consular Affairs U.S. Department of State, 2011). In parallel, the number of intercountry adoptions in Australia has declined from 308 adoptions in 1987-1988 to 222 in 2009-2010 (Australian Institute for Health and Welfare, 2010b) and then to 149 in 2011-2012 (Australian Institute for Health and Welfare, 2012).

These global trends in intercountry adoptions have led to new research into intercountry adoption. This research has generally come from two perspectives: from researchers in the area of social work and child welfare, and from researchers in the area of developmental psychology and psychopathology. Those from social work and child welfare have often focused on the family's needs and the support put in place for the family and child post adoption. Researchers interested in the child's development and psychopathology have focused on the child's progress post adoption and how earlier institutional care impacts upon the child's later life (Palacios & Brodzinsky, 2010). Palacios and Brodzinsky (2010) reviewed the literature and acknowledged the importance of both perspectives on intercountry adoption. However, they identified the need for researchers to bridge the gap between professional fields to ensure that both the needs of the parents and the children are met to allow for greater success for the child and the placement.

Caution must be taken when presenting all intercountry adopted children as a part of one group due to the significant heterogeneity among their countries of birth. As Bronfenbrenner's model highlighted, it is important to consider the role that the greater systems or circles of influence such as the macrosystem and exosystem may have on the child's development (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994). However, despite the differences in these systems that may exist between countries, intercountry adopted children still appear to be distinctly different when compared to other groups of children such as those children who are domestically adopted, children who have recently immigrated, bilingual children and children who require special education support (Gindis, 1998, 2005). The characteristics associated with the population of intercountry adopted children may not apply to all individual intercountry adopted children in the same way and to the same degree due to the differences in their circles of influence (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994) however there are many commonalities.

Most intercountry adopted children are born into families from a lower socio-economic background, may be exposed to tobacco, alcohol and other drugs during pregnancy or be malnourished (Ladage, 2009). These experiences can have detrimental consequences for the intercountry adopted child's health both following the adoption and long term (Ladage, 2009). Although adoptive parents may see the effects of these experiences, limited information is usually available about the child's experiences prior to the adoption or with regards to their birth family (Dalen, 2002).

Most intercountry adopted children share at least a few common experiences. These include their experiences of loss and transition from each care setting and, the time spent in an institutional setting during their early years (McGuinness & Pallansch, 2007). Intercountry adopted children may experience three or more transition stages from their birth family to care and then to their adoptive family. Each of these stages can be stressful for the child and the disruption can impact on the child's development (Hwa-Froelich, Pettinelli, & Jones, 2006). Then once in care, many children may experience malnutrition, physical and social deprivation, exposure to infectious diseases and incidents of abuse and neglect (Ladage, 2009). Following this time, all intercountry adopted children experience an often difficult change leaving behind their familiar setting and starting anew with their adoptive family. This can be a challenging and traumatic experience for the child as they are moved into an unknown environment (Rijk, Hoksbergen, ter Laak, van Dijkun, & Robbroeckx, 2006). For most intercountry adopted children these experiences take place in their early years and the results can be detrimental.

The culmination of these early experiences of neglect and deprivation and then the child's transfer into a supportive and nurturing environment led some researchers to investigate this population and ask, "What would be the outcome of this big change in their lives?" (Rijk et al., 2006, p. 41). The present study has a similar interest and question although is focused more on the reflection of the adoptive parents rather than directly on the children themselves.

Intercountry adopted children typically have an increased risk of developmental problems including difficulties with language, communication, social skills and cognitive development. Frequently, these children present with disordered

attachment and this can be considered to be an underlying cause of their developmental difficulties (Paul & Roth, 2011).

Intercountry adopted children's previous experiences provide evidence of the impact of environment and early adversity on an infant's development. The improvements that these children demonstrate following adoption into more social, supportive and engaging environments reflect the effects of environment but also their neurological and developmental capacity to overcome such experience (Gunnar & Quevedo, 2007). Following adoption, the complex and often damaging pre-adoption experiences of a child can provide a challenge for the parents as they set out to meet the child's unique needs (Gunnar & Quevedo, 2007).

1.3.2 The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption

When discussing intercountry adoption it is important to consider the processes involved and the effects that these may have on the children available for adoption and the families able to adopt.

Associated with the intercountry adoptions in the 1980s were serious, complex human and legal problems involving exploitation, trafficking, selling and the abduction of children. As a result, The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption (The Hague Convention), an international legal instrument to monitor the process, was developed (Hague Intercountry Adoption Convention, 2008). The main focus of the Convention was to ensure that the fundamental rights and best interests of the child were met during the intercountry adoption process (Mapp, 2011).

The Hague Convention sets a number of tenets in order to ensure that the child's rights are met and the most appropriate placement is provided for the child. The Convention identifies family to be of primary importance, and states that if the child cannot be raised by their birth family or have permanent care in their country of origin then intercountry adoption should be considered, if it is in the best interests of the child (Hague Intercountry Adoption Convention, 2008).

The Convention established uniform procedures between countries, including legally binding standards and safeguards; a system of supervision to ensure that these

were observed; and ensured channels of communication between authorities in countries of origin and countries of destination for children being adopted (Hague Intercountry Adoption Convention, 2008). The Convention states that each country must have a central authority that overseas and manages all adoptions to ensure that the tenets of the Convention are met within that country (Miller, 2005). There are different requirements that must be met depending on whether the country is the origin or final destination of the adoption (Mapp, 2011). For the sending country this can include ensuring the child is indeed orphaned and unable to be cared for in a domestic placement. For the receiving country, the central authority must ensure that prospective adoptive parents are able to care for a child and have undergone the required assessments and training before receiving a child (Mapp, 2011). The Convention outlines the role and the relationship of the adoption departments with the adoptive families.

1.3.3 Age of adoption as a mediating factor

Age of adoption and the effect of this on a child's later development is an issue that is regularly discussed in the intercountry adoption literature. Although there are results that suggest that age of adoption has no effect on outcomes, there are other studies that state that adopted children do better when they are adopted at younger ages. A meta-analysis on language outcomes in intercountry adopted children found improved outcomes when children were adopted before the age of 1 year (Scott et al., 2011). The effects of the institutional setting are likely to be limited when the child is adopted at a younger age and therefore, the risks to their language development reduced (Krakow, Tao, & Roberts, 2005). Others have also reported that age at adoption is correlated with difficulties with language, attention regulation, executive function and sensory processing with younger children adopted before 24 months having significantly better outcomes at age 4 to 5 years (Jacobs, Miller, & Tirella, 2010). The eligibility criteria meant that children were adopted from a range of countries into the U.S. and therefore the results were not specific to the development of children from a particular country (Jacobs et al., 2010). The amount of recovery following removal from the institutional or neglectful environments has been reported to be inversely proportional to age at the time of the adoption or

change in placement (Perry, 2002). Therefore the younger the child upon adoption, the greater their recovery (Perry, 2002) as these early experiences are critical in laying the foundations for later positive development (Fox, Almas, Degnan, Nelson, & Zeanah, 2011).

There are a number of studies that provide evidence of the difficulties associated with adopting children at older ages. The amount of time spent in institutional care correlated with the severity of growth failure in a group of 65 Romanian children assessed in two adoption clinics in the U.S. between 1990 and 1991 (Johnson et al., 1992). An American study of 164 intercountry adopted children between the ages of 7 and 11 years looked at retrospective data and showed that longer and more severe deprivation was associated with children presenting with more growth delays upon adoption (Kertes, Gunnar, Madsen, & Long, 2008). Another study of 127 children adopted from Romania into the UK compared the development of intercountry adopted children with 49 children adopted from within the UK. The study found that at age 11, the intercountry adopted children who were adopted after 6 months had IQ scores approximately one standard deviation below what was expected (Beckett et al., 2007). The authors reported that a period of up to six months was enough to affect the child's development and that there was no further increased effect if children experienced between 6 and 42 months of institutional care (Beckett et al., 2007). Retrospective data collected from the clinical notes for 103 children adopted from Guatemala into America, reported children who were adopted before the age of 2 years had an inverse correlation between their age and their scores for cognition, language and activities of daily living (Miller, Chan, Comfort, & Tirella, 2005). These results suggest these abilities became more delayed the longer the children had to wait for a new placement (Miller et al., 2005).

Speech and language development has been identified as a particular feature that is at risk if the child experiences lengthy time in the institutional setting (Pollock & Price, 2005). Specifically, expressive language has been reported to be the language measure that is most affected by the amount of time spent in the institution (Cohen, Lojkasek, Yaghoub Zadeh, Pugliese, & Kiefer, 2008). A follow up of adolescents adopted around the age of 4 years found 62% of the participants continued to display difficulties with speech, language and learning (Beverly,

McGuinness, & Blanton, 2008). The authors reported the damage that took place in the first few years of life was too much to overcome despite adoption into the home environment and speech language intervention (Beverly et al., 2008). Scott and colleagues (2008) assessed 24 intercountry adopted children between the age of 7;0 and 8;8 and reported that age of adoption was negatively correlated with both oral language and written language skills. These results suggested age of adoption has long term consequences for the communication skills of intercountry adopted children. However, Glennen's (2009) results contradict this as she states older children may have better developed abilities in their first language which may facilitate a faster development of their second language.

It is therefore important that age of adoption considers both the child's time in the institutional setting and the time spent in their new environment as these two factors are intertwined (O'Connor et al., 2000; Scott & Roberts, 2007). If adopted at a younger age, the child then has a greater amount of time in their adoptive home and has more time to recover. This is particularly important when reflecting on the child's language development and the amount of exposure the child had to their first and second first language (Roberts, Pollock, Krakow, et al., 2005). Older adoptees may have more difficulty with the language transition as they must acquire greater language proficiency in order to be considered age appropriate in their new language (Glennen, 2009). In a study of children adopted between the ages of 2 years, 7 months and 5 years, 1 month from China, the parents' concerns about their child's language development did not relate to the child's rate of language acquisition but rather how their child compared to native born speakers (Geren, Snedeker, & Ax, 2005). This can be a concern for parents who adopt older children and compare them to their peers as the children have less time to catch up and more to learn before commencing school.

These studies have all investigated the effects of age at adoption on the child's abilities. However, despite a great deal of research into the effect of age at adoption, there is no consensus regarding the degree of impact of this on a child's development (Beverly et al., 2008). A re-assessment of children aged 56.5 to 72.0 months who were previously adopted from China into French speaking families found no significant correlation between nonverbal IQ scores and age at adoption or

any of the language scores (Gauthier & Genesee, 2011). Rather than age at adoption, it may be that quality of care has the greatest effect on the child's post adoption development. A meta-analysis supported these findings reporting that age of adoption did not relate to the child having behaviour problems (Juffer & van IJzendoorn, 2005). Rather than age of adoption, intercountry adopted children who had experienced extreme adversity were more at risk of developing behaviour problems (Juffer & van IJzendoorn, 2005). A study of adult adoptees in Sweden found results of the participants' intelligence tests could be attributed to the quality of care before adoption rather than the child's age at adoption (Odenstad et al., 2008). Dalen (2002) also reported that age of adoption was not important in explaining the adopted children's variations in school performance in Norway. A follow up study of intercountry adopted children aged 9 to 13 years adopted from the former Soviet Union into the U.S. reported that age of adoption did not explain differences in language outcomes and that the presence of ADHD was more related to gender differences (Beverly et al., 2008). Gunnar and Quevedo (2007) state children who are adopted at an older age are not necessarily at an increased risk for developmental difficulties. Although older children may have experienced greater amounts of possible neglect, abuse or disrupted attachment, as these mixed results show, caution must be taken when making predictions about the child's ability to recover following adoption from an institution and cannot be based on the child's age at adoption (Gunnar & Quevedo, 2007).

These results demonstrate there are varied findings with regards to the effects of age at adoption on the child. Rather than the child's actual age it may be useful to consider the following features as identified by Odenstad et al. (2008). An older age at adoption means the child has a reduced opportunity to develop a strong attachment with the caregiver. There is also a greater need to overcome and compensate for poor experiences early in life. Children adopted at older ages have also had more experience of pre-adoption adversity than children adopted during the younger years. Therefore, it may be the child's length of exposure to these experiences as well as the types of experiences (e.g. quality of care) that they endure that should be considered rather than the child's actual chronological age at the time of adoption (Odenstad et al., 2008).

1.3.4 Description of institutional care settings and caregiver interactions

Goldfarb's (1945) work was particularly influential in the early stages of the body of research that has investigated the institutional care setting and the outcomes for children who experience this type of care. A recent review of literature on institutional care published since 1940, found that institutional care, regardless of the country or the quality of care provided, failed to support children and was in fact damaging to their development (Johnson et al., 2006). This highlights the damage that this type of care can have on a child's development.

There are a number of reasons why an institution can be detrimental to a child's development. Orphanages often do not have the funding or staff required to care for the children and therefore are unable to focus beyond meeting the child's minimum daily needs (Taneja, Aggarwal, Beri, & Puliyel, 2005). A combination of being typically overcrowded and understaffed means that staff have to do the best with the resources that are available (Pollock, 2007). The orphanage environment can be devoid of emotion, quiet and involve little personal interaction or engagement (Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005). Children may face emotional and physical neglect, environmental deprivation and limited opportunities for language and cognitive stimulation, poor health care, and inconsistency of caregivers who may have little or no training (Jacobs et al., 2010; Messe, 2005). Due to limited funding, the orphanage may lack stimulating materials (Morison & Ellwood, 2000). Often care giving is performed in a very rigid manner and little social interaction or talking with the child takes place (Groark et al., 2005; Johnson et al., 2006). Caregivers in institutions are often untrained and low paid and the position is of low status. These factors result in both difficulty hiring caregivers and a frequent turnover in workers impacting on the continuity of care (Groark et al., 2005; Johnson & Dole, 1999; Narad & Mason, 2004). The children may experience physical and sexual abuse as well as the use of strong medications to control behaviour (Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998). Meal times are focused on survival and are not viewed as a time for socialisation (Narad & Mason, 2004). Parents who viewed mealtimes in institutions reported that bottles are often propped up in cribs or children are left to feed

themselves (Ladage, 2009), which is likely to be a result of the number of children and carers present. The amount and type of food served is affected by the limited funding available (Johnson & Dole, 1999; Narad & Mason, 2004), and infants with low birth weight or specific nutritional needs will not have their individual needs met (Johnson et al., 2010). Even if the child's physical and medical needs are adequately met, the institution is not an environment that facilitates language development (Pollock, 2007), nor are there educational opportunities for the children (Olness, 2003).

Intercountry adopted children are often exposed to a number of different caregivers in their early years of life. The child may initially spend some time with their birth parents and family. Once in the institution they may receive care from a number of different caregivers. Some children may also spend some time in a foster care setting prior to the adoption. The adoption then involves transfer of the child to their new permanent adoptive parents. All of these experiences result in the child receiving care from a large number of individuals and means the child must continually adapt to a new caregiving style and environment. Each of these changes involves the child experiencing feelings of separation and loss while they are young (Hwa-Froelich et al., 2006).

Further, a child's development is often compromised before they enter into an institution. They have often experienced perinatal complications including low birth weight, prematurity, no prenatal care, prenatal exposure to toxins and the consequences of poverty. They may have been abandoned due to social and financial difficulties, serious illness of parents, inappropriate living conditions or health complications and life expectancy of the child (Groark et al., 2005; Jacobs et al., 2010; Ladage, 2009; Miller, 2005).

Despite variations in institutional care settings both between countries and within countries, there are many typical characteristics of these settings including poor caregiver to child ratios, highly structured routines, limited stimulation and regimented caregiving that result in poor care (Albers, Johnson, Hostetter, Iverson, & Miller, 1997; Gunnar, Bruce, & Grotevant, 2000; Johnson, 2000; Mason & Narad, 2005; Miller & Hendrie, 2000; Morison & Ellwood, 2000; Nelson et al., 2007; Zeanah et al., 2003). If a child experiences these factors in their early years of life,

then there can be detrimental changes to their neurological system which may result in delayed or impaired development (Mustard, 2006).

The effects of care in institutional settings on a child's emotional, behavioural and cognitive development have been identified and widely reported (Dobrova-Krol et al., 2008; Johnson et al., 2006). Specifically, children reared in institutional care and then later adopted face a greater risk for delayed physical growth, infectious diseases and developmental issues (Albers et al., 1997; Gunnar et al., 2000; Johnson & Dole, 1999; McGuinness et al., 2000; Miller, 2005). In a review of thirteen studies addressing the cognition of children in institutional care, all but one identified poor cognitive development in children raised in institutional care (Johnson et al., 2006). The main factor affecting the child's development was their lack of attachment to a sole mother figure during infancy while in an institutional care setting (Johnson et al., 2006). This finding led to a decline in the use of institutional care in the developed world; however, institutional care remains the main form of care for children who are orphaned in other countries (Dobrova-Krol et al., 2008; Johnson et al., 2006). Although institutional care settings are used, they are an environment that fails to mirror the quality and type of care that would be provided in a family home environment for a child in their first years of life (Gunnar & Quevedo, 2007).

Despite these complications, adoptive parents are often unaware of the child's health and developmental history as they may be provided with inaccurate medical information (Glennen, 2007c). In a survey of 240 families who adopted children from China, 17% of parents had no information about their child prior to the adoption and only 33% of parents who received information about their child said the information was correct (Rettig & McCarthy-Rettig, 2006). If the child has been abandoned then their early medical history can be unknown (McGuinness et al., 2000). Medical information recorded in institutions in China, although available, is often minimal, inaccurate and not current (Miller & Hendrie, 2000). Frequently, the medical report is completed so that the child has "normal" scores within each domain, however, this does not correspond correctly with the children's actual health status (Miller & Hendrie, 2000). There is also little possibility of obtaining accurate information or contacting the birth parents due to the records being incomplete or completed with false information (Levy-Shiff, Zoran & Shulman, 1997).

1.3.5 Effects of institutionalised care and intercountry adoption on a child's general development

McGuinness and colleagues (2000) identified five potential consequences for infants residing in institutional care settings. These include a) increased morbidity from infectious diseases, b) growth and nutritional delays, c) cognitive impairments, d) socioaffective difficulties and e) physical and sexual abuse (McGuinness et al., 2000). The general developmental delays that often result as a result of institutional care are likely due to the limited interactions with engaging caregivers, poor health care and nutrition and limited stimulation the children experience (Hwa-Froelich & Matsuo, 2008).

Research on young children adopted from Romanian orphanages found that psychological deprivation and institutional care can have a direct, physical effect on brain growth. The same study reported a major effect on head growth and a significant association with lower IQ for children who had been institutionalised for less than six months with poor nutrition (Sonuga-Barke et al., 2008). Others have reported on the effects of institutionalisation in the first year of a child's life stating there is a greater lasting impact on physical growth than the child's cognitive development (Cohen et al., 2008). The production of endogenous growth factors are likely to be affected by the institutional setting affecting the child's growth (Johnson et al., 2010).

In a study where the researchers reported on the results of 56 post adoption assessments for children adopted from Eastern Europe at a clinic in the U.S., they found that most children had developmental delay in at least one area. Fine motor delay was the most common diagnosis and affected 82% of the children, 70% had gross motor delay, 59% had language delay and 53% had delayed social and emotional skills (Albers et al., 1997). None of these adopted children had been vaccinated according to the World Health Organisation's recommendations at the time (Albers et al., 1997).

As institutional care has been found to affect early neurological development it can impact upon critical periods. This means the child's development can continue to be affected even when they are removed from the institution (Groark et al., 2005;

Jacobs et al., 2010; Jaffee, 2007; van der Vegt, van der Ende, Ferdinand, Verhulst, & Tiemeier, 2009). For example, Locke's (1997) critical periods for later speech and language development success. Children raised in institutions can experience chronic toxic stress and this can cause permanent neurobiological changes (Gunnar & Quevedo, 2007; National Scientific Council on the Developing Child, 2007; Shonkoff et al., 2009). Toxic stress can have a permanent impact on hormone levels which impede the developing brain and result in permanent changes to these hormone levels (National Scientific Council on the Developing Child, 2007). It is important to note that stress reactions can change when a child is moved to a more nurturing home environment with consistent caregivers (Gunnar & Quevedo, 2007; Jaffee, 2007). However, certain structural change, such as traumatic brain injury, may be irreversible even when the environment improves (Jaffee, 2007).

The neurological and developmental consequences of institutional care have included impaired speech and language development, motor development, sensory processing and integration and attachment abilities (Beverly et al., 2008; Messe, 2005). The children may be more at risk for hearing and vision difficulties (Johnson et al., 2010). Children reared in institutions have demonstrated psychiatric conditions, elevated stress hormone levels, impaired cognition and difficulty with attention and activity levels post adoption (Beverly et al., 2008; Groark et al., 2005; Messe, 2005; van der Vegt et al., 2009). A review of 13 studies of cognitive development in intercountry adopted children found all but one reported detrimental effects of institutional care on cognition (Johnson et al., 2006). Intercountry adopted children demonstrate higher rates of behavioural difficulties and are overrepresented in the mental health setting (Groark et al., 2005).

The effects of institutional care on a child's development can be observed when the development of children reared in institutions is compared with those who resided in foster care. In a study of 103 children from Guatemala, children adopted from foster care settings had significantly better cognitive scores than those adopted from orphanages at the time of adoption (Miller et al., 2005). However, Juffer and Van IJzendoom (2005) surprisingly found that intercountry adopted children had better behavioural and mental health outcomes than children who were adopted

domestically in the Netherlands. They reported this may be due to a greater openness and communication about the adoption in intercountry adoptive families.

1.3.6 Effects of institutionalised care and intercountry adoption on speech and language development

Institutionalisation can affect a child's general development and more specifically, their speech and language development. The relationship between institutional care, intercountry adoption and speech and language development is complicated (Beverly et al., 2008; Ladage, 2009; Messe, 2005). The age of adoption, length of time in the orphanage, quality of interaction in the institutional setting and the length of exposure to their first and second language have all been shown to impact on the child's speech and language development (Glennen, 2008; Roberts, Pollock, Krakow, et al., 2005). Although children may be developmentally delayed in multiple areas, communication and language may be the most affected due to the switch in language and the lack of language and social stimulation available in the orphanage environment (Dalen, 2002; Hwa-Froelich & Matsuo, 2008). Potential social, emotional and behavioural difficulties of intercountry adopted children may further compromise their language development and increase the risk for language delay or disorder (Ladage, 2009). For most intercountry adopted children, the adoption takes place between the ages of 1 to 4 years when critical language development processes are taking place (Meacham, 2006) and are affected by a lack of language input in the institution and then disrupted language acquisition due to the abrupt shift to a new language (Hwa-Froelich, 2009). The normal curve for potential language development shifts downwards due to the deprivation experienced by the children in the institutional setting during these sensitive phases (Locke, 1997) therefore resulting in a higher proportion of children experiencing language difficulties (Glennen, 2007a).

Often intercountry adopted children have experienced a full year of exposure to their first language (Messe, 2005; Roberts, Pollock, Krakow, et al., 2005). Following their adoption, children who are adopted from overseas typically develop a second first language in order to communicate with their new adoptive family (Hwa-Froelich & Matsuo, 2008; Roberts, Pollock, Krakow, et al., 2005). They may

be termed circumstantial language learners as it is their circumstances that require them to learn a new language in order to survive and function in their new environment (Gindis, 2004). Many intercountry adoptive parents do not have the ability or resource to continue the first language post adoption (Hwa-Froelich et al., 2006). This is often an abrupt switch in languages (Hwa-Froelich & Matsuo, 2008) and loss of the first language is often accelerated due to poor abilities in the first language and no or very limited motivation, opportunity and support to use the language in their new environment (Gindis, 2004, 2005). The loss of the child's first language and replacement by a second has been termed "subtractive bilingualism" or "language arrest" (Roberts, Pollock, Krakow, et al., 2005). This term acknowledges the interruption and abandonment of the first language in order to learn the new one (Scott et al., 2008). In most cases, loss of the first language is total. Functional MRI studies of adults adopted as children demonstrate they no longer recognise or understand their first language (Pallier et al., 2003). The second language they acquire has been termed their "second first language" (Beverly et al., 2008). The second language is learnt to allow for a common form of communication between the adopted child and family thus supporting and facilitating attachment and a sense of belonging (Dalen, 2002). Due to this unique developmental process, intercountry adopted children have different developmental milestones to bilingual children (Hwa-Froelich & Matsuo, 2008) and an increased risk for language learning complications (Meacham, 2006). During the child's transition between their first language and their second first language, neither language is a valid indicator of the child's language abilities (Glennen, 2007b).

There are differing opinions on the effects of the first language on the second, with some stating that acquisition of the second first language is neither inhibited nor supported by their first language as often the children are not fluent in their first language when they are adopted and do not have ongoing support in their first language (Beverly et al., 2008; Messe, 2005; Snedeker, Geren, & Shafto, 2007). Other researchers state that the acquisition of the new or second language will be affected by the child's previous language experiences and their resulting stored linguistic knowledge (Flynn, Foley, & Vinnitskaya, 2004). Glennen (2002) stated that cross-linguistic transfer and interference can occur despite the children having

only early developing skills in their first language or the first language not being maintained. Due to these different findings, speech pathologists, professionals and parents can have concerns about the development of the second first language and the effects of the first language on this process (Roberts, Pollock, & Krakow, 2005).

There have been varied reports of the speech and language outcomes of intercountry adopted children (Glennen, 2007b). Some studies have found that there is little evidence for interference or influence of the first language on the development of the second when the children are adopted as infants or toddlers (Pollock & Price, 2005). There are also few occurrences of phonological/articulation difficulties and disorders amongst intercountry adopted children (Pollock, 2007). These positive outcomes are met with conflicting findings such as those found by a recent meta-analysis of the language outcomes of children adopted from overseas. The findings showed that as a group there was great variability amongst the adopted children's resulting language skills and that overall these children were more likely to have poorer language outcomes than their comparison peers (Scott et al., 2011). A comparison between age matched peers residing in Romanian orphanages and Romanian children living with their birth families reported substantially poorer language abilities for the institutionalised group (Windsor et al., 2007). Despite these children not being adopted internationally, this study highlights the impact that institutional care can on have a child's language development as the comparison children were from the same country and macrosystem and were developing the same language. One study of children adopted from Eastern Europe into the U.S., reported a high rate of children requiring speech pathology intervention, from 35-50%, however, it is unknown if these children were accurately diagnosed as requiring intervention (Glennen, 2007b). If children are adopted at older ages then they will have more language to acquire in order to be age appropriate and therefore are likely to be more delayed in their English development than children who are adopted in infancy (Krakow et al., 2005). Either way, the unique and complex language learning experiences of intercountry adopted make it difficult to determine which children are having true difficulties acquiring English and which children simply require more time to make the adjustment (Hwa-Froelich & Matsuo, 2010).

Generally, those adopted before the age of 24 months will develop English language comprehension, production and articulation abilities that are within the normal range after one year in their new home (Glennen, 2008). While children who are adopted at 24 months fall within the normal range for tests of English comprehension and expression within a year, children adopted at 3 or 4 years of age score within the normal range for English comprehension after a year but take more time to develop expressive skills (Glennen, 2008).

Studies conducted on children adopted at different ages and from different countries generally support the developmental expectations reported above. One study of children adopted from China around the age of 13 months found they made significant gains in their first six months post adoption with receptive language skills similar to their Canadian peers (Cohen et al., 2008). Another study of pre-school aged children who were adopted from China as infants and toddlers found they did well on English standardised language tests when assessed between the ages of 3 to 6 years (Roberts, Pollock, Krakow, et al., 2005).

Children may experience rapid language acquisition following adoption, however, the child's speed of learning and proficiency with conversational English does not guarantee later success at school (Messe, 2005). The child's early oral communication skills must develop further so that they have the high level oral and literate language skills required for the academic demands of the classroom (Messe, 2005; Scott & Roberts, 2007; Scott et al., 2008). Boudreau (2005) highlighted the links between early language difficulties and later literacy, reading and writing difficulties. Follow up of the intercountry adopted children in Beverly and colleagues' (2008) study, involved assessment of the children between the ages of 9 to 13 years and reported that the children continued to display difficulties with speech, language and learning in the later school years. As schooling begins prior to the child developing language proficiency (Glennen, 2009), the children's academic development is vulnerable (Glennen, 2007c). It is essential that children develop adequate decontextualized language skills in order to perform well at school (Dalen, 2002). Significant English language delays two years post adoption warrant concern and should be assessed and treated as speech or language disorders (Glennen, 2008).

An intercountry adopted child's development is complicated and therefore parents and professionals may overlook language and cognitive difficulties. They may attribute these difficulties to the child's learning of a new language without recognising the child's impairment (Messe, 2005). As there is a lack of information on typical and atypical development in this population (Glennen, 2007b), it may be more difficult to distinguish language disorder from language difference in intercountry adopted children. It is also possible that the adoptive parents' attention may be focused on areas they believe are a greater priority for the child in their current condition, for example social and behavioural issues. It is possible that speech and language development may not be one of these prominent concerns and therefore may not be being addressed directly by the adoptive parents, as is the case with children in out of home care (Hawley & Gunner, 2000). The child's speech and language difficulties may be seen as a part of the child's overall difficulties rather than as an individual issue that needs to be addressed.

1.3.7 Differences in country of origin for the children

It is difficult to compare the experiences and development of adopted children across countries as the initial reasons for their institutionalisation, the care they received, the age at which they were adopted at and the effects of the environment will all differ between children as well as between countries (Scott & Roberts, 2007). For example, children adopted from China or Korea may not experience the same risk factors as those adopted from the former Soviet Union (Beverly et al., 2008). Differences can also exist within countries and at different point in time (Scott et al., 2008). One thing that is common across all countries, however, is that the institutional setting does not provide the child with an optimal environment for their first years (Glennen, 2002). The various pre-adoption conditions, as well as the adoption procedure and the types of children that are available for adoption within each country can have long term effects on the development and later success of the intercountry adopted child (Dalen, 2002). As Australia has adoption agreements with a number of countries it is likely that the children who are adopted will vary based on their early experiences prior to adoption. Interestingly, a study of intercountry adoptive parents' expectations found

parents expected fewer issues when they adopted from Korea or Latin America than parents who adopted from Eastern Europe, China or other countries (Welsh, Viana, Petrill, & Mathias, 2008).

Differences have been reported for children adopted from different countries. In one study, children from Sri Lanka were found to have more complications than children from Korea or Colombia while adopted boys were at higher risk than girls for problem behaviours (Juffer, Stams, & van IJzendoorn, 2004). A literature review by Hwa-Froelich (2007) highlighted equivalent if not faster vocabulary development for children adopted from China when compared to children adopted from Eastern Europe, however the reasons for the differences in rate were unknown. When compared for school performance, Dalen (2002) found that children adopted from Korea did better than children from Colombia and that children adopted from Korea and Colombia both presented with more hyperactive behaviour than children born locally within Norway. Children adopted from China have been reported to be healthier and to respond better to an enriched environment than other children adopted from international care facilities (Cohen et al., 2008). There are more girls than boys available for adoption due to the cultural preferences for boys and the one child policy in China (Hesketh, Lu, & Xing, 2005). This cultural preference means that these girls can come from a range of socio-economic backgrounds, unlike countries where children are orphaned due to poverty, war or disability (Beverly et al., 2008; Cohen et al., 2008; Hwa-Froelich & Matsuo, 2008). It is also possible that only those children who are perceived to be developing well are made available for adoption from China (Cohen et al., 2008). There is a less positive picture for children adopted from Romania who have been reported to be a population that is at particular risk (Johnson et al., 1992). Earlier research on a sample of 65 children adopted from Romanian reported that only 15% (n=10) of the children were considered to be healthy and developmentally normal (Johnson et al., 1992). These various studies' findings demonstrate the wide range of outcomes for children adopted from overseas from different countries and at different points in time.

1.3.8 The English and Romanian Adoptee study and The Bucharest Early Intervention Project

There are two significant research teams that have had a long term commitment to investigating the effects of institutional care on intercountry adopted children. The first is The Bucharest Early Intervention Project (BEIP) (Zeanah et al., 2003) and the second, The English and Romanian Adoptee (ERA) study (O'Connor et al., 2000). An understanding and appreciation of these projects is essential as a significant amount of the research into this field is built upon the findings and work of these two teams.

The BEIP was the first randomised controlled study that investigated and compared the foster care setting with the institutional setting in Bucharest, Romania (Johnson et al., 2010). The study was interested in testing the effects of improved caregiving on physical growth and investigating the relationship between growth and cognitive development (Johnson et al., 2010). It also provides a comparison of the developmental outcomes of children who had been reared in an institutional setting with children who had been placed in foster care in Bucharest (Scott et al., 2011). One of the primary features of the study was addressing methodological limitations and selection bias present in other research (e.g. studies with a biased sample where only the healthier children were adopted) by randomly assigning children to two groups, foster care and continued institutional care (Nelson et al., 2007). By randomising the children to the two groups, later differences in the children could be attributed to the type of care they received rather than selection bias. The study also incorporated a third group of biological children living with their birth families in Bucharest to allow for further comparisons (Nelson et al., 2007).

There were 56 foster families in the project. The mothers ranged from 30 to 66 years, had at least high school education and 46% were single parents (Nelson et al., 2007). Although participants were initially split into the two groups, as foster placements became available children in the institutional group were moved into alternate care as the study had an "intent to treat" protocol (Windsor et al., 2011). Therefore a child's original group assignment may have changed as the study progressed.

A number of findings have been reported from the project. One such finding was that age of entry into foster care is fundamental in altering the child's later cognitive development. The team found that the younger the child when moved from the institution, the better their later outcomes (Nelson et al., 2007). The project has produced findings that demonstrate the possible effects of institutional care on the development of the neural structures involved in processing emotion, resulting in difficulties processing facial expressions (Parker, Nelson, & The Bucharest Early Intervention Project Care Group, 2005). They also found that age at placement affected language outcomes, with children placed before 24 months showing improved language abilities while those who were placed after this age presented with severe language delays equal to those who remained in institutional care (Windsor et al., 2011). The team reported on caregiving interactions and found they were both related to, and significant predictors for growth catch-ups in both height and weight (Johnson et al., 2010). Particular concern was reported for infants with low birth weight as they had an increased risk for growth and cognitive development (Johnson et al., 2010). Further studies into the sensitive period for a child's growth recovery reported the time frame to be less than 12 months (Johnson et al., 2010). Follow up of the children eight years later continued to highlight the importance of early intervention and the damaging effects of institutional care on cognitive development (Fox et al., 2011). Comparisons between the three groups of children found those children reared in the institutions had poorer intellectual abilities than those raised in their families while those children who moved into foster care settings experienced gains in their cognitive abilities if placed while they were young (Nelson et al., 2007). Scores for attachment, language and positivity in the caregiver relationship for children in the foster care group were significant predictors for IQ highlighting the importance of the quality of the environment for the children moved from the institution (Fox et al., 2011). Results such as these highlight the importance of the family home environment and the benefits of a foster care setting over institutional care.

The BEIP project has reported findings over a number of years and has documented the effects of institutional care on development, the effects and changes associated with placement in a foster care setting on development, and has assisted

the Romanian government in developing an alternative form of care to the institutional setting (Zeanah et al., 2003). It is a project that demonstrates how research can influence and change practices and thus the importance of the research process.

The second major study group, the ERA, allowed for a 'natural experiment' of children who experienced severe global deprivation and were then adopted into the UK with a group of children who were adopted locally within the same country (O'Connor et al., 2000). The Romanian sample consisted of 324 children who were legally adopted into the UK between February 1990 and September 1992 (O'Connor et al., 2000). There was also an additional group of children adopted between the ages of 24 and 42 months who joined the study for the 6 years assessment (O'Connor et al., 2000). The UK Sample that provided the comparisons consisted of 52 children adopted within the country between the ages of 0 and 6 years (O'Connor et al., 2000). The care settings in Romania were described as "poor to appalling" and typical of the descriptions provided in other research studies of institutional care facilities (Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998). The children were described as the most deprived groups of children studied with over half presenting with severely low weight and developmental scores in the retarded range upon entry into the UK (Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998).

The earlier studies found that children who experienced greater lengths of deprivation had poorer cognitive abilities, however those who were adopted before 24 months had cognitive scores within the normal range by the age of 4 years (Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998). Follow up studies by the team supported this finding suggesting that duration of deprivation was the primary causal factor for explaining cognitive and developmental deficits (O'Connor et al., 2000). A positive finding was the degree of catch up that some children demonstrated at both initial assessment and follow up assessments despite extensive deprivation early in life (O'Connor et al., 2000). Difficulties persisted for some children, however by 6 years and after being cared for in a family environment, normal social and cognitive abilities were evident (Rutter, O'Connor, & The English and Romanian Adoptees (ERA) Study Team, 2004).

A follow up of 141 children found they presented with disinhibited attachment and distinct behavioural patterns that persisted from assessment at age 6 to the follow up at 11 years (Rutter et al., 2007). Assessments at 6 years and 11 years also found evidence of deficits with both Theory of Mind and Executive Function that may have been related to the development of some deprivation-specific difficulties however the specific relationship between these factors was not identified (Colvert et al., 2008). A future direction that was identified in one study was the need to investigate and understand the interaction between cognitive, social and emotional development in the child's ability to function at school, both in terms of peer relationships and scholastic achievements, as well as their functioning within the family environment (O'Connor et al., 2000). This highlights the importance of looking beyond the child's actual abilities and instead focusing on how they relate to others and participate in their everyday lives.

These two innovative and significant projects have allowed for a number of follow up studies of the participant samples in order to monitor development over time. They have also allowed for comparisons between children reared in institutional care, foster care, birth families and adopted within their birth country in order to further the research into the effects of institutional care and intercountry adoption.

1.3.9 Characteristics of parents who adopt children from overseas

All parents hope for a child who is perfect, however many intercountry adoptive parents attend training and read literature prior to the adoption that highlights the possibility that their child may have health and developmental difficulties related to their adoption and may experience developmental delays and complications following the adoption (Matsuo, Pryor, & Sessions, 2006). While some adoptive parents can then carry these expectations into the adoption process, some parents may not be receptive to or accept the information that suggests their child may have special needs (Gunnar & Quevedo, 2007).

Many parents who apply for adoption do so due to infertility (Deacon, 1997; Juffer et al., 2004). One study asked intercountry adoptive parents what their motivation was for the adoption and 77% of the families (n=135) reported infertility

as the primary reason for applying to adopt a child. Sixty eight percent of the families (n=120) in the study did not have birth children. These couples who experience infertility often feel deprived or inadequate and therefore seek out intercountry adoption as a process of forming a family (Deacon, 1997). Interestingly, Levy-Shiff et al. (2006) reported intercountry adoptive fathers typically felt more deprived as a result of the infertility than fathers who had adopted locally. Other motivations for adoption can include humanitarian concerns (Welsh et al., 2008).

There are a number of characteristics that typically define parents who adopt a child from another country. These parents tend to be older, from a higher socioeconomic status and are highly educated (Barth & Miller, 2000; Gindis, 2005; Gunnar & Quevedo, 2007; Krakow & Roberts, 2003; Levy-Shiff et al., 2006; O'Connor et al., 2000; Roberts & Scott, 2009; Rutter et al., 2007). These characteristics are often present because parents must meet certain eligibility requirements set by the country of origin and the adoption agency in the parents' country (Pollock, 2007). Parents who adopt from overseas are typically monolingual English speakers and therefore most adopted children receive little support or exposure to their first language following adoption (Pollock, 2007).

These characteristics that define intercountry adoptive parents are beneficial for the adopted children as typically these parents are highly dedicated to their children, have greater opportunities to access available resources and are motivated to ensure that the best services are provided (Barth & Miller, 2000; Gindis, 2005; Juffer et al., 2004; Levy-Shiff et al., 2006; Pollock, 2007; Tan & Yang, 2005). These parents have made a conscious decision to adopt a child from another country and therefore this results in a very involved and motivated style of parenting (Rojewski et al., 2000). One study in the Netherlands reported opposing findings, suggesting that a higher socioeconomic status does not necessarily equate to better developmental opportunities, as it reported that adopted children living with families from a high socioeconomic status were more at risk for later psychiatric disorders than non-adopted children living in the same socioeconomic status. The authors believed these parents may have greater expectations on their children because of their socioeconomic status. There was no difference between adopted and non-adopted matched counterparts for those with a middle or low socioeconomic status (Tieman,

van der Ende, & Verhulst, 2005). The parents' educational background may mean that these parents have high expectations for their children despite their challenging background (Roberts & Scott, 2009). It is important that professionals are aware of this so that the parents' characteristics, resources and beliefs can be considered upon in the adoption and follow up process (Gunnar & Quevedo, 2007).

The adoption can be a stressful time and can result in many changes for the family. One study investigated parenting and found Israeli intercountry adoptive parents reported greater marital adjustment and more frequent communication following adoption than Israeli parents who adopted local children (Levy-Shiff et al., 1997). The same study found that intercountry adoptive parents reported having more cohesive and supportive relationships within their family unit following the adoption (Levy-Shiff et al., 1997). In another study, three out of 20 participants felt that the stress of the intercountry adoption had added strain to their marriage and resulted in a separation or divorce (Linville & Prouty Lyness, 2007). The burden of parenting as well as the parents' resilience to stress both influence the amount of stress experienced by the parents (Rijk et al., 2006). Despite this, many parents appear to be resilient to the stress involved with the adoption (Rijk et al., 2006) even though family stress has been documented as being quite high in this population (Miller et al., 2005).

Researchers in this area have observed that adoptive mothers are more likely to come from social and humanistic professional fields which may actually prepare them for caring for their adopted child (Krakow & Roberts, 2003). In a study by Krakow and Roberts (2003) it was noted that six out of the 15 American adoptive mothers were teachers or nurses. These professional backgrounds may have provided the adoptive mothers with skills and knowledge that would be useful when caring for a child who has been adopted and who may have unique needs because of their previous experiences.

It has been found that adoptive parents are often more aware of their children's needs than professionals (Messe, 2005). As they are highly motivated to care for their child and seek out the best services, they are often frustrated when professionals are unable to work with their children in an appropriate manner (Messe, 2005). For some parents this frustration has led to the mothers taking on the

extra task of home schooling their child. This was the case in one study that found that four out of 20 intercountry adoptive American mothers home schooled their child so that the child's unique learning needs could be met as the parents felt the child's unique learning needs were not being met in the school environment (Linville & Prouty Lyness, 2007). In another study of children adopted to Norway, it found that intercountry adoptive parents were significantly more likely to help their child with their homework than non-adoptive parents (Dalen, 2002). These studies further demonstrate adoptive parents' dedication to supporting their child's learning and willingness to be involved in their child's development.

Although there is a more typical profile for intercountry adoptive parents there is still a range of characteristics and experiences within the group that choose to adopt a child from overseas. Despite the challenging situations that many adoptive parents face, many display incredible dedication and motivation to the task of advocating for and supporting their adopted child's development (Miller et al., 2007).

1.3.10 Intercountry adoptive parents' expectations and concerns

Researchers investigating intercountry adoptions have successfully used parent interviews and questionnaires to gain qualitative data regarding adoptive parents' experiences of adoption, their children's health and their relationship with their child (Cohen et al., 2008; Linville & Prouty Lyness, 2007; Welsh et al., 2008). One study in the United States looked at the adoption preferences and expectations for 256 prospective intercountry adoption families. It was found that the majority of parents (63.6%) had a preference for adopting healthy infants (mean age of 1.5 years) and that those who adopted older children expected more serious issues (Welsh et al., 2008). Seventy percent were expecting the child to have mild communication difficulties and 80% expected mild developmental delays (Welsh et al., 2008). Few prospective parents expected these difficulties to have long term consequences (Welsh et al., 2008). Almost all parents had bright expectations for their children's futures, including the child fitting into their community, performing well at school, making friends and becoming an accepted member of the family and social circle (Welsh et al., 2008). Another study found that often the child's medical conditions

are the primary concern for adopting parents (Narad & Mason, 2004). Roberts, Pollock and Krakow (2005) reported parents are often concerned about how long it will take for their child to develop their second first language and are unsure of what rate to expect. Parents often have these concerns for their children's communication development as often the adopting family does not speak the child's first language (Hwa-Froelich, 2007). Narad and Mason (2004) concluded that adopting parents need to recognise and understand the impact of the child's earlier experiences and how these can impact on the child's development.

1.3.11 The post adoption home environment

Internationally adopted children demonstrate both the impact of early privation and the potential to improve with changes to their environment (Gunnar et al., 2000). Improvements to the child's environment in terms of the amount of cognitive stimulation and emotional support provided resulted in improved language abilities and behaviours for a sample of children involved in child welfare services (Jaffee, 2007). It has also been found that children adopted from institutions experienced dramatic development when adopted into more stimulating home environments (Engle et al., 2007; Jaffee, 2007). However, if a child has a severe physical or cognitive impairment, improvements to their environment may not reverse or remediate the effects of their earlier institutional care (Narad & Mason, 2004). Therefore, the post adoption home environment and the parents' caregiving abilities must support the adopted child's development and counteract their early life experiences and unique needs (Narad & Mason, 2004). Parents must develop specific and tailored parenting skills in order to help the child rebuild their emotional developmental foundations and to help them to develop behaviours that are appropriate for their new home environment (Narad & Mason, 2004).

As the institutional setting and the child's early experiences may not provide the child with the best start (Groark et al., 2005; Jacobs et al., 2010; Johnson et al., 2006; Messe, 2005), it is essential that adoptive parents facilitate and support the child's neurological development following their adoption (National Scientific Council on the Developing Child, 2007). Adoptive parents can provide a stable relationship, stimulating home environment and experiences that are conducive for

the child's development and ensure that the appropriate neural foundations are formed for later development (Bronfenbrenner & Ceci, 1994; National Scientific Council on the Developing Child, 2007).

When behavioural problems for intercountry adopted children have been identified, these have been related to the burdens experienced by the adoptive parents as well as their overall satisfaction with the adoption (Rijk et al., 2006). Interestingly adoptive parents reported higher perceived parental stress and burden than parents of birth children (Rijk et al., 2006). These characteristics may affect the post adoption home environment provided by intercountry adoptive parents. The adoptive parents play a crucial role in providing a home environment that promotes good adjustment and secure attachment while parenting with strategies that acknowledge the child's previous experiences (Roberson, 2006).

As children typically move into families with different cultural practices they may find it difficult to integrate into their new environment (Levy-Shiff et al., 1997). They are at some stage likely to become aware of the differences between them and their adopted parents and may wish to be more like them such as expressing to 'be white' as was the case for 46% of children aged 7 to 8 years who were adopted from Sri Lanka, South Korea and Colombia into Caucasian white families in the Netherlands (Juffer et al., 2004). Intercountry adopted children may be exposed to some levels of racism within their community due to the differences between their race or culture and those of their adoptive parents (Levy-Shiff et al., 1997).

While there may be a range of outcomes for intercountry adopted children, it appears that children respond well to a warm and loving home, improved nutrition and access to medical care (Johnson et al., 1992). It is therefore essential that the appropriate resources and a home environment that meets the needs of the children are available following adoption (Gunnar & Quevedo, 2007).

1.3.12 Post adoption variables that have an effect on speech and language development

Hwa-Froelich (2009) listed five factors that have an effect on the child's post adoption language, social and cognitive development. These included "1) disrupted language development, 2) disrupted attachment and relationship development, 3)

children's attention and activity levels, 4) age at adoption, and 5) post adoption maternal sensitivity" (p.36).

Adoption involves the children moving from the deprived institutional setting to a more enriched, stimulating and nurturing home environment with their new family (McGuinness & Pallansch, 2007). This change associated with the adoption opens the possibilities of increased learning and social interaction for the child that can then facilitate the child's development (Windsor et al., 2007). The amount and type of parent talk, quality of interaction between parent and child, parental education and level of income have all been associated with children's speech and language development, both in birth children and intercountry adopted children (Roberts, Pollock, Krakow, et al., 2005). Other strategies that specifically promote vocabulary development include joint attention, mapping new words to objects, contingent responsiveness and repetition (Vohr et al., 2010). For intercountry adopted children, parents must adjust their expectations as the child's development is likely to be delayed. Therefore, parents must be encouraged to meet the child's developmental needs rather than the needs associated with their chronological age (Narad & Mason, 2004). There are strategies that describe the recommended way that intercountry adoptive parents should interact with their child including providing a rich language environment, speaking at the child's eye level, providing consistent and appropriate responses to the child's interactions, allowing adequate pauses to aid comprehension and incorporating songs and games into the daily routine (Narad & Mason, 2004). Intercountry adoptive parents are also encouraged to make their home a supportive and nurturing environment for their child by spending significant time with their child and responding both promptly and empathetically to their child's needs (Rettig & McCarthy-Rettig, 2006). Sensitive communication between parent and child facilitates the development of a secure relationship, demonstrates appropriate communication to the child and provides the foundation for the child to develop their own language, academic and social abilities (Hwa-Froelich, 2009). As the first six months that follow the adoption are a significant time for adaption and growth for both the adopted child and the family (McGuinness et al., 2000), it is important that the home environment and caregiver interactions are adequate in

supporting the child's development and that appropriate support is in place for the parents too.

1.13.13 Speech and language assessment

Assessment of an intercountry adopted child's speech and language development is difficult as often the developmental milestones and assessments used with monolingual speakers are inappropriate for assessing the child's early development (Hwa-Froelich, 2007). An assessment of the child's English skills shortly after their arrival would not be suitable nor valid due to the limited exposure the child would have had to the language (Roberts, Pollock, Krakow, et al., 2005). Hwa-Froelich (2009) suggests that assessments should involve consideration of the available evidence, the child's age and the amount of time post-adoption the assessment is taking place.

Pollock (2007) provides suggestions for early speech assessments in the first few months home. Observational assessment at this stage should investigate quality of vocalisations, diversity of phonetic repertoire and whether words are present (Pollock, 2007; Pollock & Price, 2005). Periodic reassessments and observations can take place over the first year to monitor the rate and amount of change that takes place (Pollock & Price, 2005). There is an agreement amongst researchers that standardised assessments with English norms can be used two years post adoption, with caution, to determine if the child has developed age appropriate speech and language skills (Glennen, 2007c; Pollock & Price, 2005)

Glennen and Masters (2002) published norms for intercountry adopted children for the Rescorla Language Development Scale (Rescorla, 1989) and for Mean Length Utterance (MLU) (MLU was calculated according to Retherford, 1993). Hwa-Froelich (2007) stated that children aged 11 to 23 months and adopted within six months from China or Eastern Europe should score above a DQ of 47 for words comprehended on the MacArthur Communicative Development Inventories (MCDI) (Fenson et al., 1993) and above a total score of 80 for the Behaviour Sample on the Communication and Symbolic Behavioural Scales- Developmental Profile (Wetherby & Prizant, 2002). These examples demonstrate which assessments are appropriate to use with this population of children and the scores that would be

expected. Interestingly, a meta-analysis revealed children performed more poorly when they were assessed with a norm-referenced instruments instead of a survey-type instrument (Scott et al., 2011). This is an important consideration as the type of assessment as well as the person completing the assessment (professional versus parent) may impact on the child's scores and the identification of speech and language difficulties.

A meta-analysis of intercountry adopted children's language outcomes found there was no significant difference between adoptees and the comparison group at the toddler age. Analysis of the school-aged children and older found there was a significant likelihood that the adopted children would have poorer language abilities than their non-adopted peers with a moderate effect size (Scott et al., 2011). One study reported on French development in children adopted from China into French speaking families between the ages of 7 and 24 months. It found that on initial assessment, only expressive vocabulary was significantly below that of the control group however follow up of these children at a second assessment 12-18 months later found delays with both expressive and receptive language skills (Gauthier & Genesee, 2011). These results highlight the importance of monitoring an intercountry adopted child's speech and language development as an assessment of their abilities at a single time point may fail to provide the full story (Jacobs et al., 2010).

These studies show the use of different assessment tools and the issues that must be considered when assessing this population of children. They provide recommendations for assessment tools and expected scores for intercountry adopted children's speech and language abilities. The present study did not involve direct assessment of intercountry adopted children as there are studies that already address this need. Instead, the present study looked at intercountry adopted children's speech and language development according to parent report. It aimed to investigate the child's communication abilities within the child's wider context according to the WHO ICF model (2001) which investigates activity limitation and participation, personal factors and contextual factors associated with the individual. A more broad assessment of the child's communication abilities, the way their environment limits or encourages these abilities and the way that the child uses their language in their activities was the focus. It is important to see how speech and language is related to

these external factors beyond a focus on the child's abilities or difficulties as identified by standardised assessment.

1.3.14 Long term outcomes for intercountry adopted children as adolescents and adults

There are mixed results regarding the long term outcomes for intercountry adopted children. The following studies outline both the poor long term outcomes and the more positive long term outcomes available in the research literature.

1.3.14.1 Poor long term outcomes

A range of poor long term outcomes have been described in different studies of children adopted from overseas. A survey of 240 parents who adopted children around the age of 18 months from China between 1992 and 2001 reported sleeping difficulties (52%), eating problems (19%), difficulties interacting with others (16%), attachment difficulties (13%) and trouble with acceptance (9%) (Rettig & McCarthy-Rettig, 2006). The authors highlighted in their limitations that the small participant sample meant results should be generalised with caution as their participants represented only one percent of the total adoptions from China for that time period (Rettig & McCarthy-Rettig, 2006).

Direct assessment with standardised assessments and parent surveys on 37 children adopted around the age of 1 year from a range of countries into the U.S. reported difficulties with sensory processing (48%), attention (42%) and executive function (11%) once the children were preschool aged (Jacobs et al., 2010). The authors suggested that these difficulties could have long term consequences and result in an increased risk of problems in the later school years. The actual outcomes and development of these skills is unknown as the results only provided information about the children's abilities at a single point in time (Jacobs et al., 2010). When interpreting these grouped frequencies it is important to remember that children came from a range of countries including China, Russia, Guatemala, Kazakhstan, Ecuador, Haiti, Korea and Mongolia, however were all adopted at similar ages (Jacobs et al., 2010).

A UK study found attachment can be a particular concern for children who experience at least 6 months in an institutional setting (Rutter et al., 2007). Parental

surveys and direct assessments were used to compare children adopted from Romania into the UK with children adopted within the UK. The responses showed a strong association between disinhibited attachment and institutional care and highlighted the increased risk that these children could present with long term difficulties (Rutter et al., 2007).

A study of the prevalence of psychiatric disorders in 1,484 young adult intercountry adoptees living in the Netherlands made comparisons with 695 non-adopted comparison subjects (Tieman et al., 2005). After direct assessment using standardised psychiatric interviews, adopted participants were reported to be one and half to nearly four times as likely to present with mental health issues including anxiety, mood disorders and substance use, and had an increased risk for long term difficulties with mental health (Tieman et al., 2005). The authors reported that their results may be an under-representation of the actual rates of mental health issues in this population due to participant attrition and thus must be interpreted with caution (Tieman et al., 2005).

Language difficulties and associated cognitive or behavioural problems are also common. A follow up study of 24 children aged between 56.5 and 72 months who were previously adopted from China into French speaking families compared the language development of the adopted children with a matched control group (Gauthier & Genesee, 2011). Upon assessment, after being exposed to French for approximately four years, the adopted children scored more poorly than the control group for both expressive and receptive language skills with the receptive language scores falling significantly below the controls (Gauthier & Genesee, 2011). Interestingly there was a significant correlation between the children's language scores in their initial assessment and their follow up assessments suggesting that their difficulties persisted over time and that early warning signs were available (Gauthier & Genesee, 2011).

These language difficulties are reported to continue into the later years as demonstrated by the results of a follow up study of children adopted from the Soviet Union around the age of 4 years. At follow up between the ages of 9 to 13 years, 62% of the children presented with communication difficulties and 91% of those with communication disorders had co-morbid difficulties with learning, attention or

socio-emotional functioning (Beverly et al., 2008). Parent report in the form of surveys was used to collect the data and therefore results may be affected by inflated responses (Beverly et al., 2008). These results are similar to another study of children adopted from Eastern Europe where 54.5% of children had one or more diagnoses (Glennen & Bright, 2005). ADHD/ADD was reported for 25% of the children, 11.4% had speech and language impairment and 11.4% had a learning disability (Glennen & Bright, 2005). These results suggest that intercountry adopted children can have difficulties with pragmatic communication and higher level language skills (Glennen & Bright, 2005).

A meta-analysis of the language outcomes of intercountry adopted children found adopted children were more likely to score more poorly than comparison groups in their language abilities (Scott et al., 2011). It was also proposed that adopted children do not have the high level metalinguistic skills required to meet the increased language demands of the school years and therefore can fall behind their non-adopted peers over time (Scott et al., 2011).

Limitations in these studies' designs, the use of parent report and small sample sizes must be noted. These factors affect the strength of the results, however appear to be issues that are common amongst most studies in the field of intercountry adoption and development. Acknowledging these limitations, this research demonstrates that adversities experienced in the early years can have long term difficulties despite the child being removed from the situation and placed in a loving home environment (van der Vegt et al., 2009). Such long term issues are a concern for adoptive parents as the difficult task is being able to predict which children will experience significant complications post adoption (Gunnar & Quevedo, 2007).

1.3.14.2 Positive long term outcomes

Intercountry adopted children provide evidence of the effects of early institutional care but also evidence of striking neuroplasticity and improvement (Gunnar & Quevedo, 2007). There are studies that report post-institutionalised children have no difficulties when compared to age matched peers.

One study of 25 children aged 31 to 71 months who were adopted from Asia found no indication of delays for language, intelligence and social competence when

they were assessed at preschool age with standardised assessments (Clark & Hanisee, 1982). Another study by Tan and Yang (2005) of 18-35 month only girls adopted from China into America, reported that after 16 months adoptees had caught up and surpassed what would be expected for expressive language in age matched, native speaking peers. These findings were based on parent report using a number of questionnaires and standardised survey assessments. A study of 193 children adopted into Norway from Colombia and Korea reported no difference in day to day language, academic language abilities nor hyperactive behaviour between the adopted children and a non-adopted comparison group of 193 Norwegian born children (Dalen, 2002). Dalen (2002) stated that teachers may have shown some bias towards either the adopted children or control children and therefore their awareness of the child's grouping may have affected the data. Within many of the studies into intercountry adopted children's development, parent or teacher report is the form of data collection that is utilised and therefore this is a common methodological issue.

Other studies report intercountry adopted children's scores present with some variability however still fall within the normal range. These studies are useful to add to the discussion as they outline findings from direct assessment and not just parent report on their child's speech and language development.

Girls adopted from China into Canada between the ages of 8 and 21 months, despite showing variability in their development, are generally within the average range both physically and developmentally within six months of the adoption (Cohen et al., 2008). Longitudinal follow up of the children at 6,12 and 24 months post adoption showed the children to be performing at the same level as their age matched peers by the final assessment for all developmental measures expect expressive language on the standardised assessment (Cohen et al., 2008). The results of a case study of two children adopted from China involved detailed assessment over the months following adoption and reported that at 27 months, upon assessment with standardised measures, both children were within or above expected scores on all but one speech and language assessment (Pollock, Price, & Fulmer, 2003). Ninety four percent of the children aged 3 to 6 years who were adopted from China into the U.S., in the Roberts, Pollock, Krakow et al. (2005) study, were within or above the normal range for English abilities two years post adoption when assessed with a standardised

assessment battery. Twenty seven percent of the children performed more than two standard deviations above the mean on two language assessments suggesting exceptional catch up and development (Roberts, Pollock, Krakow, et al., 2005). Despite positive language development within or above the expected level at 4 to 5 years of age, attention regulation abilities, executive function and sensory processing abilities must also be assessed and considered in order to understand the child's school readiness (Jacobs et al., 2010). Twenty four school aged intercountry adopted children from China between the ages of 7.0 and 8.8 years had their oral and written language abilities assessed with standardised measures (Scott et al., 2008). The results showed promise for school aged language abilities in intercountry adopted children as the majority of children in this study had results in the average to above average range (Scott et al., 2008). However the authors cautioned these results being generalised as all of the participants were from China and were female which is not representative of global adoption trends (Scott et al., 2008).

This section has highlighted research that presents both poor and more positive long term outcomes for intercountry adopted children. It is also important to recognise the design of these studies when interpreting and reflecting on their results. For many of the studies, their authors have highlighted factors that must be considered such as a small sample size, the use of parent report and the caution in generalising the findings to the wider intercountry adoption population. However, these studies provide valuable insight into the adoption experiences of intercountry adopted children, their development post-adoption and the ways that this development can be monitored and assessed.

1.3.15 Intercountry adopted children and professional services

As there are both poor and more positive outcomes for intercountry adopted children it is important that all professional services are aware of these findings and are able to provide adequate services to these families. This relates to speech pathologists as well as to professionals in the health and education fields. The experiences of intercountry adopted children prior to adoption are unique and therefore the expectations for these children must be altered from what would be expected of a typically developing child in their birth family. The term "special

needs" children has been suggested as a temporary title in order to acknowledge the unique needs these children may have at the time of the adoption and the time that follows (Albers et al., 1997). It is important that professionals who work with these families are aware of their needs and have insight into how their earlier experiences may result in further learning difficulties (Dalen, 2002) or how emotional problems may impact on language development (Tan & Yang, 2005). Understanding the complexities of their development and what is typical for their speech and language development will allow professionals to determine which children require intervention for language delay (Glennen, 2009).

The difficulty with professional services and this population is determining when services are actually required. As there are greater developmental risks for intercountry adopted children, it is essential that parents and professional services are aware of this and that both preventative and therapeutic services are available to the adoptive family (Juffer & van IJzendoorn, 2005). Due to the increased risk that they face it is important that early intervention is provided rather than waiting for delays to be identified at later ages (Paul & Roth, 2011). Others confirm this suggesting that services be available for the child and the adoptive family immediately following the adoption (Rijk et al., 2006). As there is limited information about the typical developmental process for this population and who will recover, children are often referred for early intervention services without knowing if it is or is not required (Hwa-Froelich & Matsuo, 2010).

Speech and language intervention is a commonly referred to service for intercountry adopted children. Glennen and Masters (2002) asked 130 intercountry adoptive parents to complete questionnaires about their child's medical and developmental history. The results reported that for the 130 children, 54% (n=70) were assessed by a speech pathologist and 35% (n=45) received intervention by a speech pathologist. Interestingly, the group of children who were adopted between 19 and 24 months were the group that were most likely to be involved with speech pathology services (Glennen & Masters, 2002). This shows that more than half of the children had concerns that required attention, however, not all were substantial enough to require intervention. It is important to note that this study relied on parent report for recognition of speech pathology access and services. Another study

highlighted the importance of speech pathology services in school aged (6 to 9 years) intercountry adopted children. The follow up study of 46 children who were adopted from Eastern Europe between the ages of 2 and 3 years, reported that speech pathologists were the most commonly referred to professional with 27.3% of the children receiving services in the previous year (Glennen & Bright, 2005). Again this study relied on parent report, in the form of surveys, in order to collect data on the child's abilities and services that had been accessed. It is therefore unknown if these services were required or if some children had required services but had not been identified for assessment. These percentages, therefore, must be interpreted with caution.

Although not specific to intercountry adoption, speech pathologists have an important role in ensuring that the relationships that all children experience are appropriate in supporting the neural networks that develop during the critical periods of early development (Snow, 2009). This is particularly applicable to children whose difficult behaviours may make it hard to elicit nurturing care from their carers (Snow, 2009). Speech pathologists must understand parents' beliefs about parenting, discipline and communication, know about past experiences with other professionals and recognise their cultural perspectives in order to work with families as these factors will impact on the process (Paul & Roth, 2011).

It is important that therapy is appropriate for intercountry adopted children. The need for adequate post-adoption services has been identified by those interested in intercountry adoption research and policy (Gunnar & Quevedo, 2007). This is particularly important as many professionals have been described as lacking a basic understanding about the needs of intercountry adopted children (Linville & Prouty Lyness, 2007; Meacham, 2006) making it difficult for adoptive parents to access adequate services (Gunnar & Quevedo, 2007). There is often a focus on the medical needs of intercountry adopted children with little services able to address the communication, attunement and identity issues the adoptees may face (Matsuo et al., 2006). As these children's development is often complex, it is important that services are interdisciplinary in order for professionals to collaborate to address all of the child's needs (Hwa-Froelich et al., 2006). As Linville and Prouty Lyness (2007) reported, some participants were so busy taking their children to each of their

services that they had to quit full time work and move to part time employment in order to make their children's appointments. Greater coordination between service providers will result in better care and would potentially reduce stress for the adoptive families (Miller et al., 2007).

It is also important that these services are focused on the whole family and the family as the context for the child's development (Hwa-Froelich et al., 2006). Intervention that targets the family context is the most effective focus for supporting the child (Brendtro, 2006). Further, supporting the family might add to the family's commitment to their newly adopted child (Barth & Miller, 2000). Professional services for adoptive families must recognise the adoptive parents' resilience and commitment to their children (Rijk et al., 2006). Parents are a central part of the child's post adoption journey. If they are educated and supported they will be better prepared to recognise and access services for the adopted child or family when required (Narad & Mason, 2004). Consideration of the WHO ICF model (2001) highlights the important role that family and significant others have in either facilitating or limiting a person's function. If parents are included and educated then they can actively support their child's development.

Although there are post-adoption services available, their outcomes are not enough to drive the development of further services. Instead there also needs to be a focus on theories of development, research involved with adoption and post-adoption outcomes, and the efficacy of other child and family intervention services (Barth & Miller, 2000). There must also be an awareness of what parents need, the needs of their children and the services that they access and that are successful (Barth & Miller, 2000). The present study will provide further information on the needs of intercountry adoptive families and therefore provide further evidence to support the development of appropriate post-adoption services.

1.4 Intercountry adoption and the Australian context

1.4.1 Adoptions in Australia

The total number of adoptions taking place within Australia has dramatically decreased from 9,798 adoptions for the period 1971-1972 (Australian Institute for Health and Welfare, 2010a, 2011) to 333 adoptions in 2011-2012 (Australian

Institute for Health and Welfare, 2012). Since the middle of the 1990s the total number of children adopted has remained fairly stable within the range of 400 to 600 children per annum until the 2010-2011 period (Australian Institute for Health and Welfare, 2010a). There are a number of contributing factors to the change since the 1970s, including more effective birth control measures, more services provided through family planning centres, increased social acceptance of raising children outside of registered marriage and increased social, financial and practical support for single parents (Australian Institute for Health and Welfare, 2010a). The total number of adoptions, including both local and intercountry adoptions, that took place in Australia for 2011-2012 was the lowest reported figure for adoption statistics on record (Australian Institute for Health and Welfare, 2012). This decline was explained by changes in the countries of origin that allowed children to remain with birth families or be locally adopted as well as more stringent requirements for prospective adoptive parents to meet in order to be eligible (Australian Institute for Health and Welfare, 2012).

Those who are interested in adoption, whether for altruistic reasons or to do with their own family planning, are carefully screened for their parenting capacity, age, health, reasons for wanting to adopt, marital status and stability of their relationship (Australian Institute for Health and Welfare, 2010a). This is to ensure that they are able to provide an appropriate home environment that will support and nurture the child's development.

1.4.2 Intercountry adoption in Australia

The Australian Institute of Health and Welfare (2010) defines intercountry adoption as the adoption of children from countries other than Australia who are legally able to be placed for adoption and who generally have had no previous contact or relationship with their adoptive parents. Intercountry adoption in Australia commenced with Operation Babylift which saw the adoption of 292 Vietnamese children to Australia in 1975, after the Vietnam War (House of Representatives Standing Committee on Family and Human Services, 2005). The number of intercountry adoptions has also declined over the past seven years to only 149 intercountry adoptions in 2011-2012 (Australian Institute for Health and Welfare,

2012). For the first time since 1998-1999, there were fewer intercountry adoptions than local adoption with intercountry adoptions accounting for 45% of all the adoptions that took place in Australian in 2011-2012 (Australian Institute for Health and Welfare, 2012).

For the period 2011-2012, of the 149, 79% of these intercountry adopted children were less than 5 years of age at the time of adoption (Australian Institute for Health and Welfare, 2012). The most common country of origin for 2011-2012 was the Philippines (19%), followed by South Korea (17%), China (16%) and Taiwan (15%) (Australian Institute for Health and Welfare, 2012).

Australia has intercountry adoption procedures and agreements with only 13 countries. These are Bolivia, Chile, China, Colombia, Fiji, Hong Kong, India, Lithuania, the Philippines, South Korea, Sri Lanka, Thailand and Taiwan (Australian Institute for Health and Welfare, 2012). The adoption program with Ethiopia was closed part way through 2012 (Australian Institute for Health and Welfare, 2012). Requests for adoptions from other countries can be submitted and dealt with as individual cases by the State in which potential adoptive parents reside. Private intercountry adoptions are illegal and all intercountry adoptions must be processed by the State (Australian Institute for Health and Welfare, 2010a)

Of the Australian couples who completed an intercountry adoption in the period 2011-2012 and whose ages were known, 70% were aged 40 years and over and 92% of these people were in a registered marriage (Australian Institute for Health and Welfare, 2012). This pattern is also evident in other research studies involving intercountry adoptive parents, which show that older couples (above the age of 35 years) from middle to upper socio-economic classes have been identified as the population most likely to complete an intercountry adoption (Groza, Komarova, Galchinskaya, Gerasimova, & Volynets, 2010; McGuinness et al., 2000; Roberts, Pollock, Krakow, et al., 2005; Rojewski et al., 2000; Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998; Welsh et al., 2008).

The increasing interest in intercountry adoption in Australia resulted in an inquiry into intercountry adoption in 2005 led by Bronwyn Bishop MP. This inquiry investigated the approval processes, services and challenges faced by Australian intercountry adoption parents (House of Representatives Standing Committee on

Family and Human Services, 2005). The resulting report outlined the history of intercountry adoption and statistics, the adoption legal process and inconsistencies in the adoption processes throughout Australia (House of Representatives Standing Committee on Family and Human Services, 2005). The report also discussed issues parents raised with regards to benefits and entitlements for adoptive parents as well as issues surrounding non-government organisations, the media and adoption and the possibilities of further adoption programs (House of Representatives Standing Committee on Family and Human Services, 2005).

1.4.3 Australian intercountry adoption applications and approval process

Parents undergo a lengthy screening process prior to the adoption to ensure that they are able to care for a child. It can take approximately four years from the initial enquiry to when Australian approval is granted. It can then be a further one to two years for a child from an overseas country to be placed (Department of Child Protection, 2010).

Western Australian parents interested in intercountry adoption attend a number of educational seminars on intercountry adoption conducted by the Department of Child Protection. They then submit a formal application that involves assessment of their health, personal and family circumstances, finances, references and a police check. The next stage involves either a social worker or psychologist meeting them in their home to perform further assessment. The assessor discusses the parents' family backgrounds and their knowledge of caring for children. The potential parents must demonstrate they are able to meet the needs of an adopted child. If they meet the Australian requirements, the parents produce a home study file that includes their details and assessment reports and is sent to their desired overseas country. Despite meeting the Australian criteria, the parents still need to be approved by the overseas country. If approved, a child will be offered to the parents. If the parents accept the child then the legal requirements are completed (Department of Child Protection, 2010). A similar process is implemented by the governing organisations that oversee intercountry adoption in the other Australian states.

This screening process identifies parents who may appear ready and willing to care for a child (Roberson, 2006) however it does not require that the parents

demonstrate understanding of the challenges that an institutionally raised child may face (Gunnar & Quevedo, 2007). Although approved, they may not be fully prepared for the complex task of caring for a child with complex needs (Gunnar et al., 2000).

1.5 Research opportunities

Research in the area of intercountry adopted children's development has tended to focus on the short and long term adjustments that the children make. There is limited research on the intermediate phase of the child's adjustment and development that occurs three to four years after their adoption into a new family and culture (Jacobs et al., 2010). Cohen et al. (2008) identified particularly limited research for Chinese children six months post adoption. Often children experience rapid development following adoption, however the trajectory and completeness of their development is not completely understood (Jacobs et al., 2010). A single interview with parents only represents their experience at that time and may not capture changes to their knowledge, the family dynamics and child's development (Miller, Chan, Tirella, & Perrin, 2009). Ideally, a study which extends over a longer time span would give detail on the parents' knowledge and actions in response to the child's development (Miller et al., 2009). In the current study, data were collected twice during an 18 month period. This allowed for a more detailed representation of the parents' and children's experiences over this time.

There may also be methodological limitations that affect the results that are reported. It may be that the healthier children are available for adoption while those with more complex health or psychological difficulties remain at the care setting (Nelson et al., 2007). This selection bias may mean it is difficult to compare developmental characteristics and differences across groups of children who are adopted and children who remain in care. The present study involves children who have been adopted and while it does not include a comparison group, comparisons are made to research literature to address this methodological limitation.

A more descriptive and dynamic investigation of intercountry adopted children is needed to better understand the influence of biological and environmental effects on development (Olness, 2003). Further information is needed about the influences on a child's cognitive, social and emotional development and the way the

development of these skills affect long term outcomes such as relationships and school success (O'Connor et al., 2000). This qualitative study aims to investigate the relationships between these variables according to the knowledge, beliefs and experiences of the intercountry adoptive parents.

Research has tended to focus on the developmental outcomes of children adopted from overseas and ignored the family context within which the child lives. Linville and Prouty Lyness (2007) decided to address this issue by interviewing 20 parents on their perceptions of adoption following intercountry adoption. The participants reported the adoption led to changes in their family roles. Some parents felt depressed and overwhelmed while others felt tired and drained. Some parents were confused as to how they could integrate the child's culture into their current lives where as others were very focused on maintaining the connection. Parents reported two extremes for the amount of support and the response they received from their family, having either very positive experiences or very negative experiences. Parents identified this factor as having a strong influence on the adoption process and the family (Linville & Prouty Lyness, 2007). Further research that addresses the knowledge and experience of intercountry adoption parents is required to allow professionals' insight into the needs of these parents and to ensure that the necessary support and information are provided. The present study focuses on the knowledge, beliefs and experiences of intercountry adoptive parents with a specific focus on speech and language development in intercountry adopted children.

Given there is great variability in the intercountry adoption profile, researchers suggested the need to stop focusing on trying to summarise adopted children's development with a "summary number" and instead focus on the reasons for the variability (Roberts & Scott, 2009; Scott et al., 2011). The present qualitative study provided parents' the opportunity to describe their child's development. The variability in these descriptions and the different experiences are reported along with an exploration and discussion of the themes that emerged.

1.6 Research approach and design

The current study is different to most other research studies into intercountry adoption which approach the area from within the frameworks of two disciplines: social work/child welfare and developmental psychology/psychopathology. Those from social work and child welfare have often focused on the family's needs and the support put in place for the family and child post adoption. Researchers interested in a child's development and psychopathology have focused on the child's progress post adoption and how earlier institutional care impacts upon the child's later life (Palacios & Brodzinsky, 2010). In their review of the literature, Palacios and Brodzinsky (2010) acknowledged the importance of both disciplines on intercountry adoption. However, they identified the need for researchers to bridge the gap between professional fields to ensure that the needs of both the parents and the children are met to allow for greater success for both the child and the placement. In the present study, the researcher begins to address this need by focusing on the parents' knowledge and beliefs about speech and language development, their experiences of interactions with their children, the home environment they provide, the way they support their child and the services and support they call upon. These are recognised as critical factors in a child's speech and language development and must be considered rather than focusing on a child's developing abilities in isolation. As highlighted in the literature review, the context for development includes numerous circles of influence, the caregiver's interactions and home environment. These factors must be reflected upon both in terms of the child's experiences prior to and following the adoption. By investigating the parents' knowledge, beliefs and experiences of speech and language development, the researcher was able to gain insight into the parents' understanding of the effects of these factors on their child's development and the way that their understanding shaped the context they provided for their child post adoption. Research into this area begins to address the need identified by Palacios and Brodzinsky (2010) as it considers the family's needs and behaviours as well as the child's development following adoption. There is limited literature available that describes intercountry adoptive parents' knowledge, beliefs and experiences about speech and language development therefore the researcher

aimed to use this explorative study to begin a detailed dialogue and description of this area.

The present qualitative study reports on themes present in the participants' responses to the open ended questions in the online questionnaire and their interview transcripts. The data are accompanied by descriptive statistics used to describe the demographics of the participant group. This information provides a valuable context for the interpretation of the themes.

The relevant literature about development and intercountry adoption has been discussed. The following highlights relevant literature about qualitative research that underpins the present study's design.

1.6.1 Qualitative research.

> "Qualitative research refers to a variety of analytic procedures designed to systematically collect and describe authentic, contextualised social phenomena with the goal of interpretative adequacy." (Damico & Simmons-Mackie, 2003, p. 132)

There are distinct differences between qualitative and quantitative investigations, with quantitative research generally accepted as the more traditional approach (Parker, 2004). Quantitative research involves generation of hypotheses for investigation, testing of variables and analysis of numerical data for statistical significance (Golafshani, 2003). In quantitative research the variables that the researcher believes to be the most important are measured (Greenhalgh & Taylor, 1997). Qualitative research is different. Rather than manipulating variables, the researcher takes a more naturalistic approach and analyses human experience in the participants' real world setting (Golafshani, 2003; Polkinghorne, 2005; Strauss & Corbin, 1998). Qualitative research involves learning about a particular phenomenon and systematically collecting data that give a rich and detailed description and explanation of the phenomenon and the meaning it has in the participants' lives (Damico & Simmons-Mackie, 2003).

This study aimed to explore and gain a detailed understanding of intercountry adoptive parents' knowledge, beliefs and experiences about speech and language development with their intercountry adopted children. It relied on the parents' report about their behaviours and experiences with their children during daily life rather than a structured, direct assessment of these variables in a research setting. This research aim was best met with a qualitative study so that a full and saturated description of the parents' experience could be documented (Polkinghorne, 2005).

Despite there being a number of published methods for conducting qualitative research (for example ethnography, grounded theory, phenomenological study etc.), this study did not suit one of these published methods therefore a more descriptive approach was employed (Yin, 2009). Qualitative description can be confidently considered an appropriate method for research (Sandelowski, 2000) and was the method used in the present study as it was the most suitable way of addressing the research aims. Qualitative description is focused on presenting the facts within a data set and involves a low-inference interpretation (Sandelowski, 2000).

Qualitative research is gaining an increased appreciation and use in the discipline of speech and language pathology (Damico & Simmons-Mackie, 2003). This is in response to the need to understand the contexts within which communication occurs rather than just a client's communication abilities in isolation, as well as a need to understand more about clinical outcomes and the impacts of services on quality of life (Damico & Simmons-Mackie, 2003). These factors were areas of interest in the present research study as the parents' knowledge, beliefs and experiences of speech and language development and their experiences with professionals were investigated.

1.6.2 Criteria and qualitative research

Criteria for judging quality of research is both essential and often debated (Parker, 2004). To be considered useful, qualitative research should 1) conform to established expectations for scientific studies, 2) benefit those who participate and 3) add to the interest of researchers in the field (Parker, 2004). This study meets all of these criteria. Firstly, this study followed the guidelines set for conducting qualitative research. The methodology and the steps taken to ensure accuracy and rigor of the data collection are clearly explained in the coming sections. Secondly, this study

should benefit intercountry adoptive parents in Australia once the results are provided to the professionals and organisations that collaborate with and support them. Finally, the findings are of interest to researchers and clinicians who have an interest in intercountry adoption across a number of disciplines including child development, education, psychology and social work. This thesis is thus a valid and useful addition to the research literature in the area of intercountry adoption.

To assess a study, both the content and form of the research must be considered. It is important to consider both what was investigated or discovered and how the area was investigated and the findings interpreted (Parker, 2004). This means that the method of data collection, the analysis of results and the findings for this study must be critiqued and this takes places in the following chapter.

1.7 Significance

Parents' knowledge and beliefs shape their interactions and behaviours with their children. In a study that investigated parents' beliefs about literacy development and the parents' literacy behaviours with their children, it was found that parents' beliefs shaped their behaviours with differences between those who viewed literacy as more holistic as opposed to skill based (Lynch, Anderson, Anderson, & Shapiro, 2006). The researchers reported that any recommendations to alter the way that the parents interacted with their children should be introduced in accordance with the parents' literacy beliefs. In the same way, to understand the behaviours of intercountry adoptive parents in promoting their child's speech and language development, we must first understand the knowledge and belief systems that shape their interactions with their child. As the previous study highlighted the relationship between parents' beliefs and their behaviours, this study will also investigate this relationship; however, it will focus on intercountry adoptive parents and their experiences and beliefs about speech and language development in intercountry adopted children.

This qualitative study provided a greater understanding of the parents' knowledge, beliefs and experiences of speech and language development and therefore an insight into the context for their children's development and potential explanation for some of the variability.

1.8 Aims of this study

The opportunities for further research into this area have been highlighted. The significance of the present study has also been described. Specifically, the aims and objectives of the current study are as follows:

- Investigate the adoptive parents' knowledge, beliefs and experiences about speech and language development in intercountry adopted children.
- Investigate how the parents' knowledge, beliefs and experiences influenced the way they facilitated their children's speech and language development.
- Describe the development, and more specifically, the speech and language development of intercountry adopted children according to their parents' report.
- Investigate the professional services that intercountry adoptive parents and their children use to facilitate speech and language development.
- Determine if and how professional services that address speech and language development can be improved for intercountry adoptive families.

This was an explorative qualitative study that aimed to investigate speech and language development in intercountry adopted children. The researcher was open to investigating these aims; however, the explorative nature of the study meant that the researcher was aware that additional data may arise. The researcher's reading into the field of intercountry adoption provided a direction for the research aims however the use of open ended questions and semi-structured interviews meant that participants could respond with information that was most important to them and which may not fit neatly within the original scope of the study.

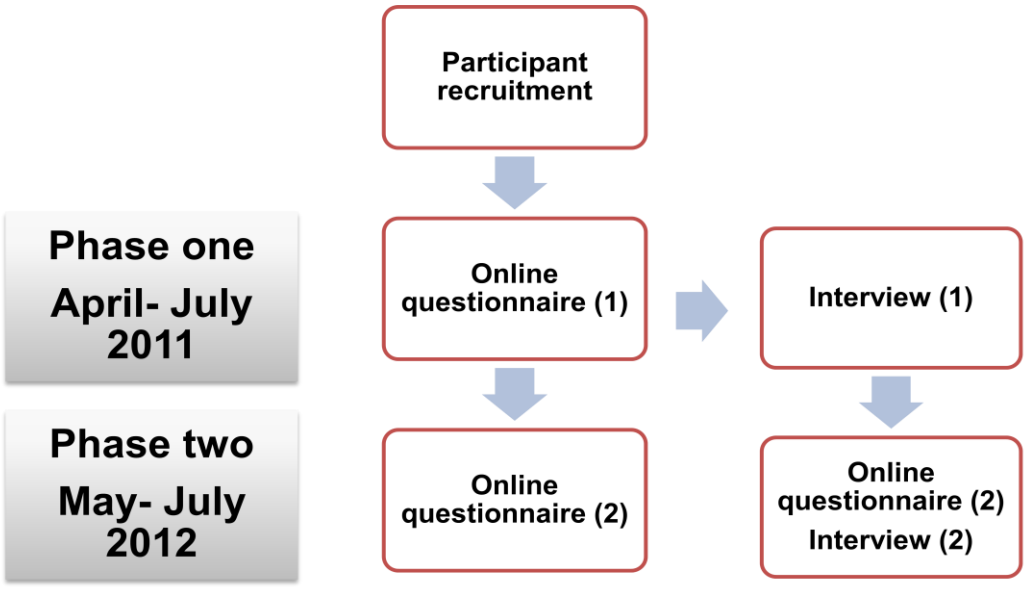
2.0 CHAPTER TWO

2.1 Method

Prior to a detailed description of the participants, material and procedure used in this study, it is important to outline the study design, as shown in Figure 1. This figure highlights the two separate phases of the study. Following participant recruitment, the first phase involved an online questionnaire and an interview for those who consented to participate further. One year later there was a second data collection point, titled phase two, which involved a second questionnaire and interview. Participants were separated into two groups according to the age of their adopted child, those who adopted children aged 0 to 3 years and those who adopted children 3 to 6 years. Data collection occurred separately for each group. For example, all participants who adopted children aged 0 to 3 years completed the online questionnaire and the interview first. Following this, those participants who adopted children aged 3 to 6 years completed the online questionnaire and interviews. This same process occurred for the two participant groups in phase two.

Figure 1

Outline of study design



2.1.1 Selection of the participants

Purposeful sampling methods must be employed in the recruitment of participants for a qualitative study (Creswell, 1998). It is crucial that a suitable sample is contacted with regards to a study so that the study's aims and objectives can be investigated.

Criterion sampling and maximum variation were used as recruitment strategies in this study. Criterion sampling states that all cases that meet certain selection criteria are eligible for the study (Creswell, 1998). To achieve this, the following selection criteria were set for phase one: Eligible participants included intercountry adoptive parents throughout Australia who had adopted a child aged 0 to 6 years from an overseas country and who had adopted their child in the previous five years. Rather than limiting the study to a few select and specific cases this study was available to all intercountry adoption parents in Australia who met the requirements regardless of the adoption country of origin or other differences related to their adopted children or their families. Maximum variation involves documenting diverse experiences with the aim of identifying commonalities amongst the responses (Creswell, 1998). This approach informed the decision making process on the selection criteria and resulted in a highly variable sample of participants. For this explorative, qualitative study, a group of participants with varied experiences was deemed the most suitable. It must be noted that eligible adoptive parents had to self-select to participate in the study.

Parents were contacted via the online support groups listed on the Australian Inter-Country Adoption Network (AICAN) website as of March 2011 (http://www.aican.org/). This website provided access to support groups servicing families living throughout Australia who had adopted a child from a variety of overseas countries. All support groups were contacted and asked to forward a letter outlining the research to all parents on their database who met the research requirements. It is not known whether all support groups sent the email out as not all groups responded to the researcher's request. As the data collection phase involved an online questionnaire and interviews via Skype (and via phone if necessary) it was important that participants had access to the internet. The internet is a resource that parents increasingly access for information, advice and support and could be a

potential avenue in the future for resources. For this reason it was important to include internet users as participants so as to determine if and how they use the internet for accessing support or advice (O'Connor & Madge, 2001). Further, by recruiting participants in this way, adoptive parents from anywhere in Australia, who met the selection criteria, were eligible to participate and the researcher was not limited by their geographical proximity. This meant that the study could be extended Australia wide and to a greater number of potential participants than those limited to the researcher's city. There was no need for either the researcher or the participants to travel as they were able to be involved in the study from wherever they had computer access therefore reducing both time and monetary costs.

In Table 2 is a list of the groups that responded to the researcher's request and who contacted adoptive parents on the behalf of the researcher. There were groups that were state based as well as national, groups that were country specific, groups that involved a number of adoption countries and groups for children adopted from both large orphanages and small residential care settings such as foster care. A wide variety of families were asked to participate in the study with the aim of identifying patterns and unique experiences amongst their responses. Participants all had different experiences of the same phenomenon (Hamilton & Bowers, 2006), that of adopting a child from an overseas country. Although the sample may be considered to be biased as all the families were part of an online support group, a range of support groups were included and used to access families to ensure that the participants' experiences were somewhat different.

Table 2

Online intercountry adoption support groups used to recruit participants

Intercountry adoption support groups used to recruit participants
Australian
Australian African Children's Aid Support Association (AACASA) (www.aacasa.org.au)
Families with Children from China (FCC) (www.fccaustralia.com.au/)
AusThai (http://groups.yahoo.com/group/AusThai/)
Australian Capital Territory
Families with Children from China (FCC) (www.fccaustralia.com.au/)
New South Wales
Friends of F.A.N.A (Colombia)
Adopted Vietnamese International (AVI)
Northern Territory
Adoption NT Inc.
South Australia
South Australian Chinese Adoption Support (SACAS) (www.sacas.com.au/)
Thai Adoption Fellowship
Indian Family and Friends Adoption Support Group
Post Adoption Support Service (PASS)
Tasmania
Families with Children from China (FCC) (www.fccaustralia.com.au/)
Queensland
International Adoptive Families for Queensland (IAFQ) (www.iafq.org.au/)
Families with Children from China (FCC) (www.fccaustralia.com.au/)
Western Australia
Adoption Support for Families and Children (ASFC) (www.asfc.info/)

2.1.2 Sources and methods of data collection

Two sources were used to elicit information from the parents about their knowledge, beliefs and experiences about speech and language development. These sources, an online questionnaire and semi-structured interview, were developed by the researcher for the purpose of the study. The same methods of data collection used in the first phase were employed in the follow up phase and the questions were adapted to suit the second time point. This allowed for comparisons to be made between their responses and to determine how their beliefs and perceptions may have changed over time.

2.1.2.1 Online questionnaire.

Questionnaires have been widely used in the literature to report on children's speech and language development. Boudreau (2005) used parent report and stated it

was useful and successful in accessing parents' knowledge about their child's development both across time and context, their caregiver behaviours and the support for literacy development that was available in the home environment. The parents' reports on the literacy environment were found to link with the child's literacy and language abilities following direct assessment of their skills (Boudreau, 2005). Therefore parent report can be used to gain insight into the child's development but also to evaluate their knowledge and behaviours and the way these influence their home practices (Boudreau, 2005). More specifically, parent report in the form of a questionnaire has been used to report on speech and language development in internationally adopted preschool children (Beverly et al., 2008; Geren et al., 2005). A written questionnaire allows parents time to reflect and formulate a response to a particular question (Bampton & Cowton, 2002). This may be particularly useful when the questions ask the parents to reflect back on the child's development and what the parents did when their child was younger. Parents have the opportunity to consult other family members or look up the child's records if necessary. There is reduced pressure as the interviewer is not present and waiting for a response and the participants have time to respond when they are ready (Bampton & Cowton, 2002). In her study, Highman (2010) asked parents to use such aids to assist their recall and to report on their child's early vocalisations. She found parents were able to respond with a description of their child's development and did not tend to use the options 'unsure' or 'cannot recall' to answer the questions even though these responses were available options.

The present researcher completed an extensive literature review on the speech and language development of intercountry adopted children following adoption and other associated topics as outlined in Chapter One. This information assisted the researcher to develop a questionnaire script that aimed to elicit both demographic information and descriptive responses related to the specific research questions and aims of the study. The questionnaire collected demographic information on the adoptive parents (e.g. age, level of education, employment), the adopted child (e.g. country of origin, age of adoption, pre adoption care, medical history) and family (e.g. number of children, ages). The questionnaire also obtained information about the speech and language development of the child, expectations of the adoptive

parents of the child's development, services that the child required and the parent's thoughts on how the child's early experiences in the institutions may have affected their later development. The questionnaire allowed for demographic information and insight into intercountry adoption beyond the facts and figures available via the report published annually about intercountry adoption in Australia. The questionnaire included a range of closed and open ended questions to allow participants to respond in greater detail where necessary.

The questionnaire script was presented to the research team and changes were made following the discussion. The questionnaire was then piloted with a number of research colleagues as well as a group of mothers who had not adopted children but had birth children within the 0-6 age group. Due to the small number of families who adopt children it was not possible to pilot the questionnaire with this population without using people who would then later participate in the actual study. The feedback from both groups was used to improve the structure of the questionnaire and the wording of some questions to minimise the possibility of adoptive parents misinterpreting what response was required.

A second questionnaire was developed for the follow up phase of data collection. This questionnaire repeated some of the demographic questions in order to collect information about the follow up participant group. For example, parents were asked to respond with their age, education and work commitments again in the second questionnaire. This information was used to compare the first group of participants with the smaller group who agreed to participate in the second phase of the study. As the questionnaires were anonymous, this demographic information was required in order to compare the two groups and to see how representative the follow up participants were of the initial larger group of participants.

The second questionnaire included further open ended and closed questions for each of the areas that were investigated in the first questionnaire. For example, information about how the child's speech and language had changed in the past year, changes to the parents' expectations for the child's development, services that the child had required in the previous year and any changes to the parent's thoughts on how the child's early experiences in the institutions may have affected their development. The second questionnaire was focused on the year that had passed

since the initial data collection phase and how the parents' knowledge, beliefs and expectations for their child's speech and language development may have changed. The second questionnaire was also improved based on feedback and the participants' responses from the first phase of data collection. For example, participants were asked about schooling in the second questionnaire as the researcher saw that this was an important area to investigate after analysing the responses to the first questionnaire. The outline of the first online questionnaire used with the parents of children aged 0 to 3 years is provided in Appendix A and the questionnaire for 3 to 6 years in Appendix B. The outline of the second questionnaire for the children aged 0 to 3 years is in Appendix C and the second questionnaire for the children aged 3 to 6 years in Appendix D.

Qualtrics (Qualtrics Labs Inc., 2009) was used to produce an online questionnaire that was hosted on the Curtin University website and the URL was emailed to participants through the online support groups. This online questionnaire could be completed at the participant's convenience which may have encouraged participation. The online questionnaire also allowed for greater anonymity as the participants were not required to provide their name or any identifying information to participate (Bampton & Cowton, 2002). The response was saved through the Qualtrics website, therefore participants did not have any contact with the researcher unless they emailed with questions or comments about the study or online questionnaire.

Qualtrics allowed for open ended and closed questions to be created. All participants in each phase of data collection received the same questionnaire. If a question was not applicable to a participant then it could be skipped and the next question answered. This applied to a small number of participants who were single mothers and did not have a response to the questions that asked for demographic information about the adoptive father. The ability to skip questions meant that some questions were left unanswered despite participants working their way to the end of the questionnaire. This meant that despite a certain number of participants completing each of the questionnaires, the number of responses to each question did not always total the number of participants who completed the questionnaire.

Response rates are often calculated when the numbers are available. In one study in the United States, 61 adoptive parents were mailed research projects, and 44 families returned completed documents, a return rate of 71.1% (Rojewski et al., 2000). The response rate for this research is unknown as the number of parents who were made aware of this research is not recorded. For internet recruitment, response rates are often calculated by the number of individuals who initially contact the researcher and then agree to participate in the study. In general, the number of people who are sent the information letter and made aware of the study is often unknown (Hamilton & Bowers, 2006). In this study it is unknown if those who emailed the researcher with questions about the study actually went on to complete the questionnaire as the questionnaire responses were all anonymous and therefore cannot be cross linked.

A number of participants did not finish the online questionnaire. Qualtrics was set to save the incomplete surveys and allow participants one month to log into the website again and complete the questionnaire. In total 87 questionnaires were started however only 50 of these were completed. The remaining 37 partially completed questionnaires were reviewed by the researcher. Despite being incomplete they remained in the data set and were included in the analysis where answers were provided. The length and the numerous open ended questions that formed the latter half of the questionnaire may have contributed to the number of questionnaires that were left incomplete.

Online questionnaire responses were anonymous as participants did not provide their contact details, unless they were registering for an interview which was via a separate link. As the responses were anonymous the questionnaires were not able to be named and were therefore saved according to the date that they were completed. The final report from Qualtrics pooled all of the participants' responses to each question into a single report.

2.1.2.2 Semi-structured interview.

In a semi-structured interview the researcher has an interview schedule of questions which is used as a guide (Smith, Harre, & Van Langenhove, 1995). The broad topics that the researcher wishes to investigate are used to structure and direct

the interview (Minichiello, Aroni, & Hays, 2008). The interview is not bound by the order or wording of the questions and is instead lead by the interviewees' responses (Minichiello et al., 2008). The interviewer is free to probe and follow up on the respondent's views and interesting areas as they arise (Smith et al., 1995). Semi-structured interviews are said to facilitate greater rapport between the involved parties as they are more flexible. This flexibility also often results in more in-depth and novel data (Hamilton & Bowers, 2006; Smith et al., 1995). Due to their more flexible nature, each semi-structured interview can differ in duration and detail depending on how the interviewee responds.

The primary researcher used the finalised questionnaire to develop the questions used in the semi structured interview. As the semi-structured interviews were conducted after the first round of questionnaires were completed, the researcher had had the opportunity to read through a number of the questionnaire responses and therefore use this information to assist in the development of the interview script. The interview allowed the researcher to further explore interesting topics that were only partially addressed in the participants' responses to the questionnaire. The interview script was discussed with the research team and modifications were made based on the team's discussions before it was finalised. The semi-structured guide for the first phase of interviews is attached in Appendix E. The script for the second phase of follow up interviews is Appendix F.

The semi structured interview used in this study provided a framework of open-ended questions and pre-determined prompts for the researcher to follow to ensure that all participants experienced a similar interview format. The questions covered topics including: what the parents knew about speech and language development; how they thought institutionalisation may have affected their child's speech and language development; how they thought their child dealt with the change in languages; their child's language development in the first few months following adoption; their expectations for the child's speech and language development; what they did at home to facilitate the child's speech and language development; how the child's development and needs may have differed from their birth children (if appropriate) and what services and support they had accessed to facilitate the child's speech and language development.

Adoptive parents who completed the online questionnaire were invited to participate in a semi-structured interview. Of the 87 participants who commenced the questionnaire, 32 participants agreed to participate in a follow up interview and 23 completed an interview. Two participants were contacted to schedule an interview time but decided to discontinue their involvement in the study. It is not known why they did not participate in the interview. The response rate for this second phase of the study was 26%, which was greater than the study by O'Connor and Madge (2001) which used a similar research design. In their study new parents who used an online parenting website were asked to complete an online survey and then participate in a follow up email interview. Of those who had completed the online survey, only 10% of parents responded and were willing to participate in the interview stage (O'Connor & Madge, 2001).

Parents were interviewed between May and July in 2011. The interviews were conducted online via Skype videoconferencing or via telephone. Skype video conferencing was the preferred method of contact as it allowed the researcher and parents to meet face to face which assisted in building rapport and monitoring each speaker's response and non-verbal communication. This observational data can support and provide further insight into the verbal comments made by the participants during the interviews (Polkinghorne, 2005). Although the researcher and participant were not in the same room, it was the method that more closely resembled a face to face interview. Skype interviews with participants throughout Australia provided a cost and time effective alternative to travelling to meet with participants (Minichiello et al., 2008). In total 23 interviews were conducted with intercountry adoptive parents. Skype was used to conduct 14 of these interviews. The other nine interviews were conducted via phone as the participants were unable to access Skype or preferred to speak over the phone. All participants gave verbal consent to their interview being digitally recorded. The researcher set a timeline and transcribed all interviews verbatim within three days of the interview being conducted.

Each participant was emailed their interview transcripts and asked to read and edit the transcript and return the transcript to the researcher with feedback or changes where necessary. This member checking process was employed to verify the data collected (Barr, McLeod, & Daniel, 2008). All 23 participants who participated in an

interview were sent a copy of their interview transcript. Of these participants, 8 participants approved the transcript and made no changes, 7 participants made minor changes and 8 participants did not respond to the researcher's email. Those participants that provided feedback or requested changes made minor changes to transcription errors or expanded on their response. No participant made major changes or removed information from their original transcript. As significant changes were not made by any participant, it is assumed that those participants that did not respond to the researcher's request to check and confirm their transcript would not have made major changes to their transcript.

Participants who consented to interview, had to provide contact details to the researcher so that an interview time could be arranged. This information was stored separately to the collected data. The interview transcripts were assigned a participant code so that the participant data could be tracked and identified. When it came time to publish the results in the thesis the interview transcripts were also assigned pseudonyms. Participants who were interviewed in phase one and phase two had their interviews linked and the same code and pseudonym used for both transcripts. This ensured that their ideas and stories could be traced across phase one and phase two if there were numerous quotes taken from their interview transcripts. Unfortunately the online questionnaires were anonymous and these could not be linked to the interview transcripts therefore the same pseudonyms could not be used. As already stated, the online questionnaires were not labelled according to who completed them. The pseudonyms used for the interview transcripts were chosen randomly by the primary researcher to reflect the age and gender of the participants. Pseudonyms were also used to replace children's names where names appeared in the quotes that were included in the results section of the thesis. Any identifying information in the quotes (e.g. cities where participants lived) was also replaced to protect the identity of the participants. This process was used to ensure that the identity of the participants was kept anonymous.

2.1.3 Procedure

As each qualitative study will have a unique process, it is essential that the method is explained in sufficient detail to allow the results to be interpreted accordingly (Greenhalgh & Taylor, 1997).

Ethics approval was received from the Human Research Ethics Committee at Curtin University, Australia and the study was approved by the participating Australian online support groups for intercountry adoption. After agreeing to participate, the directors or administrators for the online support groups contacted intercountry adoptive parents on the researcher's behalf with information regarding this research. Parents were sent an email that outlined the research and included an information letter (see Appendix G for the 0 to 3 years letter and Appendix H for the 3 to 6 years letter). The email provided a link to the online questionnaire that they could complete in their own time. The average time taken to complete the questionnaire was 45 minutes. The parents' completion of the questionnaire was deemed their consent for that stage. At the end of the questionnaire parents were provided with an opportunity to register for an interview with the researcher if they were interested in participating further. This was a separate questionnaire that was not linked to their online questionnaire response thus keeping the questionnaires anonymous. The questionnaire for registering interest in the second phase of the study can be seen in Appendix I. Parents were also asked to register their interest in participating in a follow up questionnaire and interview in a year's time. Interviews were conducted via Skype or telephone and were approximately 45 minutes in duration. At the start of each interview parents were read a consent form (see Appendix J) and asked for verbal agreement. If participants agreed then the digital recorder was turned on to record and the interview commenced. The interviews were semi-structured with a script for the researcher to follow to ensure all topics were covered in the interview. Interviews were digitally recorded and transcribed verbatim by the researcher within three days. The transcripts were then emailed to participants and the participants asked to read over, edit and confirm the transcript.

The second data collection phase involved a similar process to that employed in the first phase of data collection. The second phase allowed follow up of the participants in order to determine if and how the participants' knowledge, beliefs and

experiences about speech and language development may have changed with the child's increasing age. Polkinghorne (2005) suggests the importance of engaging in more than one interview in order to obtain greater depth and breadth regarding the experience under investigation. Although this second interview was a year after the initial interview it did allow the researcher to gain greater insight into the participants' experiences and responses to the research questions. In the second stage, only those parents who participated in the first phase and who registered for the follow up stage were contacted. These participants were contacted directly by the researcher as they had provided their contact details when they registered their interest. Parents were again sent an email that outlined the research and provided them with a link to a second online questionnaire that they could complete in their own time. Adoptive parents were sent a further two reminder emails about the study to encourage participation and increase the response rate. The questionnaires took approximately 45 minutes to complete. At the end of the questionnaire parents were provided with an opportunity to register for a second interview with the researcher. Interviews were again conducted via Skype or telephone. As with the first phase, the interviews were semi-structured to ensure that all topics were covered during the interview. As with the first phase, interviews were approximately 30 to 40 minutes in duration. Interviews were digitally recorded and transcribed verbatim by the researcher within three days of the interview. Each participant was emailed their transcription and asked to read over it and make changes as required.

The focus of this research was the *parents'* knowledge, beliefs and experiences of speech and language development and not specifically the child's development therefore the children were not involved in the study.

The two groups covered the age ranges 0-2.11 years and 3.00 to 5.11 years, however, the titles 0 to 3 years and 3 to 6 years will be used throughout the remainder of the thesis for ease of reporting.

Parents participated in the initial phase of data collection during the period of March to July 2011. Parents of children aged 0 to 3 years completed questionnaires and participated in interviews during March to May 2011. Parents of children aged 3 to 6 years completed their questionnaires and participated in interviews during June and July 2011. The second phase involved the follow up parents' participation during

the period of April to June 2012. Parents of children aged 0 to 3 years completed questionnaires and participated in interviews during April and May 2012. Parents of children aged 3 to 6 years completed their questionnaires and participated in interviews during June 2012.

2.1.4 Steps taken to ensure accuracy and rigor of data collection and analysis

A strength of good qualitative research is its ability to convey the detailed truth about a certain matter of interest (Greenhalgh & Taylor, 1997). This validity is greatly improved if there are steps in place to ensure rigour and accuracy of the data collection and analysis process.

The questionnaire and interview outline used in the first phase were piloted with parents of children aged 0 to 6 years. After they reviewed the outlines they provided feedback with regards to the structure, length and wording of some questions. Changes were made to the questionnaire and interview script according to the feedback provided and upon discussion with two research colleagues. Although the second questionnaire and interview outlines were not piloted with parents of children aged 0 to 6 years, they were reviewed by two research colleagues. The feedback provided by the pilot group in the first phase was used when developing the questionnaire and interview scripts used in the second phase.

All interviews were transcribed verbatim as opposed to selective note taking and transcription of segments. Verbatim transcription means grammatical errors and restarts are not corrected as the transcript is to be an exact replica of what was said in the written form (Langdridge & Hagger-Johnson, 2009). This form of transcription allowed for a rich and thick description of the participants' response rather than a summary of their interview (Onwuegbuzie & Leech, 2007). The researcher transcribed the interviews herself rather than outsourcing the task so as to become more familiar with the data set (Langdridge & Hagger-Johnson, 2009). After transcribing the interview the researcher listened to the sound file a second time as she read over the transcript to ensure that the transcription was an accurate record of the discussion. The sound file recordings from the interviews and the interview transcripts were archived and the transcripts read over throughout the analysis and

writing stage to ensure that the raw data compared with the researcher's interpretations and results of the analysis (Onwuegbuzie & Leech, 2007).

Member checking of interview transcripts has been well documented in research that reflects on the qualitative data analysis process (Hoffart, 1991; Locke & Velamuri, 2009; Onwuegbuzie & Leech, 2007). It has been described as a process to reduce errors and potentially produce further data (Mays & Pope, 2000). There are a number of options as to what data are shown and to whom when implementing a member checking process. Participants may only be shown excerpts of their own data that will be used in publication, or shown written studies where their contribution is referred to or data collected from all participants in the study (Locke & Velamuri, 2009). In this study, participants were emailed their own interview transcripts within a week of their interview. Participants were asked to read the transcript, correct errors, add any information they thought was necessary or delete any points they would like removed from the transcript. Comparisons between the edited and original transcripts were made by the researcher and revealed that participants generally added further information and corrected spelling and syntax errors evident in the transcription. No participant removed information or made major alterations to their transcript.

Triangulation involves the use of multiple sources for data collection and a number of investigators in the analysis stage of the research (Onwuegbuzie & Leech, 2007). It ensures there is more comprehensive data collection and analysis of the data (Mays & Pope, 2000). There were two sources of data collection in this study. The data collected via interview may have been affected by the involvement and presence of the primary researcher. As the questionnaire did not involve direct contact with the researcher, the inclusion of both forms of data collection allowed for thicker, richer data and therefore a better representation of the participants' views. Three researchers were involved in the analysis of the data to reduce the risk of the interpretations and results being affected by individual bias.

An audit trail was maintained to substantiate the trustworthiness of the data (Onwuegbuzie & Leech, 2007; Rodgers & Cowles, 1993). Notes were maintained throughout the research process that referred to the researcher's decisions and rationale for changes to the methodology as well as reflections on the researcher's

response to the data and research process. Rodgers and Cowles (1993) provided a structure for documentation under the following four headings: contextual, methodological, analytic and personal response. Contextual documentation for this study included notes made during the interviews, general observations, newspaper articles, information about intercountry adoption services and government policy. Methodological documentation included rationales and decisions that were made during the study and influenced the study's design. Analytic documentation included notes made on the researcher's thoughts, reflections and insights during the analysis stage. Personal response documentation included notes on the researcher's interest in the topic, previous knowledge and experience of the research area and thoughts and reactions to the data collection and analysis stages. As the researcher was involved in the semi-structured interviews and data collection it is essential that her thoughts and reactions were noted (Rodgers & Cowles, 1993). The researcher is a crucial component to the study and their involvement and familiarity with the data is beneficial in the reflective process of data analysis (Mays & Pope, 2000).

2.1.5 The researcher and qualitative research.

The researcher is the primary instrument in a qualitative study, therefore the credibility of the research is determined by the researcher's motivation and skill level (Golafshani, 2003; Strauss & Corbin, 1998). This means there are both positive and negative aspects regarding the researcher's direct involvement in the process.

On the positive side, given this direct and active involvement in the data collection, the researcher can respond to the specifics of the situation and adapt the process to ensure that the collected data are unambiguous and related to the question (Merriam, 1988). For example, during the interview the researcher could ask for clarification and probe for further information from the participants. The researcher could monitor the participants' non-verbal communication and alter her response accordingly. The amount and specificity of the obtained data could be shaped by the way that the researcher structured, summarised and explored the participants' responses. As the researcher was involved in the data collection process, the researcher had a strong understanding of the context in which the data were collected.

Unfortunately, as the researcher cannot distance themselves from the data as may be possible with quantitative research (Sandelowski, 2000), it is important that the researcher considers the influence of their involvement in the process and the potential effects of this on the data so that the results can be interpreted accordingly (Greenhalgh & Taylor, 1997). For example, reflexivity is an important consideration for qualitative research as it highlights the interactive effects between the researcher and the participants (Yin, 2009). As the researcher had direct contact with the participants during the interviews the participants' and the researcher's thoughts on the other person's age, gender, race, ethnicity and social class may have affected their interaction and the information that was shared. The researcher was a speech pathologist, did not have experience as a parent and was younger than the participants in the study. The researcher had previously been in Eastern Europe volunteering in a number of institutional care settings with children. These factors are highlighted as they may have impacted on the research process.

As a qualitative study relies heavily on the involvement of the researcher, the data collection and analysis process can be time consuming. The researcher must commit to extensive time with the participants in the field during data collection as well as the task of analysing large amounts of often detailed data (Creswell, 1998). The researcher must remain flexible and motivated to complete the complex task of working with qualitative data (Creswell, 1998). The collected data are dependent on the skill of the researcher to form a suitable relationship with the participant, be an active listener and focus on the participants' experiences in their world (Polkinghorne, 2005).

2.2 Analyses

2.2.1 Quantitative demographic data

In order to provide an overview of the adoptive parents, the adoptive families, the adoption patterns and the lifestyles of adoptive parents' who participated in the study, descriptive statistics such as measures of central tendency, dispersion and frequency were used. The use of such descriptive measures also allowed for comparisons to be made between the results of this study and the results of other

similar studies and national adoption statistics. These demographic results are provided in Chapter Three.

2.2.2 Qualitative data and thematic analysis

Thematic analysis is a method for recognising, investigating and reporting themes within a qualitative data set (Braun & Clarke, 2006). The flexibility of thematic analysis allows it to be used as a research tool "which can potentially provide a rich and detailed, yet complex, account of data" (Braun & Clarke, 2006, p. 78). Thematic analysis was used to analyse the qualitative data collected using open ended questions in the online questionnaire and the interviews. Open ended questions were used in the online questionnaire so that participants could provide more detailed responses than would be allowed with closed questions. As the study is primarily qualitative, it was important that both the online questionnaire and interview collected data that could be used for thematic analysis. The interviews produced more detailed information than the online questionnaires and also allowed for the follow up of interesting ideas present in the questionnaires. For these reasons the interviews provided a greater amount of data for the thematic analysis. All of the open ended questions from the online questionnaires as well as all of the interview transcripts were included in the data set that was analysed using thematic analysis.

The protocol outlined by Braun and Clarke (2006) was used by the researcher to analyse the data to ensure that a deliberate and defined method of analysis was followed. Their protocol involves six phases which are described in Table 3.

Table 3

Phases of Braun and Clarke's (2006) thematic analysis

Phase	Description of the process
1. Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extract (Level 1) and the entire data set (Level 2), generating a thematic "map" of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the analysis to the research question and literature, producing a scholarly report of the analysis

(Braun & Clarke, 2006, p. 87)

An example of an interview transcript is provided in Appendix K. The codes that have been used were developed after analysing the qualitative data that made up that data set (phase two interviews for parents of children aged 3 to 6 years). These codes were then used to develop the main themes present in the data and reported in the thesis. As such, not all of the codes coded in the interview transcript were reported in the final themes, nor was the wording of the identified codes used in the reporting of the final themes.

Following analysis of the first set of interview transcripts by the primary researcher, the interview transcripts were read by two other researchers and then the identified themes were discussed by the research team. This discussion was useful in reflecting on the themes and the analysis process and assisted the primary researcher to continue the analysis of the remainder of the interview transcripts and the

responses to the open ended questions in the online questionnaire. The themes within the data set were discussed by the research team a number of times before being finalised and documented in the thesis. This process has been used in other studies where, although the data analysis was conducted by one researcher, the researcher has involved a research team in discussions and reflections on the process and themes (Gardner, Davies, & McAteer, 2010).

3.0 CHAPTER THREE

3.1 Demographic results

The following sections provide a summary of the demographic results taken from the online questionnaire. These results provide a detailed description of the intercountry adoptive parents, their adopted children and their family structure. Descriptive statistics are used to summarise the data reported in the closed ended questions in the questionnaire. Not all questions from the questionnaire have been addressed in this section; however, those that were related to the research objectives and those that provided essential information about the participants have been described. These demographic results are useful for the interpretation of the thematic results in the following chapter. The question numbers from the questionnaires are referred to in this results section to allow the participants' responses to be cross checked with the questions that were asked in the questionnaires. Copies of the questionnaires are provided in appendices A, B, C and D.

3.1.1 An overview of the participants

It is not known how many adoptive parents were contacted as the support groups did not have current data to describe the number of members and how many contact details were current. In total, 87 adoptive parents accessed the first questionnaire. Eight of these questionnaires were blank. In total, 79 participants responded to the questionnaire. These were all intercountry adoptive parents who lived in Australia, had adopted a child aged 0 to 6 years in the past five years and were members of an online support group.

Participants were separated into two groups to allow for a comparison to be made between those who adopted younger and older children. Responses were grouped into those parents who adopted children aged 0 to 3 years (0 to 2.11 year) and those who adopted 3 to 6 years (3.0 to 5.11 years). Fewer parents of older children responded, and so the groups were not of equal size. There were 68 responses from parents with children aged 0 to 3 years and 11 responses for those who adopted children aged 3 to 6 years.

The following tables describe the group of participants for the study. Comparisons are also made to the national adoption statistics for intercountry

adoption in Australia. Descriptive statistics have been used to describe and summarise characteristics of the groups. Both the raw scores and the percentages are presented. The raw scores give a more accurate description of each variable while the percentages allow for comparisons between the two groups despite the different group totals. It is important to note that not all questions were completed by all participants and therefore some scores may not add up to the participant totals.

Table 4

Overview of families who adopted children aged 0 to 3 years and 3 to 6 yeas

Characteristic	Parents of children aged 0 to 3 years (n=68)			Parents of children aged 3 to 6 years (n=11)		
Adoptive mothers						
Mean age (SD)	43.1 yrs (4.74)			48.1yrs (8.03)		
Age range	31-52yrs			34-63 yrs		
Education level	Postgraduate	46%	(31)	Postgraduate	54%	(6)
	University	29%	(20)	University	36%	(4)
	TAFE	13%	(9)	TAFE	9%	(1)
	High school	10%	(7)			
	Year 10	1%	(1)			
Employment status	Part time	56%	(38)	Part time	63%	(7)
	Other	30%	(20)	Full time	18%	(2)
	Unemployed	9%	(6)	Unemployed	9%	(1)
	Full time	6%	(4)	Other	9%	(1)
English speaking	98% (65)			100% (11)		
Adoptive fathers						
Mean age (SD)	45.5 yr s(5.42)			46.2yrs (8.15)		
Age range	35-57yrs			33-56yrs		
Education level	Postgraduate	33%	(20)	University	36%	(4)
	University	27%	(16)	Postgraduate	18%	(2)
	TAFE	13%	(8)	Trade	18%	(2)
	Trade	13%	(8)	TAFE	9%	(1)
	High school	12%	(7)			
	Year 10	2%	(1)			
Employment status	Full time	85%	(52)	Full time	88%	(8)
	Part time	8%	(5)	Unemployed	12%	(1)
	Other	7%	(4)			
English speaking	98% (57)			89% (8)		
Location of adoptive family	WA	26%	(18)	NSW	27%	(3)
	Vic.	19%	(13)	Vic.	18%	(2)
	NSW	16%	(11)	SA	18%	(2)
	SA	14%	(10)	Qld.	18%	(2)
	Qld.	9%	(6)	ACT	9%	(1)
	ACT	6%	(4)	Tas.	9%	(1)
	Tas.	6%	(4)			
	NT	3%	(2)			
Percentage that have biological children	27% (18)			18% (2)		
Number of intercountry adopted children in the family	1	63%	(43)	1	55%	(6)
	2	29%	(20)	2	45%	(5)
	3	6%	(4)			
	4	1%	(1)			
Requests for the adoption						
Particular age	67%	(36)		54%	(6)	
Sibling group	33%	(18)		36%	(4)	
Normal care*	61%	(33)		36%	(4)	
Moderate care*	22%	(12)		18%	(2)	

* Normal care needs where normal relates to normal for an adopted child. Moderate care needs include known disabilities or health/social issues

Table 4 provides an overview of the characteristics of the adoptive parents and the structure of the adoptive family. Questions were asked about the adoptive mother and the adoptive father as most countries that Australia has adoption agreements with require that applicants be in a married relationship. There are some countries that specify single women can adopt children that are older or who have special needs. Most countries state that couples in same sex relationships are ineligible to apply for an intercountry adopted child from that country. For these reasons, the majority of the participants in this study were in a married relationship where there was an adoptive mother and adoptive father. There were, however, some participants who were single mothers and therefore the figures for adoptive mothers and adoptive fathers do not always balance in the table.

Table 4 allows a summary of both groups of parents who participated in phase one and makes comparison between those parents that adopted younger children and those who adopted older children. The characteristics of the adoptive parents in each group are similar and there are no noteworthy differences between the two groups based on the age of the child they adopted. Both groups have mothers that are in their 40s, however the adoptive mothers who adopted older children tended to be slightly older that those who adopted younger children (Question 3). The fathers in both groups had a similar average age of in their mid 40s (Question 9). Most parents had completed either postgraduate studies or studies at university (Question 6 and Question 12). Both groups had fathers that were mostly employed full time (Question 13). The structures of the family were similar in that few of the adoptive parents had biological children (Question 15). Parents who adopted children aged 0 to 3 years were more likely to request a child of a particular age (Question 22) and with normal care needs (Question 24). Participants were spread throughout Australia, however due to the smaller number of parents included in the 3 to 6 years age group there was not a representative from every state (Question 1).

There were a number of participants who spoke English along with other languages as a second or third language (Question 5 and Question 11). English was spoken as the first language by 98% of the adoptive mothers and fathers who adopted children aged 0 to 3 years. In this group, there were 38% of mothers (n=26) and 31%

of fathers (n=18) reported who speaking more than one language. Other languages spoken by the mothers included Mandarin (n=11), Italian (n=8), French (n=5), Spanish (n=4), Amharic (n=3), Dutch (n=2), Korean (n=2), Japanese (n=1), Greek (n=1), Afrikaans (n=1), Tagalog (n=1), Fijian (n=1), Thai (n=1), Russian (n=1), Hungarian (n=1) and Maltese (n=1). Other languages spoken by the fathers included Italian (n=4) Dutch (n=4), Mandarin (n=3), French (n=3), Spanish (n=2), Amharic (n=2), Greek (n=2), Korean (n=2), Macedonian (n=1), Bulgarian (n=1), Tagalog (n=1), Hebrew (n=1), Fijian (n=1), Thai (n=1), Maori (n=1) and Indonesian (n=1).

English was the first language for all of the adoptive mothers in the 3 to 6 years age group and for 89% of the fathers. One father reported Chinese was his first language. In addition to speaking English, two mothers also reported speaking Malaysian and the following languages were each reported once by the group of mothers: Danish, Aboriginal Kriol, Pidjin, Italian, Thai, Chinese Mandarin, Amharic and French. Only two fathers spoke more than one language and these languages were Maltese and Amharic.

Although there were a number of parents from both groups who reported speaking more than one language, their use of these languages was not identified in the questionnaire. Many parents reported they learnt the language spoken in their adopted child's country of origin although their competency in these languages is unknown.

The adoptive mothers were employed in a variety of roles and positions (Question 7 and Question 8). For the group of mothers who adopted children aged 0 to 3 years, 56% (n=38) were employed part time, 9% (n=6) were unemployed and 6% (n=4) were employed full time. Twenty nine percent of mothers (n=20) selected the "other" option for this question and reported roles such as being a stay at home mother and being on parental or maternity leave. For the mothers who adopted children aged 3 to 6 years, 63% (n=7) were employed part time, 18% (n=2) full time, one was unemployed and one reported she was retired. There was a range of occupations across both groups however many mothers worked in healthcare or education. Occupations included teachers, nurses, psychologists, occupational therapists, doctors and child care workers. Many of these roles could involve experience with and working with children.

More adoptive fathers were employed in full time work than was the case for the mothers. Of the fathers who adopted children 0 to 3 years, 85% (n=52) were

employed full time, 8% (n=5) were part time and 7% (n=4) reported "other" conditions which included parental or adoption leave (Question 13). Eighty eight percent (n=8) of the fathers who adopted children aged 3 to 6 years were employed full time and one father was unemployed. The fathers were employed in business and professional roles such as managers, company directors, teachers, accountants, and engineers or employed in the building industry as builders (Question 14).

The parents of both groups had similar reasons for adopting (Question 20). The motivation came from one of two perspectives. The first included parents who were unable to have biological children because they were infertile (*"We wanted to begin a family and are unable to have biological children")*, had been unsuccessful with IVF treatments (*"tried IVF unsuccessfully")* or were single parents (*"I wanted a family and at age 35 it seemed unlikely I would meet a partner with whom I could have children.")*. The second perspective included parents who adopted for humanitarian or religious reasons and wanted to care for and love a child without a family (*"To provide a loving and caring family and home life to a child who would otherwise not have these.")* Some parents had already adopted a child and wanted to add to their family so that their adopted child had siblings (*"For second adoption: We wanted another child and our adopted daughter needed a sibling of the same race.")* For those that wanted to start a family, some pursued intercountry adoption as they believed it was a shorter process than applying for a local adoption (*"Australian adoption almost impossible, with up to ten year waiting periods.")*

Table 5

Overview of adopted children aged 0 to 3 years and 3 to 6 years

Characteristic	Children adopted aged 0 to 3 years (n=68)			Children adopted aged 3 to 6 years (n=11)		
Adopted child						
Mean age at placement (SD)	17.2 months	(10.29)		51.5 months	(11.44)	
Age range at time of placement	0-36 months			37-72 months		
Mean current age (SD)	51.1 months	(22.57)		94.2 months	(21.87)	
Age range current	8-96 months			72-144 months		
Gender	Female	57%	(23)	Female	63%	(7)
	Male	43%	(31)	Male	36%	(4)
Country of origin	China	37%	(20)	Ethiopia	45%	(5)
	Korea	17%	(9)	Thailand	27%	(3)
	Ethiopia	13%	(7)	China	18%	(2)
	Thailand	13%	(7)	Burundi	9%	(1)
	The Philippines	9%	(5)			
	Taiwan	7%	(4)			
	Colombia	4%	(2)			

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Table 5 presents information regarding the characteristics of the adopted children. Some of the values do not add up to the required totals as some questionnaires were left incomplete and some participants unfortunately did not give a response to every question. The age at time of placement (Question 26) referred to the child's age when they were brought home with the adoptive family. This is reported for the groups as both a mean age and the age range. Current age referred to the child's age at the time that their adoptive parent completed the online questionnaire (Question 27) and is also reported with the mean and range for each of the groups. On average, those who adopted children aged 0 to 3 years had cared for the children for less time (33 months) than those who adopted children aged 3 to 6 years (42 months). It was more common for both groups to adopt girls rather than boys (Question 28). The children's countries of origin (Question 29) were comparable between the two groups. China, Ethiopia and Thailand were in the top four countries for both groups however in different orders.

When applying for adoption, 65% of parents (n=26) who adopted children aged 0 to 3 requested a child of a particular age (Question 22). Eighteen parents wrote they requested children under the age of 3 years while other parents requested

children who were *"as young as possible."* Two parents made age requests according to the ages of children already in their family (*"approx. 3 years younger than our biological child."*) Fifty eight percent of parents (n=7) who adopted children aged 3 to 6 years also made requests regarding their child's age. There was one parent who requested a child under the age of one, four that requested a child under the age of 4 years, one that requested a child under the age of 7 years and one that specifically requested a child aged 3 to 5 years. These results suggest that parents in both groups requested younger children and those who received children aged 3 to 6 years did not necessarily request children within that age range.

When submitting an application for adoption a number of factors influenced the parents' decision about which country to request (Question 21). These factors were similar across both groups' responses however the one difference between the groups was that those who adopted younger children intentionally chose their particular country because that country had younger children available for adoption and/or the children came from foster care (*"We initially chose that country some 12 years ago because of my knowledge of attachment and child development. The country we chose children came from foster homes and that was the country placing children at a younger age than any other country.")* Other factors that influenced the parents' decision included meeting the requirements for the country (age and single parents) (*"Ethiopia- it was one of only 2 countries that a single person could apply to and I did not care which country the child came from")*, the possibility to adopt sibling groups or pursue a second adoption later (*"Ethiopia because our eldest son is from Fiji and we wanted a baby to have similar characteristics and our middle son is Ethiopian.")*, the possibility and ease of future travel to the country (*"Thailand- parts of the program appealed e.g. Nativeland a program for Thai adoptees to visit Thailand as a group, runs every three years or so, country close enough to visit regularly…")* a preferences for the culture (*"Thailand: like the culture, like the food.")*, the quality of the program and standard of care the children received (*"South Korea. Well established programme and children are well cared for in foster homes prior to adoption.")*, the proposed waiting times for the country (*"China- it was the most predictable and most organised programme at the time of application.")*, having family links to the country (*"Thailand- mother is part Thai.")*, having friends who had adopted from that country (*"I have two nieces adopted from China.")* and knowing the culture was represented in their local community (*"The Philippines as*

we knew people from this country and live in a community with many people from this country.")

In the questionnaire, parents were asked to rate their child's communication skills at the time of placement with consideration to their child's age and previous experiences (Question 39). It was common for the children's communication skills to meet the parents' expectations regardless of the child's age with 58% (n=21) of parents who adopted children aged 0 to 3 years and 55% of parents who adopted children aged 3 to 6 years reporting their child's communications skills at the time of the adoption were at a level they expected. However, it should be noted that the parents' actual expectations are unknown and it is not known if these expectations were age appropriate. It was more common for parents who adopted older children to be unsure of what to expect of their child (36%) than for those who adopted younger children (14%). Twenty eight percent of parents (n=10) who adopted children aged 0 to 3 years reported that their children's communication skills did not meet their expectations. Of these ten parents who reported different expectations, four said their child presented better than expected (*"He was already much more fluent in Mandarin than expected. He understood what we were saying in English within the first week. He switched to English very quickly."*), while six reported surprise and concern with their child's communication difficulties (*"significantly lower- e.g. no words present at all."*). The one parent who adopted a child aged 3 to 6 years and who reported their child presented differently to what was expected said their child was more advanced in their first language than what they had been told (*"Our child's file indicated that he had limited language in Thai with few polysyllabic words, in reality, once placed with us he never stopped talking or bossing us around."*)

As hearing ability is an important factor in the development of a child's communication skills, adoptive parents were asked if they had ever been worried about their child's hearing ability (Question 42). Seventy five percent (n=27) of parents who adopted children aged 0 to 3 years and 91% (n=10) of parents who adopted children aged 3 to 6 years had no concerns with their child's hearing. Every adoptive parent who had concerns reported they had their child's hearing tested.

Adoptive parents were asked about how often their child was exposed to their native language (Question 43) and to respond with one of the statements of frequency (Glennen & Masters, 2002) as shown in Table 6. The most common form of exposure was for the adoptive parents to know some basic words and phrases and

use them with their child. Children in both groups were just as likely to have either no exposure to their first language or some exposure to a native language speaker regardless of the age of the child. Five percent of children aged 0 to 3 years (n=2) experienced frequent exposure to an adult native language speaker.

Table 6

Parents' responses regarding how often their child was exposed to their native language.

	Parents who adopted children aged 0 to 3 years (n=36)	Parent who adopted children aged 3 to 6 years (n=11)
No exposure to their first language	17% (6)	27% (3)
Some basic words and phrases spoken by adoptive parents	61% (22)	46% (5)
Conversational language with adoptive parents	0 (0%)	0% (0)
Some exposure to an adult native language speaker (2 times per week or less)	17% (6)	27% (3)
Frequent exposure to an adult native language speaker (2 times per week or more)	5% (2)	0% (0)

In the questionnaire parents were asked about their current feelings for their child's English speech and language development (Question 47) and asked to select one of the responses as shown in Table 7 (Glennen & Masters, 2002). Sixty four percent of adoptive parents who adopted children aged 0 to 3 years and 45% of parents who adopted children aged 3 to 6 did not have concerns about their child's English abilities. However there were parents in both groups who reported some degree of concern. Ten parents who adopted younger children and three parents who adopted older children had enough concern to either consider or access professional help to assist them.

Table 7

Parents' current feelings about their child's English speech and language development

	Parents who adopted children aged 0 to 3 years (n=36)	Parent who adopted children aged 3 to 6 years (n=11)
No concerns	64% (23)	45% (5)
Mild concerns (not enough to seek professional help)	8% (3)	27% (3)
Moderate concerns (enough to think about seeking professional help)	8% (3)	18% (2)
Severe concerns (definitely feel the need to seek professional help)	19% (7)	9% (1)

These data taken from the questionnaire provide further description of the participant sample and useful contextual information with which to interpret the qualitative data taken from both the online questionnaire and interview transcripts.

3.1.1.1 Comparison of participant sample with national trends for intercountry adoption.

The participants for this study volunteered to participate and only represented a portion of the Australian families that adopt from overseas every year. In this study data were accumulated from parents who adopted over the past five years, therefore it was difficult to compare some characteristics as they would have changed since the time of adoption (e.g. age of adoptive parents, number of children in the family etc.). However, a number of demographic characteristics for the participant sample could be used to compare to the most recent data for the trends in intercountry adoption to determine if this study's sample was representative. This comparison is shown in Table 8.

Table 8

Comparison of participant sample with national data for intercountry adoption

Characteristics	Participants in this study (n= 79)			Intercountry adoption statistics for Australia in 2011-2012 (n=149)*		
Location of adoptive family	WA	23%	(18)	NSW	30.9%	(46)
	Vic.	19%	(15)	Vic.	24.2%	(36)
	NSW	18%	(14)	SA	15.4%	(23)
	SA	15%	(12)	Qld.	13.4%	(20)
	Qld.	10%	(8)	NT	6.0%	(9)
	Tas.	6%	(5)	ACT	4.0%	(6)
	ACT.	6%	(5)	WA	3.4%	(5)
	NT	3%	(2)	Tas.	2.7%	(4)
Countries of origin for adopted children	China	34%	(22)	The Philippines	19%	(29)
	Ethiopia	18%	(12)	South Korea	17%	(26)
	Thailand	15%	(10)	China	16%	(24)
	Korea	14%	(9)	Taiwan	15%	(22)
	The Philippines	8%	(5)	Ethiopia	12%	(18)
	Taiwan	6%	(4)	Thailand	11%	(16)
	Colombia	3%	(2)	India	5%	(8)
	Burundi	2%	(1)	Other	4%	(6)
Percentage that were Hague adoptions	Hague	66%	(43)	Hague	55%	(82)
	Non-Hague	22%	(14)	Non-Hague	45%	(67)
	Unsure	12%	(8)			
Gender of adopted child	Female	58%	(38)	Male	52%	(77)
	Male	42%	(27)	Female	48%	(72)

*(Australian Institute for Health and Welfare, 2012)

Table 8 allows for clear comparisons to be made on some characteristics that define the current participant sample and the intercountry adoption trends for Australian parents in 2011-2012. Although there are some slight differences in location of respondents and country of origin for adoption, the two groups present similar trends and features. There was however a surprisingly large percentage of responses which came from families in Western Australia. It may be that these families recognised the researcher's affiliations with a local Western Australian University and therefore were more willing to participate.

China and Ethiopia were the most frequent adoptive countries of origin for the participants in this study (34% and 18% respectively) however this was not the case for the adoption statistics for Australia in 2011-2012 where The Philippines and South Korea (19% and 17%) were the most common. This difference may have been because the adoption program with Ethiopia was closed in 2012 (Australian Institute for Health and Welfare, 2012). As online support groups for intercountry adoption

were used to recruit participants, this may have affected the representation of countries in the current study. Although a large number and variety of support groups were contacted, only those who responded to the researcher's request participated in the study. Support groups were either country specific (e.g. Families with Children from China) or for families living in a particular city (e.g. International Adoptive Families for Queensland). A large national support group for families who adopted children from China was involved in recruiting participants (Families with Children From China) and this may have resulted in an increased representation of families who adopted from China in the current study.

The percentage of Hague adoptions was similar for those involved in this study (66%) and for the general intercountry adoptive population (55%). Some parents who responded to the study were unsure (12%) if their adoption was a Hague adoption.

It was slightly more common for parents to adopt girls in the current study (58%) than it was for the national intercountry adoption statistics (48%). The higher percentage of female children in the study may be related to the large percentage of adoptions from China. In China, government policy and cultural preferences mean that a large number of girls are surrendered by their parents and available for adoption (Hwa-Froelich & Matsuo, 2010).

3.1.2 Participants in phase two of the study

The second phase of the research involved a follow up of those who participated in the first phase. At the completion of the first questionnaire, participants were provided with an opportunity to register their interest in the first interview as well as register their interest for the follow up phase one year later. Of the 86 questionnaires that were commenced in the first stage of the study 50 of these were completed. The parents were required to complete the questionnaire to be able to register their interest in further aspects of the study. The option to register was the last window in the online questionnaire therefore some participants did not reach this page. There were 36 parents (72%) who registered their interest for the second phase. All 36 participants were contacted with details for how to participate in the second stage. Twenty nine of these participants were in the group of parents who adopted children aged 0 to 3 years and eight were parents of adopted children aged 3 to 6 years.

The online questionnaire used in the second phase of the study included questions about the adoptive parents, the adopted children and the family structure. These questions were asked in order to collect demographic information about the group of participants in the follow up phase. As there was no way to track individual participants, comparisons were made to determine how those who registered for the follow up phase compared to the larger participant sample. These comparisons are made in Table 9, Table 10, Table 11 and Table 12.

3.1.2.1 Comparison of 0 to 3 years participants in phase one and phase two.

Twenty nine parents of children aged 0 to 3 years from the original group of 68 parents agreed to participate in a follow up phase of this study. This is a follow up rate of 43%. Of the 29 participants, 22 completed the second questionnaire, a response rate of 76%. One email invitation was returned to the researcher, suggesting that the participant's contact details had changed. There were six participants who did not respond or complete the questionnaire despite receiving an initial invitation via email and two follow up emails over the period of one month. It is unknown if their contact details had changed or if they were no longer interested in participating. Of the 22 participants who completed the second questionnaire, 59% registered their interest for an interview (n=13). All 13 were interviewed.

The parents who adopted children aged 0 to 3 years for phase one and those parents who agreed to participate in the second phase are compared in Table 9.

Table 9

Comparison of adoptive parents of children aged 0 to 3 years in phase one and phase two

Characteristic	PHASE ONE (n=68)			PHASE TWO (n=22)		
Adoptive mothers						
Mean age (SD)	43.1 yrs(4.74)			45.0 yrs(3.75)		
Age range	31-52yrs			52-40 yrs		
Education level	Postgraduate	46%	(31)	Postgraduate	59%	(13)
	University	29%	(20)	University	27%	(6)
	TAFE	13%	(9)	TAFE	14%	(3)
	High school	10%	(7)			
	Year 10	1%	(1)			
Employment status	Part time	56%	(38)	Part time	72%	(16)
	Other	30%	(20)	Full time	14%	(3)
	Unemployed	9%	(6)	Unemployed	9%	(2)
	Full time	6%	(4)	Other	5%	(1)
Adoptive fathers						
Mean age (SD)	45.5 yrs(5.42)			46.5yrs (4.60)		
Age range	35-57yrs			38-55yrs		
Education level	Postgraduate	33%	(20)	Postgraduate	32%	(6)
	University	27%	(16)	TAFE	16%	(3)
	TAFE	13%	(8)	Trade	16%	(3)
	Trade	13%	(8)	University	11%	(2)
	High school	12%	(7)	Other	11%	(2)
	Year 10	2%	(1)			
Employment status	Full time	85%	(52)	Full time	74%	(14)
	Part time	8%	(5)	Part time	16%	(3)
	Other	7%	(4)	Other	11%	(2)
Location of adoptive family	WA	26%	(18)	NSW	32%	(7)
	Vic.	19%	(13)	WA	23%	(5)
	NSW	16%	(11)	Vic.	18%	(4)
	SA	14%	(10)	Qld.	9%	(2)
	Qld.	9%	(6)	Tas.	9%	(2)
	ACT	6%	(4)	SA.	5%	(1)
	Tas.	6%	(4)	NT.	5%	(1)
	NT	3%	(2)			
Percentage of parents that have biological children	27% (18)			18% (2)		
Number of intercountry adopted children in the family	1	63%	(43)	1	55%	(6)
	2	29%	(20)	2	45%	(5)
	3	6%	(4)			
	4	1%	(1)			

As Table 9 demonstrates the group of participants in phase one and phase two were similar in terms of the characteristics of the birth parents. The mothers' and fathers' ages were similar as were their education levels, employment status and the percentage of couples that had biological children. There were some differences in the location of the adoptive families. It is unknown if this is due to families moving states since their previous involvement in the study or whether it was simply a result of only certain participants deciding to respond. There were also some minor differences with the characteristics of the adopted children reported in the follow up as shown in Table 10. China still remained the most frequent country of origin and it was still more common to have adopted one child. Based on the comparisons provided in Table 9 and Table 10 it appears that the characteristics of the smaller group are comparable to the original larger group of participants who adopted children aged 0 to 3 and who participated in the initial stage of the data collection.

Table 10

Comparison of adopted children aged 0 to 3 years in phase one and phase two

Characteristic	PHASE ONE (n=68)			PHASE TWO (n=22)		
Adopted child						
Mean age at placement (SD)	17.2 mnths	(10.29)		19.0 mnths	(10.24)	
Age range at time of placement	0-36 mnths			6-36 mnths		
Mean current age (SD)	51.1 mnths	(22.57)		58.7 mnths	(21.72)	
Age range current	8-96 mnths			30-108 mnths		
Gender	Female	57%	(23)	Female	64%	(14)
	Male	43%	(31)	Male	36%	(8)
Country of origin	China	37%	(20)	China	45%	(10)
	Korea	17%	(9)	Ethiopia	18%	(4)
	Ethiopia	13%	(7)	Thailand	18%	(4)
	Thailand	13%	(7)	Korea	9%	(2)
	The Philippines	9%	(5)	Taiwan	4%	(1)
	Taiwan	7%	(4)	Colombia	4%	(1)
	Colombia	4%	(2)			

3.1.2.2 Comparison of 3 to 6 years participants in phase one and phase two.

Seven parents of children aged 3 to 6 years from the original group of 11 parents agreed to participate in the follow up study. This is a follow up rate of 63%

for the second phase. Of the seven parents contacted about the second phase, four completed the questionnaire. This equals a response rate of 57%. Of the four participants who completed the second questionnaire, 75% registered their interest for an interview (n=3). All three were interviewed.

The adoptive parents who adopted children aged 3 to 6 years in phase one are compared with those parents who agreed to participate in the second follow up phase in Table 11.

Table 11

Comparison of adoptive parents of children aged 3 to 6 years in phase one and phase two

Characteristic	PHASE ONE (n=11)			PHASE TWO (n=4)		
Adoptive mothers						
Mean age (SD)	48.1 yrs(8.03)			44.3yrs (8.62)		
Age range	34-63 yrs			35-53 yrs		
Education level	Postgraduate	54%	(6)	Postgraduate	50%	(2)
	University	36%	(4)	University	25%	(1)
	TAFE	9%	(1)	TAFE	25%	(1)
Employment status	Part time	63%	(7)	Part time	50%	(2)
	Full time	18%	(2)	Full time	25%	(1)
	Unemployed	9%	(1)	Unemployed	25%	(1)
	Other	9%	(1)			
Adoptive fathers						
Mean age (SD)	46.2yrs (8.15)			42.3yrs (7.81)		
Age range	33-56yrs			35-52 yrs		
Education level	University	36%	(4)	University	50%	(2)
	Postgraduate	18%	(2)	Postgraduate	25%	(1)
	Trade	18%	(2)	Trade	25%	(1)
	TAFE	9%	(1)			
Employment status	Full time	88%	(8)	Full time	100%	(4)
	Unemployed	12%	(1)			
Location of adoptive family	NSW	27%	(3)	NSW	25%	(1)
	Vic.	18%	(2)	Vic.	25%	(1)
	SA	18%	(2)	SA.	25%	(1)
	Qld.	18%	(2)	Tas.	25%	(1)
	ACT	9%	(1)			
	Tas.	9%	(1)			
Percentage of parents that have biological children	18% (2)			25% (1)		
Number of intercountry adopted children in the family	1	55%	(6)	1	50%	(2)
	2	45%	(5)	2	50%	(2)

As Table 11 demonstrates, the two groups were similar however due to the smaller number of participants in the second round there was a limited range in their responses. The same patterns were evident in both groups, for example age and qualifications of the parents. The children's demographic information as shown in Table 12 was also similar however there were fewer children and therefore fewer countries represented. As a result of the small number of participants in this stage there was not a representative from each Australian state. The characteristics of the follow up group are comparable to the original group of participants however caution must be taken when interpreting their results due to the small sample size.

Table 12

Comparison of adopted children aged 3 to 6 years in phase one and phase two

Characteristic	PHASE ONE (n=11)			PHASE TWO (n=4)		
Adopted child						
Mean age at placement (SD)	51.5mnths	(11.44)		50.3mnths	(15.59)	
Age range at time of placement	37-72 mnths			36-67 mnths		
Mean current age (SD)	94.2 mnths			94.5 mnths	(35.45)	
Age range current	72-144 mnths	(21.87)		48-132 mnths		
Gender	Female	63%	(7)	Female	50%	(2)
	Male	36%	(4)	Male	50%	(2)
Country of origin	Ethiopia	45%	(5)	Ethiopia	50%	(2)
	Thailand	27%	(3)	Thailand	50%	(2)
	China	18%	(2)			
	Burundi	9%	(1)			

3.1.3 Overview of the participants in the follow up phase

Some demographic information has been presented in the previous section that compared the two participant groups. The groups were comparable and there appeared to be no significant trends or differences between the original group of participants and the sample who agreed to participate in the follow up. Further demographic results are provided in this section to describe the participant sample beyond what has already been presented earlier.

In the second questionnaire adoptive parents were asked if their child attended day care, kindergarten, school or another type of care (Question 32). Their responses are shown in Table 13. This information allows an understanding of the

child's learning environment and other people involved in the child's language development. Most children from both groups were attending school however it is not known what grade they were enrolled in. For children who were adopted between 0 and 3 years, parents reported a number of "other" arrangements including *"cared for grandparents twice per week," "playgroup"* and *"children's church."* As the questionnaire allowed for only one response it is possible that children attended more than one of these arrangements, for example, kindergarten and day care.

Table 13

Percentage of children in day care, kindergarten or school arrangements at the follow up stage

	Parents who adopted children aged 0 to 3 years (n=22)	Parent who adopted children aged 3 to 6 years (n=4)
Day care	14% (3)	25% (1)
Kindergarten	14% (3)	0% (0)
School	54% (12)	75% (3)
Other	18% (4)	0% (0)

Adoptive parents were again asked about how often their child was exposed to their native language (Question 26). Although children from the 3 to 6 years group experienced a range of exposure to their native language, it was more common for children from the group 0 to 3 years to only hear basic words and phrases spoken by their adoptive parents (41%). Two children from the 0 to 3 years group received frequent exposure to an adult native language speaker. The frequencies of exposure to the native language at the follow up stage are similar to the initial stage where children mostly heard basic words and phrases spoken by the adoptive parents.

Adoptive parents were asked to reflect on their child's current English speech and language development (Question 31) (Glennen & Masters, 2002). Their responses are presented in Table 14. As in the initial stage of the study most parents did not have concerns with their child's communication skills. Mild concerns were evident in both groups with 18% (n=4) of parent who adopted children aged 0 to 3 years and 25% (n=1) of parents who adopted children aged 3 to 6 years selecting this response. No parent from either group reported moderate concerns that were enough for them to think about seeking out professional help. Fourteen percent of parents

(n=3) who adopted children aged 0 to 3 years reported severe concerns that required professional intervention. In the initial stage of the study there were parents in both age groups that reported moderate and severe concerns for their child's English speech and language development. It is unknown if these concerns and difficulties were resolved or if these parents did or did not participate in the follow up stage of the data therefore affecting the results.

Table 14

Parents' current feelings about their child's English speech and language development at the follow up stage

	Parents who adopted children aged 0 to 3 years (n=22)	Parent who adopted children aged 3 to 6 years (n=4)
No concerns	68% (15)	75% (3)
Mild concerns (not enough to seek professional help)	18% (4)	25% (1)
Moderate concerns (enough to think about seeking professional help)	0% (0)	0% (0)
Severe concerns (definitely feel the need to seek professional help)	14% (3)	0% (0)

The demographic information presented in this chapter provides information on the adopted children, their adoptive parents, the adoption process and some information about the children's speech and language skills. Although the participant sample was smaller at the follow up second phase of the study, the two participant groups were comparable. These demographic results provide further context and a greater description of the participants that were involved in this study. These results provide useful information for the interpretation of the thematic results that follow. It is important to understand who the participants are before reading their responses in the following section.

4.0 CHAPTER FOUR

4.1 Thematic Findings and Interpretation

4.1.1 Themes

Thematic analysis of the data obtained via the open ended questions in the online questionnaire and semi-structured interview resulted in a number of themes and sub-themes. These were reviewed by the researcher and research team before the six themes and their sub-themes were finalised. These themes represent the core messages that were evident in the participants' responses and provide an insight into the knowledge, beliefs about and experiences of speech and language development of the intercountry adoptive parents in this study.

Initially participants were split into two groups according to the age of their adopted child. Data collection and analysis occurred separately for the 0 to 3 years and 3 to 6 years groups as the researcher was interested in how the experiences of the two groups compared. Thematic analysis of the qualitative data for the two data sets found themes were similar in each group despite differences in the children's ages at adoption. For this reason, the data sets were joined and the themes evident in both groups of participants reported together. This was to avoid repetition and to demonstrate the common themes that were applicable to all adoptive parents in this study. Therefore, the following themes apply to participants from both age groups.

The themes within this chapter have been ordered in a way that follows the intercountry adoption journey from pre-adoption to post adoption and through to future recommendations. The first theme presents the parents' reflections on the intercountry adoption process. This is followed by a theme that describes their insight into intercountry adoption and their role as adoptive parents in their child's development. Attachment was a prominent concern for the intercountry adoption parents and is the theme that is addressed next. The themes that related to speech and language development and the relationship between this development and the child's school success were another key concern for parents in the study. For some parents, professional services and or support were required for either the child or the parents themselves and this theme often related back to the earlier themes regarding the intercountry adoption, attachment concerns, the child's speech and language

development or their school success. The parents' reflections on professional services and support groups form another set of themes. Finally, the parents provided their recommendations for improvements to the adoption process, for accessing services and working with professionals and these are presented as the final theme. This was an important issue to report as the parents' suggestions are a result of the experiences that are described in the earlier themes.

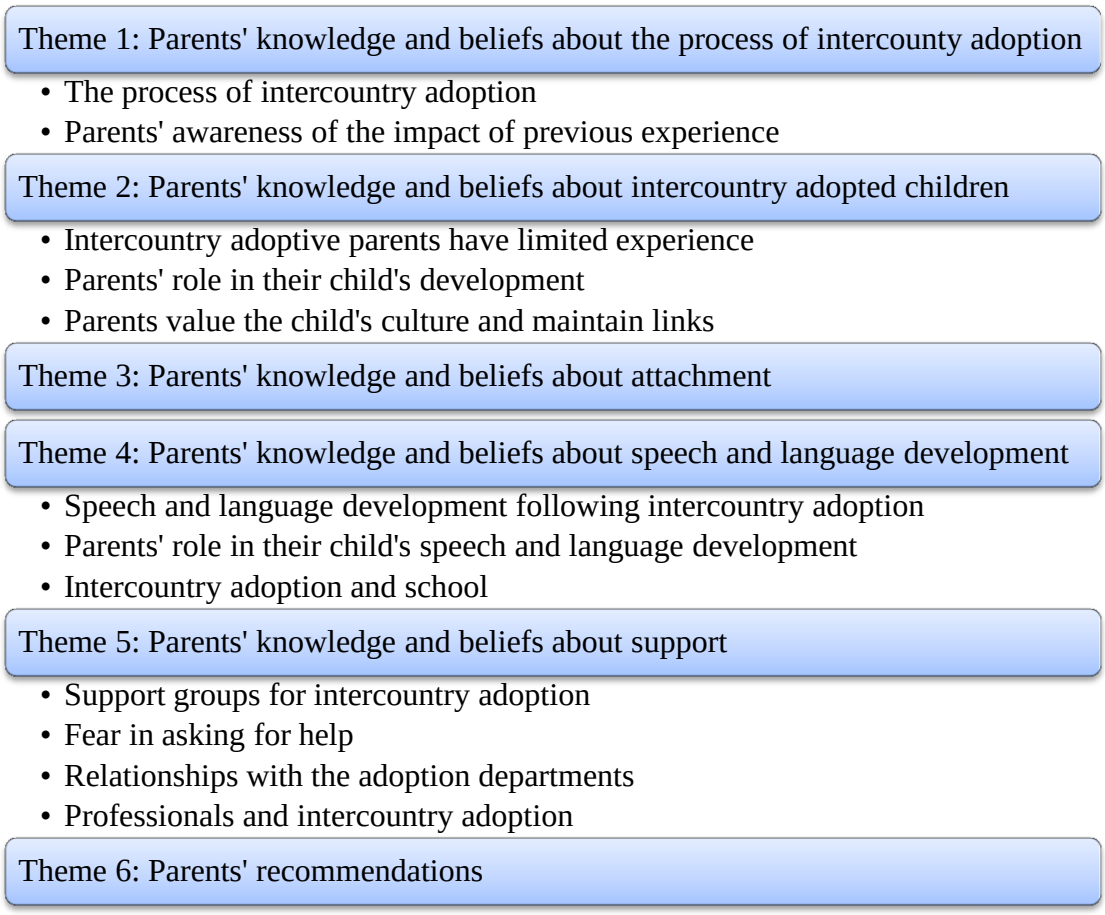
The themes reported in this research demonstrate that parents view their child's speech and language development as a process that does not occur in isolation. Rather, as Bronfenbrenner's (1979) model and the framework of the WHO ICF (2001) would predict, it is in fact affected by a number of external factors. It is therefore crucial to investigate the parents' awareness and experiences of these other factors in order to gain insight into their knowledge, beliefs and experiences about speech and language development in intercountry adopted children. The themes that are presented in this chapter demonstrate the links parents make between their child's communication abilities and for example, the intercountry adoption process, the child's attachment abilities and the availability of services and support. Although this study initially set out with a specific focus on speech and language development, the results demonstrate that the answers are far more complex and involve a holistic view of the children.

The data extend beyond the initial scope of the research aims and describe the variables that parents believe are important and in some way linked to their child's speech and language development and communication success. This study was explorative in nature therefore despite speech and language being the initial focus, the flexibility of the data collection process and the use of open ended questions and semi-structured interviews meant that the collected data could extend to what the participants thought was most important to discuss.

The following figure, Figure 2, demonstrates the organisation and flow of the themes that are addressed in this chapter.

Figure 2

Overview of the organisation of the themes and sub themes from the data set



As already highlighted, these themes were evident in each of the age groups and the different time points and are thus presented together to avoid repetition. The themes highlight the participants' knowledge and beliefs of each of the different factors and are based on their experiences as parents with their adopted children. For quotes taken from the interview transcripts, the age group and phase of data collection is noted along with the participants' pseudonym. For quotes taken from the online questionnaires, the participants cannot be identified and therefore only the age group and phase of data collection are noted along with the source of the quote, the questionnaire. This means that quotes from interviewees can be traced via their pseudonyms; however, quotes taken from the questionnaire cannot be traced back to individual participants. The details about the age group and phase of data collection

for each quote, demonstrate that themes have been identified in both age groups and during the different phases of the study.

The themes from the current study are compared and contrasted with relevant research literature and the theoretical models and frameworks that are presented in Chapter 1 in order to determine how these results fit with findings that are already available. The thematic results and the discussion are integrated within the chapter in order to minimise repetition and to give interpretation and meaning to the results of this study.

4.2 Theme 1: Parents' knowledge and beliefs about the process of intercountry adoption

Parents reflected upon and described their experiences as intercountry adoptive parents. This provided insight into their knowledge and beliefs about the process of intercountry adoption and the effects that the adoption process may have on their adopted child.

4.2.1 The process of intercountry adoption

> The adoption process is designed to ensure that the parents can care for a child, but does not require that they clearly understand the challenges that they may encounter when they adopt a child who has been raised in an institutional setting or, more generally, from any deprived, adverse environment. (Gunnar et al., 2000, p. 685)

Adoptive parents reported on a lengthy and complex application process prior to being approved. Parents had to attend numerous meetings, complete forms and pass assessment checks to ensure they were healthy and had the resources to care for an adopted child. Following this there was an extensive waiting period prior to being allocated and collecting their intercountry adopted child. It was typically described as a stressful event for the parents who had not had experience with biological children and had to prove that they were capable of caring for a child.

"We didn't have any parenting experience whatsoever so we figured the younger the child it would probably be easier. I don't know whether that's right or wrong!" (Lydia, 0 to 3 group, phase one)

A previous study of 256 prospective intercountry adoption parents found that 95% of their participants completed self-study tasks (e.g. reading) and 78% had contact with adoption experts (e.g. adoptive parents) in order to prepare themselves for the adoption (Welsh et al., 2008). The parents in the current study engaged in similar activities in order to prepare themselves for the task of parenting an intercountry adopted child. During the waiting time they developed their knowledge of child development and adoption through their own research, reading and networking within the adoption community. They also attended mandatory training and assessments offered by the adoption departments. Their willingness to learn and develop their skills was evident from the time they applied for the adoption.

"I had to the do the DOCS (now Community Services) training (if memory serves that was 2-3 days). I had to go to my social worker visits and she always made me do 'homework' (reading, talking to adoptive people and their families etc.). And I read books on adoption, attachment and other adoption issues (and of course spoke with families)." (Questionnaire, 0 to 3 group, phase one)

Parents said the majority of the available information presented the difficulties associated with adoption and prepared them to expect the worst.

"I certainly did a lot of reading about child development and adoption and things before we picked her up. I was really pleasantly surprised at how good and well she seemed to be. I had expected she would be very withdrawn and traumatised. Although she obviously had some trauma, she couldn't avoid it; I don't think it was too bad in the scheme of things." (Carla, 0 to 3 group, phase one)

This finding contrasts with findings from previous studies, which showed that although intercountry adoptive parents are generally well informed of the possibilities that their child may have some developmental or medical needs (Matsuo

et al., 2006), some parents have been reported to experience difficulty accepting this as a possibility (Gunnar et al., 2000).

The anticipation and the need to prove oneself as capable appeared to cause parents to become quite stressed and place high expectations on their ability to care for their adopted child.

> *"Yep and it's also because it's quite a process to get through, you know the process pre-adoption, there is this kind of expectation of, well, now you are full bottle you should be able to handle whatever because you have researched and done the work and the interviews and the assessment process. I think, in that way, it sets you up, to some extent, to have very high expectations on yourself and to not want to admit to yourself, to your partner, to any professionals, especially if it is going to be linked back to the department, or any difficulties or that." (Lorna, 0 to 3 group, phase one)*

Parents had a desire to learn in order to assist them in caring for their children and believed they were often ahead of the adoption departments and professionals in terms of their knowledge in the area.

> *"You know they are not negligent but I would have to say pretty consistently talking to other parents they are far behind us in searching out and staying connected and aware and proactive." (Joanna, 3 to 6 group, phase one)*
>
> *"To be honest one of the ways I dealt with that was by becoming my own expert… Because I'm a university academic and I have access to university libraries and various other things I was able to read and research and sort things out myself… That was born out of necessity because it was so difficult for myself." (Katie, 3 to 6 group, phase one)*

When parents had researched an area they were willing and active in sharing that information within the adoption community and with professional groups. One parent had developed a handout for discussing adoption with school aged children which she then gave to her child's teacher as well as to new families who were connected to her adoption support group.

"I ended up writing a thing and giving it to the school… It was just about talking about adoption in the school, you know because there is quite a bit of adoption language that you know like not talking about how these girls had left their families and come to Australia because that is going to scare the shit out of little kids." (Natalie, 3 to 6 group, phase one)

Despite the lengthy and complex process that had to be endured by adoptive parents, they reported they were very grateful of the outcome and saw their child as being an important part of their new family.

"Yeah and they've given me so much love and contentment that I would not have been able to have otherwise." (Nicole, 0 to 3 group, phase two)

For these families, intercountry adoption allowed them to create a family and provide love and affection to a child in need of a home. Their motive and the complexity of the situation were often misunderstood by the general public, and they frequently encountered a number of misconceptions and questions.

"Generally people think you choose your child out of a photo album or off the internet and then just go and collect them. To our own shock, even a couple of close friends who we had known during the first adoption process of five years was oblivious to the long and arduous journey we had taken." (Questionnaire, 3 to 6 group, phase two)

"But you know on a day to day basis it's quite tricky because people will say to them 'Oh God you're lucky! Look at you kids. You're so lucky.' I'm just going, 'Lucky?' Yeah right. How would you like it if you had to leave your family and go and live in another country? But in a way they are. They are really lucky." (Natalie, 3 to 6 group, phase two)

"Many make such statements as we are 'brave' and need to be 'congratulated for taking on these children' and 'well done.' We feel uncomfortable with such statements. For us it's about families for children and children for families." (Questionnaire, 3 to 6 group, phase two)

As there are numerous ways in which families are composed in today's society, parents believed it was important that intercountry adoption be seen as another valid way of forming a family. Parents were open to discussing the adoption with their children, friends and professionals where appropriate but at the same time felt like they had to protect the child, the adoption and their family from scrutiny.

> *"But um um I certainly believe in advocating for increased understanding in the fact that there are different ways to form a family and our family was formed in a different way." (Carla, 0 to 3 group, phase two)*
>
> *"I think it would be nice for the general public to have a better understanding but to also learn that there are privacy boundaries that shouldn't be crossed and they shouldn't be asking our kids private questions just because they are curious." (Lorraine, 0 to 3 group, phase two)*

The adoptive parents were thankful for the opportunity that they had to care for and love their adopted child. They knew that they did not have experience as parents but they did their utmost to care for, support and love their new child.

> *"Becoming a family by adoption has been a gift to us. It has enabled us to become conscious parents, to become better parents than we would otherwise have been. We are a long way short of being 'perfect' parents but we are trying to do better by our son as we do know that we don't know it all and by challenging traditional parenting techniques we hope to support and nurture our son in the best way possible to allow him to realise his potential whilst hopefully minimising as much as we can the impact of his traumatic beginning to life." (Questionnaire, 3 to 6 group, phase two)*

Research into the type of parents that apply for intercountry adoptions reveals a rather coherent profile. Intercountry adoptive parents view parenting as an important aspect of their lives, view the adoption in a positive manner and may have more psychological and familial resources available to them due to their greater socio-economic status (Levy-Shiff et al., 1997). These views of parenting and resources were alluded to in the parents' comments about the significance of the

adoption and the child in their family. It is essential to be aware of this profile when interpreting the adoptive parents' comments, their beliefs and their behaviours. Most of the adoptive parents in this study appear to fit within this profile of intercountry adoptive parents.

4.2.2 Parents' awareness of the impact of previous experience

> The time in life, however, when the brain is more sensitive to experience- and therefore most easy to influence in positive and negative ways is in infancy and childhood. It is during these times in life when social, emotional, cognitive and physical experiences will shape neural systems in ways that influence functioning for a lifetime. This is a time of great opportunity- and great vulnerability – for expressing the genetic potentials in a child. (Perry, 2002, p. 82)

> "The evidence clearly indicates that institutional care does not support the optimal development of children." (Johnson et al., 2006, p. 57)

Parents were well aware of the number of changes and difficult experiences their child may have endured prior to and during the adoption and the effects that these experiences could have on their later development. They believed that adoption was a traumatic experience for all parties involved in the process, including the child, the adoption carers, birth family and the child's new adoptive family.

> *"In order for that child to be adopted it must travel a journey that highly likely involves abandonment, abuse, starvation, loss of one or both parents. Whether they remember the journey or choose not to it has to have an effect on them." (Questionnaire, 3 to 6 group, phase one)*
>
> *"You know people say to me 'Oh how did you feel when you first got your baby?' Well to be honest I felt awful. I thought you know I'm making this little girl go through a horrible transition. Long*

term I know it will be ok but short term was just made me sad too." (Julia, 0 to 3 group, phase two)

"When I asked at the meeting what they had been told because two and a half is old enough, they'd been told nothing. And I got a look as if what planet was I on and why would I expect they had been told anything? So that was quite difficult and traumatic." (Jodie, 0 to 3 group, phase one)

As development is a result of such a complex and intricate combination of factors and experiences, the adoptive parents said it was difficult to tease out what was and was not related to the adoption and therefore how to best deal with the situation. Their beliefs are supported by research that details the complexities of intercountry adopted children's development. The experiences of each intercountry adopted child are unique and it is difficult to determine and document the effects of these on the child's later recovery (Gunnar et al., 2000). This is particularly difficult in the time directly following the adoption as it is often unclear what is a result of the institutionalisation and what is an actual biological risk (McGuinness et al., 2000). Children may have experienced psychological deprivation or nutritional deprivation or potentially both prior to the adoption (Rutter & The English and Romanian Adoptees (ERA) Study Team, 1998). These experiences can have potentially long term consequences therefore the parents' concerns and lack of understanding regarding their child's development were appropriate.

"Oh yeah I suppose you think when she does when something occurs whether it be like she might go through a bad phase where she is really clingy and wants to sleep with you all night you sort of come at it from a different perspective than a biological parent and sort of think 'Well is this a developmental age four thing or is this an adoption thing?' You know so I suppose when you come across issues you look at them from two perspectives and try and weigh up where you think you fall in the middle of it." (Lydia, 0 to 3 group, phase one)

The settings that the children were adopted from were described as less than optimum and vastly different to the type of care and environment the adoptive parents provided for their children.

"You cannot compare living in a mud hut. Poverty, trauma and living with lots of siblings to a home with two children, warm beds and clothes, school and food for every meal." (Questionnaire, 0 to 3 group, phase one)

"Our home is geared towards my daughter's needs- whereas the foster home was geared towards care of mass numbers of children to be cleaned, changed, washed, fed etc. (so not personal)." (Questionnaire, 0 to 3 group, phase one)

Not only were the environments different but the parents also discussed variations in the care giving practices between the child's country of origin and the new adoptive families' culture. In the institutions, care giving is often performed with little interaction with the children, is implemented in a rather rigid manner and is often performed by poorly trained caregivers who receive low pay and who turnover frequently (Groark et al., 2005; The St. Petersburg-USA Orphanage Research Team, 2005). If care giving practices are hostile, lack nurturance and social interaction then early neurological development can be affected which can then affect language acquisition (Child Welfare Information Gateway, 2001; Hwa-Froelich, 2009; Jacobs et al., 2010). Parents in this study were aware that they would continue to see characteristics in the child's development that might be associated with the type of care they had received previously.

"She was maybe a little bit delayed physically in that she was eight and a half months and she couldn't sit up unsupported. But I don't know if that is a cultural thing. Often in China I think that they carry their children a lot more and they don't do as much floor activity as we do with our ones. I don't think that's neglect I think that's possibly how they look after the children there." (Carla, 0 to 3 group, phase one)

"I think it is important to note that it not just the language that changes but also the communication between the infant and caregiver. For example in Korea eye contact was not a regular part of our youngest daughters interaction with the caregiver as she was strapped to her back most the time. Initially she found eye contact confronting and it took us many months to get her to even

look at us when we were talking to her." (Questionnaire, 0 to 3 group, phase one)

Parents were aware that these care settings and care giving practices would impact and shape their child's development. Due to the reading that many adoptive parents had done prior to applying to adopt, many preferred to adopt from foster care settings rather than orphanages. They believed the one on one care was more similar to their home environment and provided the child with a better start to life. Although parents in the current study believed that foster care provided a more supportive environment for their child it may be difficult for them to have evidence of the actual care the child received. The Bucharest Early Intervention Project involved movement of children from institutional settings to foster care placements and demonstrated the improved outcomes associated with this type of care if the transition took place before 24 months (Windsor et al., 2007; 2011). Another study involving moving children from institutional care into foster care placements found positive changes to the children's growth and development (Ladage, 2009). This may be because institutional care settings, regardless of the country, are often characterised by high child to caregiver ratios, frequent turnover of carers and multiple caregivers per shift (Dobrova-Krol et al., 2008). These findings suggest foster care settings improve children's development and therefore support the participants' desires to adopt children from foster care settings rather than institutional settings. The effects of these early institutional experiences on the neural and physical development framework have been well documented (Fox et al., 2011; Johnson et al., 2010; Johnson et al., 2006; Zeanah et al., 2003) and adoptive parents in this study were well informed and wary of this type of care and the impact it may have on their children. Their concerns are common for intercountry adoptive parents with Mason and Narad (2005) reporting that intercountry adoptive families now have greater concerns about the ongoing developmental and behavioural difficulties that their children will face than families have had in the past.

"We have been incredibly lucky. I mean physically, mentally normal in development but I think also we could see the fact that it made the transition from foster care to our care smoother. She wasn't sort of she didn't have any inbuilt sensitivities or other issues that she was bringing with her other than abandonment from

both her parents. She had been in a loving environment and hadn't known anything different. So I honestly think that makes a big difference later down the track. She settled into everything really well as well we didn't have problems with kindy, day-care, babysitting, nothing like that. I think it does make a huge difference from being in one on one care with a mother and foster family to being in an institutional environment where there are 50 children in a room but with no stimulation." (Stephanie, 0 to 3 group, phase one)

"I think that she had care different to what you might typically get. They didn't employ many nannies because they didn't have many children but even so they still had the core ones. Yeah I think that has played a part." (Rita, 3 to 6 group, phase one)

"Obviously now she has ONE carer who LOVES her instead of one main carer and several "helpers" (who I like to think also loved her)." (Questionnaire, 0 to 3 group, phase one)

They believed that there were lasting implications from their children's previous experiences that would affect both the child's development and their ability to cope with their new lifestyle. This is an important belief held by the participants in this study. If they are aware of difficulties their intercountry adopted child might face then they are potentially more likely to be attentive to early warning signs (Haugaard, 1998) and work to minimise risks and ensure a smooth transition.

"You know with children who have been traumatised their brain architecture is such that they are not very good at coping with stress anyway so it's not like an ordinary kid being placed in a stressful situation. It's really quite overwhelming for them." (Katie, 3 to 6 group, phase one)

Prior to the adoption the children often had vastly different experiences to those of children growing up in a western country. For most children the adoption involved exposure to many new experiences and significant changes to their lifestyle.

"Like how can you know a world that sort of doesn't exist? I suppose like they like they had never seen electricity, they had never seen a car; they had never owned a piece of paper. So when

they said 'You're going to go to a family in Australia.' Like that's really beyond anything they could really understand…" (Natalie, 3 to 6 group, phase two)

"Comparatively less exposure to a variety of life situations (going to a park, catching a train, mother's group, shopping etc.) have impacted his curiosity about the world and vocabulary, which appear somewhat less than other children." (Questionnaire, 0 to 3 group, phase two)

Although parents had concerns about the child's previous experiences, they were often provided with limited health, developmental and care history for their child and so had little understanding of what actually took place. This lack of information is commonly reported in the literature and can include limited medical information (Dalen, 2002) and unreliable dates of birth (Albers, Johnson, Hostetter, Iverson, & Miller, 1997; Ladage, 2009; Roberts, Pollock & Krakow, 2005). Often assessments involve subjective judgements made by the orphanage staff and the assessment procedures of other cultures can be different and difficult to compare to western norms (Glennen, 2007c). In China, many examination forms are completed with the response 'normal' to every question (Miller & Hendrie, 2000). A survey of 240 parents who had adopted children from China found only 45% of the participants knew something about their child before the adoption and that of those who had received information only 33% said it was accurate (Rettig & McCarthy-Rettig, 2006). Limited and unreliable pre-adoption information and history appears to be a common problem for all intercountry adopted parents.

"… what the nature of the effect is and the extent of the influence remains unclear. We have no information about the birth parents or what genetic influences there may be either. We cannot change what has occurred- but we can acknowledge it and incorporate it into her life story, interpreting the information that we have as best as we can." (Questionnaire, 0 to 3 group, phase one)

"And to the fact that I don't know what the care giving for that nine months was really like. Having met the foster mother and having a little bit of a description of it, it doesn't really give you an

idea of what it was like day to day." (Laurel, 0 to 3 group, phase two)

The parents carefully considered the impact of these experiences and thought of the child's biological and adoption age when forming expectations and making decisions. This is an important consideration and one that was suggested in Narad and Mason's (2004) article that highlights information for paediatric nurses to share with intercountry adoptive parents. The article addresses the importance of adjusting expectations according to the child's developmental age rather than their chronological age due to the impact that their previous experiences may have had on their development (Narad & Mason, 2004).

"I would put her developmental age about 12 months younger than what her current biological age is and I know she was in the institution for the first 12 months and she wouldn't have been stimulated the same way as if she would've been if she'd been in a family environment and I can still sort of see that that's delayed. To me that's where I understand her delay to have occurred." (Melanie, 0 to 3 group, phase one)

"Age is considered to be somewhere between his biological age and age at adoption. He definitely gets on better with younger children but can perform academically at the same level as his class mates. I think this changes (i.e. the 'age' gets closer to the biological) the longer they have been in their adoptive family." (Questionnaire, 0 to 3 group, phase two)

"His experiences prior to adoption very much make up who he is and set the tone for his development. In terms of my expectation: we endeavour to provide opportunities for him to develop to his fullest potential in all areas, to give him guidance and support along the way." (Questionnaire, 0 to 3 group, phase two)

Ultimately all parents wanted the best for their children however they did not know what that would be as there were few biological expectations.

"I just want my children to live up to their potential whatever it may be but I don't really know what that is and I don't know if there is something blocking that." (Jodie, 0 to 3 group, phase one)

Previous research has highlighted the strength and resilience of intercountry adopted children who have usually suffered potentially damaging starts to life (Clark & Hanisee, 1982). In the current study, parents identified personality characteristics in their children that they attributed to their success. Some believed that their children did so well because they were natural fighters, had strong personalities or were quite bright.

> *"You know how some kids sort of shut down or other kids develop other ways of surviving? His is very much a social thing. He will look at social interactions and he will do his best to fit into that situation and I think that is what he did with us." (Joanna, 3 to 6 group, phase one)*
>
> *"But Steve is a very driven little kid. He's got a very strong personality. He's a fighter in himself so I think his personality enabled him to come out of it in a positive light." (Laura, 3 to 6 group, phase one)*

Parents believed the child's age at the time of adoption affected their ability to deal with the change and therefore how well they adapted to their new environment. Parents believed being able to communicate was an essential factor in allowing them to better understand the process.

> *"Once they are a bit older in some respects it's easier because somebody can actually explain to them what is happening. Whereas when they are in that younger age I think it is very difficult for them because they are babies but they are also not really able to understand what is happening." (Katie, 3 to 6 group, phase one)*
>
> *"I think you know zero to two and then you know five to six or whatever they're um they have very little language and so they can move across more easily or they have a lot of the language and they have another language to continue to think in and operate in whilst they are learning on. But I truly think that the ages of sort of maybe two and a half to four and a half when they're really laying the foundations for learning the language, at that age when the kids move across into an environment while they're not supported*

in their native language or in their first language as our child was, I think that's the hardest to make the transition and I am stunned at how well he is done." (Joanna, 3 to 6 group, phase two)

Research into the effect of age at adoption is more focused on the long term outcomes for the child rather than their immediate transition. A number of studies were discussed in the literature review that showed evidence both for and against the idea that age at adoption affects development. There are studies that have found that age at adoption does not explain long term differences in intercountry adopted children's school performance (Dalen, 2002; Dalen & Rygvold, 2006) nor is it related to the development of behavioural problems (Juffer & van IJzendoorn, 2005). However, other studies have found that age at adoption does explain difference in intercountry adopted children's outcomes. Studies of intercountry adopted pre-schoolers found age at adoption was a strong predictor for later language performance, attention regulation, executive function and sensory processing (Jacobs et al., 2010) while age of adoption was moderately and negatively correlated with oral and written language abilities in school aged children (Scott et al., 2008). Perry's (2002) review of a number of studies suggests that the older the child is when they are adopted, the greater impact there will be on their development and their ability to recover. Despite these results, caution is suggested as not all older adopted children will be at a greater risk nor will age at adoption necessarily correlate with the child's post adoption outcomes (Gunnar et al., 2000). As demonstrated, the relationship between the age of adoption and the language outcomes for intercountry adopted children continues to be an unresolved issue in the research literature despite a meta-analysis of a number of studies revealing slightly better outcomes for children adopted before one year (Scott, Roberts, & Glennen, 2011). In this study, however, the parents believed that age at adoption was an important factor in their children's post adoption development.

Parents thought it was important that their children knew where they had come from but that they were not so well established in the care setting or country of origin that the changes would be too overwhelming. One study that discussed the effects of intercountry adoption on the family life cycle suggested that parents begin discussing the adoption with their child around the age of 3-7 years or in order to prepare the child for the reaction of others (Deacon, 1997). In the current study,

parents were open about the adoption and shared with their children according to what was appropriate for the child's age and understanding. As the quotes below demonstrate, parents who adopted children when they were aged 0 to 3 years were open to discussions about the adoption with their children which is a younger age than suggested by Deacon (1997).

> *"That's because this is you know an open subject for us and we discuss it anyway so if she has any questions she knows she can ask me and I will always answer honestly." (Caitlin, 0 to 3 group, phase two)*
>
> *"I've always told Yasmin that yes she does have a mummy and a daddy but they couldn't take care of her and so you know they wanted somebody who would really love her and take care of her and so she has me..." (Julia, 0 to 3 group, phase two)*
>
> *"But he's quite proud about being from China but I'm not sure I don't know if he fully understands it at this age because he will parrot "Oh I'm from China. My name is Mikey and I'm from China." And he's quite proud of it. And "I want to go to China and I'm learning Chinese." So he will say all that but I don't know if he fully understands. But it's certainly not hidden..." (Deidre, 0 to 3 group, phase two)*

Despite the effects of the child's previous experiences on their development, parents believed that with time the child would be able to re-establish themselves.

> *"I liken it to you know when you're stirring a cup of tea and you're going in one direction and then you turn the spoon and you're going the other direction. That's what she went through when we got her um so there was a lot of turmoil that they literally sink to the bottom and then have to float to the top somehow. Some float faster than others and she was probably a little bit of a slow floater…" (Sonia, 0 to 3 group, phase two)*

Although the adopted children may settle well into their new family, the adoption led to them tending to experience a continued fear of abandonment and acceptance.

"The more adoptive parents that I speak to the more that we seem to have the same feedback that even after the children are home years and years they are firmly attached to their parents but there always seems to be this residual fear of abandonment." (Lorraine, 0 to 3 group, phase two)

The children craved love and acceptance and a knowledge of their past particularly as they became older. One parent had adopted a number of children and referred to an adopted son who was a teenager and discussed the difficulties that the adoption had on his self-image.

"I look at my eldest and he longs to find some sort of answer of who he looks like or who he or why this happened to him and because those sort of answers will never be answered for him. He struggles with that." (Nicole, 0 to 3 group, phase two)

This parent was the only one in the study to have adopted multiple children and have a child in the adolescent years. It is unknown if the concerns she had for her teenage son will be echoed by the other parents as their children reach adolescence. Adolescence is a difficult time for all teenagers and has been reported as a particularly difficult stage for intercountry adopted children who may experience a renewed fear of rejection and abandonment (Deacon, 1997).

In both groups parents were aware and concerned with how their child's experiences prior to adoption would impact on their later development. This is interesting as the children who were adopted at 0 to 3 years would have spent less time in their previous care conditions than the children who were adopted at older ages. Many parents who adopted children aged 0 to 3 years requested to do so in order to minimise the amount of time their child was raised in such conditions. Adoptive parents often learn and believe that children who are adopted at a younger age may have reduced medical, development and psychological risks (Cohen et al., 2008). However it appears that any length of exposure to such conditions was a concern for adoptive parents. This concern is consistent with the results of one study that investigated the scholastic attainment of 11 year old children who were adopted from Romanian. It found that children who spent 6 months or more (up to 42 months) in care had significantly lower scores than children who were adopted before the age of 6 months (Beckett et al., 2007). This study highlights the effects of

institutional care on early neural development and the lasting impact that as little as 6 months of institutional care can have on an adopted child. Studies such as this support the concerns that the participants held for the detrimental impact that institutional care may have on their adopted children. An awareness of the effects of maltreatment on neural development is not likely to be common knowledge amongst most caregivers (Child Welfare Information Gateway, 2001), however, due to the complex application and preparation process it appears that intercountry adoptive parents are well educated on the effects of previous experience on neural development and this awareness is a strength that must be recognised, encouraged and incorporated into the post-adoption journey.

This first theme described the adoptive parents' reflections on the process of intercountry adoption and the effects that this process would have on their child's development. Parents not only focussed on their child's speech and language development but were concerned about their child's development in all areas and how the previous care setting and adoption process may impact on this development. The reflections of the participants resembles Bronfenbrenner's (1979) work and recognise the importance of broader circles of influence and external factors on the child's development.

4.3 Theme 2: Parents' knowledge and beliefs about intercountry adopted children

> "Adoption into an enriched home goes a long way to counteract lost potential due to environmental deprivation." (Glennen, 2007a, p. 4)

Intercountry adoptive parents were well prepared and willing to support their adopted child and despite having limited experience did their best to encourage and facilitate their adopted child's development.

4.3.1 Intercountry adoptive parents have limited experience

As intercountry adoptive parents often had not had biological children they reported it was hard to know what to expect of their adopted children.

"I don't know because you know this is our only experience. I don't have a biological child so I can't compare them." (Joanna, 3 to 6 group, phase two)

Instead, adoptive parents made comparisons between their children and their peers to monitor their development. They also compared their child to other adopted children and compared their parenting techniques to those of other adoptive parents. Intercountry adoptive parents may tend to compare their child's development to other adopted children however this is not necessarily informative as each intercountry adopted child's development is unique (Hwa-Froelich, 2009).

"I'm quite a disciplined parent I suppose and I think that makes a difference. I feel like lots of adoptive parents who just go 'Oh they had such a hard life to begin with. Just let them run free and behave how they want to behave' and to me I think that's creating these children that are just brats really." (Natalie, 3 to 6 group, phase two)

"There didn't seem there was, there was um obviously difficulties with language and he was a little clumsy but he seemed to be developmentally far ahead of the other children that were adopted from the same orphanage. So so yeah I don't think he was too behind when he first came home." (Deidre, 0 to 3 group, phase two)

Although parents could compare their adopted children to other children, it was difficult for them to find an accurate comparison group. It was also made difficult as parents reported individual variability within populations.

"Some kids I have seen cope really well with intercountry adoption, others are devastatingly awful. But biological children can be like this too." (Questionnaire, 0 to 3 group, phase two)

Comparisons could guide expectations however parents reported that each child's development was distinct and could not be predicted based on their belonging to the adopted group of children. The parents' awareness of the high level of variability meant that they did not have specific expectations for their children.

"I don't know how many expectations my husband and I really had because every child is so different so you know you can read stuff

and listen to people's stories but your child can be completely different… I probably expected the worse maybe or expected things to not go right so it's been a really pleasant kind of journey." (Rita, 3 to 6 group, phase two)

Three quarters of the intercountry adoptive parents in this study did not have biological children and therefore had limited parenting experience, unless they had previously adopted another child. This characteristic is often typical of intercountry adoptive parents as the reason to adopt a child is frequently associated with being unable to have biological children. For example, in one study of 15 children adopted from China, all but one of the mothers was a first time parent (Krakow & Roberts, 2003). In Krakow and Robert's (2003) study and the current study, despite the intercountry adoptive parents' limited experience, they reported they were often able to devote more of their time and attention to their adopted child as there were not siblings to require them to divide their attention.

4.3.2 Parents' role in their child's development

> The human infant is genetically predisposed to respond to a caregiver who will respond to, talk to, and handle them in a sensitive way and introduce new stimuli in a manner that is safe, predictable, repetitive, gradual, and appropriate to the infant's stage of development. (Johnson et al., 2006, p. 36)

Parents were conscious of the importance of parenting and the specific role they played in their child's development. There is evidence that appropriate parenting can support at-risk children and reduce the possibilities of poorer outcomes, however the specific relationship between the two factors is not completely understood (Jaffee, 2007). Often the parents in this study tailored the way that they parented because their child was adopted. Specifically, parents were conscious of magnifying their child's difficulties.

"I think looking after a child who has gone through the sort of trauma and separation does influence how you approach that child." (Carla, 0 to 3 group, phase two)

"I had to learn a lot about adoption and adoptive parenting so I read everything. At first it seemed that none of it applied and I had studied hard for no purpose. But I came to see that her experiences definitely affect who she is and how she needs to be parented. And this needs to be revisited constantly because she is developing and changing constantly. It is the emotional, not the intellectual or developmental aspects that I am always conscious of."
(Questionnaire, 0 to 3 group, phase two)

This commitment and dedication to their children was evident in the decisions that they had to make. At times their role as a parent meant that they needed to sacrifice work opportunities. For other parents, they were able to use their knowledge and skills from their occupation to assist them in caring for and parenting their child.

"My husband took the whole year off because one person had to stay home. It was mandatory. And then we organised with our work that we both were covering that one person was home all the time although we both were working part time. Um and we did that for another half a year because we felt that she just wasn't emotionally ready to go into day care." (Sonia, 0 to 3 group, phase two)
"Yeah we do lots of things because I'm an early childhood teacher myself so I'm very conscious about making sure that we talk to her a lot and explaining things and asking her opinion and giving her time to answer because I find sometimes people don't give kids time enough to think." (Anna, 0 to 3 group, phase two)

Parents were aware of their role and tried their best to provide opportunities that would support their child's development. Parents were involved in their child's homework and supported them to complete it. A study conducted in Norway compared intercountry adoption parents and birth parents for levels of parental support. They found that the intercountry adoptive parents were significantly more likely to support their child's school situation and help their child with their homework than the non-adoptive parents (Dalen, 2002). These findings along with the current study demonstrate how highly motivated and supportive intercountry adoptive parents are of their children.

"Participating and encouraging them with reading, spelling and comprehension in everyday ways as well as with any school work that comes home. By building in and recognising opportunities to do this as they occur in 'normal' life. By not expecting school to do this but to work in partnership with the educational environment." (Questionnaire, 3 to 6 group, phase two)

Parents carefully monitored their child's development and knew that it was their responsibility to seek advice and therapy if necessary. Although not specific to intercountry adoption, there is research that highlights parents' willingness and awareness of their role in monitoring their child's speech and language development (Glogowska & Campbell, 2004).

"I'm wary or trying to be aware of when things might slip so that we can seek the right help and um you know support him to pick up on those things and address them before they get too bad or they get too fundamentally disturbing or disruptive I guess to his progress." (Joanna, 3 to 6 group, phase two)

Parents saw their role as being a part of their child's everyday routine and one that would not stop at a particular time point or age. Despite the adoptive parents not being biologically related to their child, the way that they described their parenting was similar to the way maternal responsiveness is often described in the literature. Across different theoretical orientations, maternal responsiveness typically involves the following four factors: contingent responding, emotional-affective support, support for infant foci of attention and language input (Landry et al., 2006). In a study that taught mothers about maternal responsiveness it found that the mothers' responsive behaviours increased and that this was reflected in an improvement in the infant's skills. These results gave support for a causal role for maternal responsiveness on infant development (Landry et al., 2006). Although the parents in Landry and colleagues' (2006) study were not caring for intercountry adopted children, the findings suggest that responsive parenting styles can be taught to parents and that they facilitate and have a positive influence on a child's development. The four features of maternal responsiveness were present in the comments regarding parenting styles of the adoptive parents in this study.

"By being pro-actively involved in their lives, communicating at every available opportunity ideas, concepts, own views, by reading interactively, by responding to our child's questions and not dismissing them, by being patient and present with and for them. By being respectful of them as individuals, and engaging them as much as possible with where they are at that moment in positive ways." (Questionnaire, 3 to 6 group, phase two)

Parents were very aware of how their children's previous experiences prior to adoption and the adoption itself could affect the children. Parents considered this and adapted the way that they parented in order to account for the child's unique needs.

"We parent our son accordingly in a very conscious and informed way. We use therapeutic parenting techniques. We use attachment parenting. We actively try to make up for what he didn't receive. We hope that we are able to equip him with techniques to overcome the shortfalls of his early life. We do not punishment him. We keep him close and let him develop at his own pace. We baby him when he needs it. We lead by example. We do not use artificial consequences. We do not put him down. In short, we view him as a unique individual and we try not to compare him with his peers (we don't always succeed but when he doesn't quite 'match' others expectations we know why and accept this without judgement). So far he is developing well even if not always in step with others." (Questionnaire, 3 to 6 group, phase two)

Parents believed it was their role to make sure that expectations were appropriate according to the child's experiences and skills. They were aware of their child's biological age as well as their developmental age and used this information when determining what their child was capable of doing.

"Our son's emotional and chronological age are not always equivalent. We try to parent to his emotional age which does vary depending upon his level of regulation, tiredness etc. In some respects we do also respond to him as a four year old as that is how long he has been with us. For example, he is clearly not ready to do sleepovers as yet and we organise things accordingly. We

also do not have babysitter as he doesn't respond well to that either so we arrange our social lives accordingly. These things are clearly about him being not as secure with us as children who have been with their families since day one. We don't expect anything else from him, this is just where he is and we respect that and work with where our family is at not where we think we should be." (Questionnaire, 3 to 6 group, phase two)

"She's got the she's got the little brain and the intellect to understand a lot of things that a four year old would so but we very much take it into context like if she doesn't understand something like not 'You should understand this' but there's a lot more grace there for that. Um yeah so in some ways you do you have to be careful not to think she's been with you for four years so she understands everything." (Rita, 3 to 6 group, phase two)

These specific examples demonstrated the way that parents adapted their parenting to be sensitive to their adopted child's past and to ensure that their child felt secure and well supported. The parents' sacrifices with work and changes to their lifestyle highlight the significance of their child in their adoptive family.

4.3.3 Parents value the child's culture and maintain links

Parents did not want their child to feel separated from their country of birth or culture. They believed it was an important part of their history and wanted to maintain links with the country as best as they could. The parents believed it was important to incorporate the birth country and culture into the child's life as much as the child was willing. Some returned to the country for holidays with the child, others kept in contact with the orphanage or foster family, others cooked the cuisine or incorporated the birth language into their daily lives.

"I'm very concerned that later in life or even, Josh, in the next couple of years because we want to travel back to Taiwan regularly that they won't feel like a stranger in their own country and cannot speak the language. That concerns me greatly…Yeah that they don't suffer an identity crisis. You know saying 'I am Taiwanese

and then I fly into this country and I don't have any connection to it.'" (Sarah, 0 to 3 group, phase one)

"Well we mostly try to integrate her culture into our lives as well so we talk about Thailand and we have books from Thailand and we look at maps and we look at factual books and we talk about the Royal Family and that type of thing which we obviously wouldn't have done if she had of been a biological child." (Anna, 0 to 3 group, phase two)

"We did. Last Xmas. A very positive experience for us all. The house is very basic but as it was when she left. It was very moving to see her go back and see that they are all there and are surviving. We also visited extended family in a village 5 hours from Addis which was also amazing and very positive." (Questionnaire, 3 to 6 group, phase one)

This attitude of the participants was different to the findings of another study that reported on adoptive parents' connection to the child's country of origin. In the study of 20 families, the parents were confused about how to integrate the child's birth culture into their family's lives (Linville & Prouty Lyness, 2007).

Many parents focused on learning some basic words in the child's first language to assist them in communicating with the child and those involved in the adoption process. They also used these words in their day to day interactions so that there was some connection to the child's first language. Although it was difficult to maintain the child's first language, many parents looked at the child learning it as a second language when they were older.

"We learnt some basic Thai (over a period of 6 months prior to meeting him- probably the equivalent to a 2 year old toddler Thai) and managed to at least be able to communicate with our son about his basic needs." (Questionnaire, 3 to 6 group, phase one)

One of the arguments against intercountry adoption is often focused on the changes to the child's culture that take place. Some believe that the child's culture should be held as the primary consideration (Deacon, 1997). Unfortunately for many intercountry adopted children, suitable care cannot be provided in their birth country and intercountry adoption allows them to experience a stable, warm and loving

relationship with their new parents. It is important to identify the respect that these participants had for their adopted children's culture and the measures they had in place to maintain links where possible.

Theme two was an important theme in the data set that described the parents' limited experience as parents and yet their awareness of their critical role in their child's development. They valued their child's culture and attempted to maintain cultural links in a number of ways. Specifically, parents tried to incorporate the child's first language in to their everyday lives despite the difficulties faced in maintaining the language. Parents were highly dedicated and motivated to the task of parenting their adopted children and supporting their development and links to their culture. The parents' actions demonstrate their awareness and appreciation of their child's cultural needs and development as defined by Bronfenbrenner's levels, the mesosystem and exosystem (Phelan, 2004).

4.4 Theme 3: Parents' knowledge and beliefs about attachment

> In terms of attachment, even apparently 'good' institutional care can have a detrimental effect on children's ability to form relationships later in life. The lack of a warm and continuous relationship with a sensitive caregiver can produce children who are desperate for adult attention and affection. (Johnson et al., 2006, p. 42)

Attachment was a primary concern for the participants in this study and appeared to influence their decisions and the way that they parented their adopted child. Although not being an initial focus of this study on speech and language development it became a key issue in the responses of all adoptive parents.

Attachment was a particular concern because the child was adopted. In a review of the relationship between institutional care and attachment, only one out of 12 studies included in the review reported no evidence for heightened attachment difficulties (Johnson et al., 2006). Results such as these support the concerns of the adoptive parents in this study with regards to their child and their attachment abilities.

"Oh attachment would definitely have been our number one concern because that obviously really affects everything else …." (Rita, 3 to 6 group, phase two)

"We weren't leaving them with other people that they didn't know or passing them around to lots of different people because we wanted our attachment to them and their attachment to us which I guess in my mind was the biggest thing. You know get that right first." (Laurel, 0 to 3 group, phase one)

"It's not really an issue so much but rather a consideration. It makes them different to a biological child." (Jodie, 0 to 3 group, phase one)

The parents explained their awareness and concern for attachment as being a result of the training they had received prior to the adoption. The training they undertook with the department governing adoption in their state was focused primarily on the importance of attachment.

"I mean we get preached to by the department when we go in for the adoption process that you need to know the whole theory of attachment behind it, you should stay home and focus on your child, you get to learn all about attachment therapy and parenting. I think it does educate you. I've treated her differently to what I would have a biological child but that's only because I know more now and had to know more to deal with her scenario. I would have known nothing about attachment until I came to it with adoption… we have to think about them, deal with them and prove to people that we can actually utilise them and give that to them. It's pretty hard to prove to somebody that you are going to be a good parent." (Lydia, 0 to 3 group, phase one)

"So then we came back to Australia we battened down the hatch for a while which is what adoptive parents do to encourage attachment and stuff like that. I guess I had three months from work off…" (Natalie, 3 to 6 group, phase one)

Even if the child presented with other difficulties or delays, the parents focused on attachment as they believed it was important to have a secure base before

treatment for other issues would be effective. Their belief corresponds with findings reported in the literature that state children with poor and insecure attachment can be more focused on their day to day survival than learning and exploring new opportunities (Child Welfare Information Gateway, 2001).

> *"I think the interesting thing about my experience with the developmental delay and speech delay was that I wasn't really thinking about it all for the first year. The first six months or 12 months all I wanted to do was make sure I was developing a child who was attached. That was absolutely the priority. I didn't care. If you've got that basis then you've got a chance for a fast way forward." (Kathryn, 0 to 3 group, phase one)*
>
> *"Like the priority wasn't speech and language acquisition. It was really about helping her to feel safe and that was the main priority… because if you don't have that right then everything else is screwed really." (Katie, 3 to 6 group, phase one)*

Parents believed that by working on attachment they were also simultaneously targeting the child's speech and language development.

> *"And also with attachment it is all about eye contact and physical contact so I think that reinforces that language you know because you're having to look and sort of engage as opposed to just letting your kid sit down and amuse themselves. You're actually sitting down with them and encouraging them to reciprocate." (Joanna, 3 to 6 group, phase one)*

One parent in the group of 3 to 6 years had only recently brought home their adopted child and said that their attachment was progressing surprisingly well.

> *"…because she is not a baby you have different issues. The older a child is the more attachment issues that can pose. But you know so far it has been great. All initial signs show that she is really accepting of her new family and finding a place and certainly no obvious side effects at this stage." (Rita, 3 to 6 group, phase one)*

At the follow up stage, Rita reported that her child had continued to develop strong attachment skills. However, for some parents the attachment concerns

continued through to the follow up stage of the study as they reported their child still presented with attachment difficulties.

> *"… Her attachment with us I would say is still insecure attachment to a degree. You know she doesn't, I know a lot of two year olds don't want to let their parents out of their sight like that but even if we say 'Look we're just going to the other room' she can be quite like start crying and things like that." (Sonia, 0 to 3 group, phase two)*

Parents expressed concerned about attachment issues when their children were at school. They wanted teachers to be aware of the unique needs of their adopted children when it came to separating from them.

> *"Also several adoptive parents have said about difficulties with their child needing the adoptive parent to stay longer at school drop off because of attachment, security issues, where the teacher has not been accommodating and the parents feel the teacher perceives them as neurotic, over sensitive, over protective, not realising the genuine need for the child because of the effects of adoption emotionally and psychologically." (Lorna, 0 to 3 group, phase one)*

Parents were unsure as to how long such attachment difficulties should be present. Perry's extensive work into child development and the role of nature and nurture suggests that there is a critical period for socio-emotional functioning and that socio-emotional difficulties may be profound and lasting. He states that if a child is adopted after the age of three and has not had any socio-emotional development, then despite them beginning to experience attention, love and nurturing comfort, there may be such significant damage that the neural system cannot remediate and develop appropriate social and emotional skills (Perry, 2002). The child's attachment with their primary caregiver, usually the maternal-child relationship, provides the framework for the child's future relationships (Perry, 2002) and unfortunately many intercountry adopted children do not have a sole or stable caregiver in their early years. A meta-analysis of domestic and intercountry adoption studies revealed attachment difficulties when the child was adopted after their first birthday as their previous experiences would affect their ability to attach to their new carer (van

IJzendoorn & Juffer, 2006). This may explain why there were parents in the present study that were continuing to experience attachment difficulties.

Attachment may be more difficult for intercountry adoptive parents than with biological parents. They may not be as sensitive or responsive to their child's needs due to the unique challenges they face because of the adoption. Issues such as infertility, adoption of a child from another race, concerns about the child's past, involvement of the adoption agency and invasive questions from others can complicate the attachment process (Wilson, 2009). Despite the potential effects of these factors, there was no evidence in the data set of these affecting the child's attachment to their parents.

Although this study focused on speech and language development in intercountry adopted children, attachment was the primary concern for the parents. This theme goes beyond the initial aims of the study however it is important to report. The parents' experiences and knowledge, and hence their concerns must be understood as should the links they made between attachment and speech and language development. Parents believed that the child must be securely attached prior to working on other concerns. They also believed that by focusing on attachment they were simultaneously targeting speech and language development. The links between these factors show the complexity of a child's development and the importance of considering their holistic development and not looking at speech and language development in isolation. The parents' knowledge and beliefs about their child's attachment highlight their awareness of external factors and greater circles of influence that may have an impact on their child's development as addressed with models such as the WHO ICF (2001) and Bronfenbrenner's (1979) work.

4.5 Theme 4: Parents' knowledge and beliefs about speech and language development

Adoptive parents were aware of the unique process of speech and language development experienced by intercountry adopted children. They played an active role in facilitating this development, however were not sure of how the development would progress and be affected by the language switch.

4.5.1 Speech and language development following intercountry adoption

> In the proverb, a single straw (e.g. second first language acquisition) does not break the camel's back unless there is already a heavy burden (e.g. lengthy institutionalisation, or lengthy institutionalisation plus prenatal alcohol exposure, or lengthy institutionalisation plus low birth weight). (Beverly et al., 2008, p. 311)

Parents were aware of the unique speech and language developmental process that intercountry adopted children experience and that their development was different to native speakers and English as a Second Language speakers.

> *"I don't really think we can consider children who come from intercountry adoption as ESL. I think they're in another category where they have to you know totally start from scratch again…" (Stephanie, 0 to 3 group, phase two)*
>
> *"The issue is can you consider English to be a second language when the first language is stopped or is it indeed a second first language? That depends on a lot of things including how old they are, then also their ability to continue exposure in their first language." (Jodie, 0 to 3 group, phase one)*

The parents understood the role of both nature and nurture in that the children had an innate internal mechanism for learning language but it was dependent on the external environment supporting and facilitating the development of the language (Hoff, 2006). Parents were aware that this process would be affected by the change in languages that their children experienced following adoption. Those that had adopted children aged 0 to 3 years did not expect their children to present with any significant delays in using English. They believed their children had not learnt enough of L1 to be affected by the change. They reported the most important factor was that the child was exposed to *some* language while they were young and that it did not matter that it was a different language to what they would use later. Interestingly one study looked at the effects of age at adoption on speech and language outcomes and found that there was no significant difference between the outcomes for children adopted before 36 months of age and those adopted after 36

months from the former Soviet Union (Beverly et al., 2008). A review of other studies of children adopted under 2 years confirmed this finding stating that L1 neither inhibited or supported the development of L2 (Glennen, 2007a, 2008). An MRI study of adults born in Korea and adopted into French speaking families found use of L2 activated the same areas of the brain normally used by L1 (Pallier et al., 2003). These findings support the parents' belief that if learnt at a young age, a second first language can become well developed. However, there are other studies that present a different perspective and link time in the institution with poor language abilities. Cohen and colleagues (2008) found expressive language to be the measure of development that was most affected by the amount of time spent in an institutional setting in children adopted from China and Fox and colleagues (2011) state that post institutionalised children in Bucharest who have weak L1 abilities are "at-risk" in learning L2. These studies demonstrate there is a range of outcomes for these children however it is difficult to establish reasons for this as children were adopted from a number of countries, were adopted into a range of countries, experienced varying types of care and were adopted at a range of ages. Regardless of the outcomes, intercountry adopted children have a unique language learning experience with their birth language being interrupted and replaced by the adoption language (Glennen, 2002).

> *"I think it momentarily 'halts' the normal development cycle. The child then needs to build up another complete set of language 'templates' in the new language." (Questionnaire, 0 to 3 group, phase one)*
>
> *"…I would also think so long as your child has been exposed to some language it doesn't matter what it is, it doesn't matter if it's English or not, so long as they have it thrown at them their brain is processing it. I think it's a complete absence of language be it English or any language is where the issues start coming up." (Lydia, 0 to 3 group, phase one)*
>
> *"The change in language/culture meant that she had a double catch up to do- not only did she had a basic delay in expressive language (and numerous articulation difficulties) but she had to*

learn a completely new language." (Questionnaire, 0 to 3 group, phase two)

Fluency in one language may mean the development of L2 is facilitated however many intercountry adopted children are not fluent speakers when they are adopted (Messe, 2005). Those parents who continued the child's use of L1 believed that the child's success in L2 was attributed to the fact that L1 was maintained.

"I believe my daughter is the exception, rather than the rule in ICA. I think some of it is her individual personality/capabilities and some of it is because of her continued exposure to her birth language, which made her second language acquisition so much easier." (Questionnaire, 0 to 3 group, phase one)

L1 was reported to be extremely hard to maintain as adoptive parents often were not fluent speakers and the children were not engaging with native speakers on a regular basis. This form of language learning has been termed a subtractive model of second language learning as L2 replaces the use of L1 (Gindis, 2005). When L1 is maintained and L2 is added without affecting the first, it is an additive model of second language learning (Gindis, 2005). Attrition of L1 often occurs because the child has limited L1 abilities in the first place, they have no motivation to continue using L1 and there is limited support or need for L1 in their new environment (Gindis, 1998, 2004, 2005). Parents were aware of this and believed that the child's first language was not maintained for these reasons.

"The first language like seriously disappears so quickly no matter how hard you try I reckon… I could strangle the next person that says to me 'Have you maintained their first language?' because it is so difficult. They have to learn so much!" (Natalie, 3 to 6 group, phase one)

Parents were aware of the importance of regular interactions with someone who spoke the child's first language in order for the child to maintain their skills. Two parents had international students, who spoke the child's first language, live with their families as a way of exposing their child to a native speaker on a daily basis. In doing so, the parents were providing the child with opportunities to experience communicative interactions in L1 therefore providing the language input required for the analysis and the development of their own abilities (Hoff, 2006).

"We felt it was really important for Amy not to lose her first language so we have always had a Chinese speaking student who lives with us and so she never stopped hearing Mandarin." (Lorraine, 0 to 3 group, phase one)

The language transition from the child's first language to English that followed the adoption was often a surprise for the adoptive parents. This has been reported to be a challenging time when the children are not competent in either the language they are losing or the new language that they are learning (Beverly et al., 2008; Glennen, 2002). One study investigated the language development of children adopted into the US within 3 to 16 months and who were aged between 2 years 7 months and 5 years 1 month. The researchers reported rapid language development finding that on average and after just three months, the adopted children had vocabulary scores equivalent to typical 24 month old infants (Geren et al., 2005). A study of four Chinese girls adopted at approximately 12 months reported that three of the four children had developed English words after 6 months and that after 12 months they had vocabularies of at least 50 words (Hwa-Froelich & Matsuo, 2008). Hwa-Froelich and Matsuo (2010) later assessed children adopted before the age of 2 years from China and Eastern Europe and also found that both groups developed English skills that were comparable to English speaking peers within the first 12 months. Other researchers have confirmed that the first year home is characterised by a significant language surge (Glennen, 2007a) and that children catch up after having been home approximately one year (Krakow et al., 2005) or after 16 months (Tan & Yang, 2005). Taken together, the outcomes of these studies support the findings of this research where parents reported rapid language development within the first year home.

"It was very, very astonishing language acquisition and it does happen to be one of her skills. She is very social and very articulate but it was just phenomenal really. It left me stunned really because I was expecting to parent at perhaps the other end of the spectrum." (Caitlin, 0 to 3 group, phase two)

"At first my daughter only communicated in Amharic and thought we weren't very smart when we didn't understand. Then she used body language to communicate. She developed a basic working

knowledge of English within 1-2 months and is now quite fluent (18 months later) although her grammar and sentence construction is flawed at times." (Questionnaire, 3 to 6 group, phase one)

"I've got a little diary that I kept just of her first year at home and it's included things like when said her first words… by the time she was home about three months so she was just shy of 10 months when we adopted her so she would have been about 13 months, she had about 20 words in English by then and by the time that she had been home 8 months no 9 months so she would have been about 18 months she had 100 words in English so it was really quite rapid…" (Lorraine, 0 to 3 group, phase one)

"I am stunned at how well he is done and I guess that's why I'm a little weary and cautious about the impact it's had on him because I don't know that we've gone through yet enough to know that it hasn't had um an impact." (Joanna, 3 to 6 group, phase two)

It was more common for the children to reject and not respond to L1 following the adoption. Intercountry adopted children may connect hearing L1 with hurtful memories of their past that they are trying to overcome (Gindis, 2005). The participants reported the children wanted to integrate into their new life and as communication facilitated new relationships and a greater understanding of the world, L2 became the preferred language. Despite some adopted children's desires to communicate with their English speaking siblings, a study of 25 preschool aged children adopted from Asia found no support for the presence of older English speaking siblings on the adopted children's language acquisition (Clark & Hanisee, 1982). The children's rapid development of L2 supports the notion that sharing the new language of a particular society is a key element in being accepted and belonging to both society and the new adoptive family (Dalen, 2002). The new language has been documented as mediating the adjustment process into the new lifestyle (Fox et al., 2011) and the findings of this study support this idea.

"He doesn't like to. If I speak anything he goes 'No!' and just doesn't want to." (Nicole, 0 to 3 group, phase two)

"My older one really wanted to be nothing but an Aussie and speak English. Never, you know never really had much interest in maintaining his language…" (Stephanie, 0 to 3 group, phase two)

"He just wanted to be like his new brothers and speak English not his native language as he wanted to be the same as them." (Questionnaire, 0 to 3 group, phase two)

"Our children showed an urge to fit in and become Australian. They were also overwhelmed by the new learning that had to do be done and were exceptionally tired and worn out by the end of each day. I believe that in both cases, the forgetting of the native language is a combination of not wanting to remember, being overwhelmed by the new language and having parents who can't speak Thai." (Questionnaire, 3 to 6 group, phase two)

Most parents focused on developing their child's English skills and reported that they might look into actively teaching the child L1 at an older age. Some first languages were difficult to arrange tuition and the parents believed the only way the child would learn the language would be if they lived in their birth country.

"…at the moment I'm focusing more on his English than worrying about him having a second language." (Carrie, 3 to 6 group, phase one)

"I hope that she might relearn Amharic one day but can't imagine how that would occur unless we live in Ethiopia." (Questionnaire, 3 to 6 group, phase one)

Parents reflected on their children's current language abilities. Some parents believed their children had age appropriate development while others were unsure of what to expect at their child's current age. In the questionnaire parents were also asked about their current opinion of their child's English speech and language development. Most parents did not have concerns about their child's English abilities. Despite this positive result there were still parents who reported mild, moderate and severe concerns for their child's English speech and language development as discussed earlier in the questionnaire results. Some children had developed some L1 communication abilities prior to their adoption however following adoption all of the children transitioned to English as their primary

language as that was the language that they were being exposed to and therefore developed. Interestingly, children in both groups developed an ability to communicate in English despite the older group of children being exposed to the new language later in life and after the early stages of Locke's (1997) theory of neurolinguistic development typically take place. Locke's (1997) theory states that children progresses through the stages of vocal learning, utterance acquisition and analysis and computation by 37 months of age. For the children adopted after the age of 3 years, these first three stages would have occurred using their first language, if they were exposed to adequate communication from their caregivers. Despite their later start at English acquisition, many children were able to develop appropriate English language skills.

> *"Yeah we'll I've kind of been looking at books that I own and been looking things up to see what's normal development and I think she seems to be pretty on track. I was surprised that that's the case! So we're very happy with how her speech is developing." (Anna, 0 to 3 group, phase one)*
>
> *"She is almost normal I would think I would say whatever normal is! She um you hardly know. People just assume she's been speaking English all her life like it's just amazing what has happened in 12 months." (Rita, 3 to 6 group, phase two)*

Interestingly two parents reported that they believed their children's syntax was occasionally structured according to the syntactic rules of the first language. Although different languages to those mentioned by the participants in this study, Hwa-Froelich and Matsuo (2010) identified differences in the language development of children adopted from Eastern Europe and China. They identified different developmental patterns when comparing the two groups and suggested that a child's early language development may be affected by cultural and linguistic differences between English and the birth language (Hwa-Froelich & Matsuo, 2010). Use of the structure of the first language is a common characteristic of second language learning (Genesee, Paradis, & Crago, 2004).

> *"Callum initially would often get word order around the wrong way e.g. "King help red race car" meaning the red race car helped the king. This may have been due to differences in Korean and*

English grammar, as, from my limited Korean, it seems in most cases Korean word order is opposite to English word order. Mostly he now uses correct English word order, but there was a definite initial persistent preference for opposite word order." (Lorna, 0 to 3 group, phase one)

"He still occasionally confuses 'he' and 'she.' I don't know if that's normal for his age or not. Tagalog doesn't have 'he' and 'she' so it was a long time... maybe even only last year, he consistently started using the right pronoun but even now sometimes he gets mixed up and corrects himself." (Lara, 0 to 3 group, phase one)

Although there were some parents that had minor concerns about their child's articulation, language or literacy skills, these were not great enough concerns to cause the parents to act upon them. It is unknown what the children's actual abilities were and therefore it is unknown if the parents' concerns were appropriate. Only mild concerns about language development were reported by 50% of intercountry adoptive parents in a study of 28 children adopted from Eastern Europe between the ages of 11 and 23 months (Glennen, 2005). These data were collected via a questionnaire and there was no indication as to what parents considered a mild concern. These results along with the current study suggest that the majority of intercountry adopted children present with difficulties that their parents consider to be only minor or mild concerns. Again, it is unknown what the parents in this study considered to be minor concerns and if this severity rating was appropriate to the child's actual difficulties. There are, however, studies that have revealed different outcomes for children's speech and language development. In Glennen and Bright's (2005) study of 44 intercountry adopted children aged 6.6 to 9.1 years, speech and language delay/disorder was the most commonly reported *past* diagnosis reported by 47.3% of parents (n=21). When investigating *current* diagnoses it was only reported by 11.4% (n=5) of the adoptive parents (Glennen & Bright, 2005). It appears that some children's difficulties were overcome and few persisted, therefore, it may be that some of the minor concerns of the parents in this study will resolve with time or treatment.

"I guess I would have need to have been more concerned to actually instigate something and at this stage I haven't been that concerned." (Carla, 0 to 3 group, phase two)

Overall the stories were extremely positive and showed that the adoptive parents believed that their children developed appropriate speech and language development skills over time. The literature reports a complex relationship between the pre-adoption factors and the intercountry adopted child's speech and language development (Beverly et al., 2008). One study followed up children adopted from China at an average of 13 months of age when they were 3 years of age. They found that their expressive language skills were slower to develop and were the only skills that were not age appropriate at 3 years of age (Cohen et al., 2008). Despite receiving improved care after adoption, there is still a possibility that the adopted child's experiences of neglect and disrupted language development could have detrimental effects on their later language development (Hwa-Froelich, 2012). There is evidence to support both sides of the argument. Although there are more cases of speech and language difficulties in the intercountry adopted population, most children if adopted before the age of 2 years will experience positive outcomes and develop English skills that are age appropriate within two years of coming home (Glennen, 2007a). Despite the child's experiences of the institutional setting, if there are no other medical or developmental issues then children who are adopted at young ages should go on to develop appropriate speech and language skills (Glennen, 2002).

4.5.2 Parents' role in their child's speech and language development

Adoptive parents were aware of their role in encouraging their child's speech and language development following the adoption. This view was held by all parents despite the differences in the children's ages and therefore the differences in expected communication abilities. Specifically, parents were aware of the important role they had in providing a language model to their newly adopted child. Many had extended time off from work so that they were able to be the primary caregiver with their child at home. This is important as the home and family environment have been well documented as the keys for learning and development for children in their early years (Haydari et al., 2009). Although not specific to intercountry adoption, qualitative research into parental beliefs about speech and language development has

reported similar results. In a study by Marshall et al. (2007), parents believed the time they spent talking with their children was important in the language learning process and therefore parents saw themselves as being a critical part in their child's language development. This parental belief is well documented. A parents' communication with their child assists the child to develop their own communication skills and is critical in providing the framework for their later communicative abilities in a social and academic context (Hwa-Froelich, 2009). One study that investigated the way that parents provided and elicited language in a play activity found differences in the interaction styles of mothers and fathers and that these styles affected the responses of their children (Masur & Gleason, 1980). Despite the gender differences, the research highlighted the direct influence of the parents' communication on their child's language use. Typically, adopted children move into more enriched and stimulating environments following adoption from an institution (McGuinness & Pallansch, 2007) and the intercountry adoptive parents are the key facilitators in providing such a positive and supportive setting.

> *"I'm at home with him all the time…well myself and my husband, we are his primary language learners I guess and people that he's most exposed to. It's pivotal and I try to make the most of opportunities for language all the time with him." (Lorna, 0 to 3 group, phase one)*
>
> *"A child's interaction with others is how they learn about the world and their place in it including with speech. Because parents (should) spend the most time with their infants and young children they are the primary teachers of language in the early years." (Questionnaire, 3 to 6 group, phase one)*

Awareness of the children's communication abilities affected the way that the parents interacted with their children. This has been found in other studies that report that more verbal children elicit more detailed responses, more toys and more outings from their carers (Farah et al., 2008). This is an important consideration for parents of intercountry adopted children. These children need to experience stimulating and rich amounts of language to facilitate their own language development. However, if the language transition causes the children to shy away or limits their communication

skills then this may have consequences for the amount and type of response they will receive from their caregivers.

> *"I think there is a tendency when a child is quite verbal, you assume the child understands a lot more so you treat them as though they are a lot more mature and intelligent. Whereas with a child that doesn't speak much, you assume that they don't know much… you know, I'm never really sure whether maturity and brain development does attract verbal and speech development… but I definitely feel like I treat him as a lot younger than we did our daughter at the same age because he doesn't have the words that she did." (Jill, 0 to 3 group, phase one)*

The parents learnt simple words and phrases in the child's first language to aid initial communication following the child's placement. This was difficult for some families as they did not know which dialect the child was hearing while others had difficulty accessing some language classes in Australia, for example learning Korean.

> *"No we probably spoke a lot of baby Thai I suppose. When we were trying to learn to speak Thai all we wanted to be able to do was to converse on a child's level just so that we could do all of the important things like your activities of daily living I suppose and comfort and that sort of thing." (Stephanie, 0 to 3 group, phase one)*

Parents made sure that their children were brought up in a language rich environment where they were constantly talking to or engaging their children in a range of activities. They believed that a stimulating environment was important for their child's development. The home environment that the parents provided was not directly assessed however studies have demonstrated links between parents' knowledge of the influence of caregiver practices and the levels of stimulation provided in the home environment (Parks & Smeriglio, 1986; Smeriglio & Parks, 1983). These findings suggest that as these parents were well aware of the importance of their interactions and the home environment, they would have actively provided the child with a nurturing and engaging environment. A stimulating environment is often measured by the amount of interesting and appropriate toys and

books in the home environment (Haydari et al., 2009). Many of the activities and ways that the adoptive parents in this study reported having interacted with their children have been documented in the literature as ways to facilitate an intercountry adopted child's English speech and language development. For example, providing a language rich environment, talking to them at eye-level, singing songs and playing language games, and always providing a consistent response (Narad & Mason, 2004). Language development in toddlers is nurtured when they experience emotionally sensitive parenting from their caregiver provided within a cognitively stimulating environment (Murray & Yingling, 2000) and the adoptive parents in this study actively tried to parent in this way.

> *"We listened to lots of CDs. He is very musical so he would pick up the words from CDs and singing. We did a lot of that. Watching a bit of TV, Playschool and that sort of thing. Talking. Trying to talk about what we were doing and things like that. Explaining how things work and that sort of thing." (Lara, 0 to 3 group, phase one)*

Parents believed they needed to provide their child with sufficient language input so as to stimulate and encourage their English language development and to cover all that their child had missed prior to adoption. The effects of maltreatment on language development have been well documented. Neglect is believed to have the greatest effect on language development due to the duration of a lack of engagement with a caregiver. This is different to abuse where although the interactions are damaging, the child is interacting and responding to their caregiver (Culp et al., 1991). For many intercountry adopted children growing up in a group care facility, their interactions with caregivers would be limited (The St. Petersburg-USA Orphanage Research Team, 2005) and therefore their language skills could potentially be at risk in the same way as children who have experienced neglect. The amount of language exposure the children experienced appeared to change following adoption into the family home. The importance and influence of a parent's language use has been well documented with behaviours such as maintaining, labelling and scaffolding being important behaviours for supporting a child's word use (Landry et al., 2006). These techniques, although they were not explicitly stated in the parents' responses, were described when parents talked about the way they interacted with their children.

"We were never away from his side constantly talking to him. The only time we didn't talk to him was when he was asleep!" (Carrie, 3 to 6 group, phase one)

"It's just like communicating with say a younger child. If I think 'Oh my gosh she is three. This is how I think she should communicate' then it might be more frustrating so it's almost like we are in the mindset that she is almost younger." (Rita, 3 to 6 group, phase one)

Parents started at the beginning and covered basic concepts, simple and high frequency phrases and used a combination of gestures and the first language to teach new words. They said they interacted with their child in the same way that any parent would interact with their birth children. The difference for the adoptive parents in this study was they reported they had to make a conscious effort to be aware, to catch the child up and to explicitly teach some concepts. These beliefs are appropriate as intercountry adopted children's language development typically follows the same patterns of native speakers, learning nouns and social words first followed by verbs, adjectives and then closed- class items and inflectional morphemes (Geren et al., 2005; Snedeker et al., 2007).

"We also started straight away to 'read' simple children's picture books to him relating to colours, shapes, numbers etc. & to play nursery rhymes & children's songs and have his sing-a-long & mimic us." (Questionnaire, 3 to 6 group, phase one)

"The only difference in my situation was that the period of learning adjustment was concentrated and therefore intense. In most respects my daughter experienced all her 'firsts' with me, considering she spent her first few years inside a room. Being in tune and responding to her was critical to her adjustment e.g. she would sing 'I'm a little pancake' at her toddler swimming class and I knew she didn't know what she was singing so we would go home and make pancakes and watching the penny drop and the subsequent excitement was wonderful." (Questionnaire, 0 to 3 group, phase one)

Along with this, parents saw part of their role as monitoring their child's development and accessing services to assist and support them.

> *"We have had an extraordinary journey in terms of our youngest adoptive child. I feel immensely proud of what she has accomplished and it is testimony to the value of early intervention and highly active parental involvement/support." (Questionnaire, 0 to 3 group, phase one)*

Adoptive parents believed they had an important role in encouraging their child's English speech and language development. They were aware that children learnt from those around them and believed that it was their role as the child's primary caregiver to expose the child to their new language and teach what the child may have missed in their early years. Parents have an important responsibility to ensure that all the child's needs are met in order to maximise their child's developmental potential (Haydari et al., 2009) and parents in this study were both aware and active in doing so.

4.5.3 Intercountry adoption and school

School was viewed as an important stage in the children's language development. This was reported by all parents who noticed that their children were using new words and language learnt at school when their children first began to attend. The parents of the older children were able to reflect back to when their child first started school and the rapid language development that took place at that time whereas some of those who had adopted younger children were currently experiencing the first years of school. The environment and interaction with others, both adults and age matched peers, meant that the children were exposed to new ideas, concepts and language.

> *"Prior to commencing school (where) the caregiver is the most proactive/influential person in the child's life- 90%... after commencing school this I feel has reduced to around 60-70% as the teacher's role becomes more influential and the peer group in the schoolyard becomes more dominant.' (Questionnaire, 3 to 6 group, phase two)*

"That's one reason why we were keen to put her into preschool. It's just another environment to be doing and learning all this stuff and seeing other kids do it." (Rita, 3 to 6 group, phase two)

As school is a time for increased language development, parents wanted to ensure that their child was in an environment where they were well supported and able to continue to develop their skills. The participants were aware that children would learn best when they felt secure, protected and comfortable (Child Welfare Information Gateway, 2001). Although not specific to intercountry adoption, parents of children with preschool speech and language difficulties were reported to view communication as "being able to learn effectively, being able to socialize and make friends and not stand out from peers as being different in some way (Glogowska & Campbell, 2000, p. 400)." This same belief about communication and belonging was held by the participants in this study. Parents believed that if their children felt like they belonged and were able to communicate then they would continue to develop and learn.

"… kids learn when they are safe and feel safe and are happy and having fun not when they are really scared about what's going to happen next." (Laurel, 0 to 3 group, phase one).

"What I noticed is initially she was very, very quiet there and that's what they used to say as well. But once I think she assessed that she understood and could make herself understood and once she is comfortable with people she will talk your legs off and I think that that's what's happening now. I think she's becoming more comfortable with what she can say and do." (Julia, 0 to 3 group, phase two)

As the parents were aware of the specific needs of their intercountry adopted children, they considered these needs carefully when selecting schools for their children to attend. Where possible, parents chose schools that had other intercountry adopted children, taught the child's first language as an elective or schools that had a large multicultural community. These were important factors when it came to selecting a school that the parents thought would best meet their child's needs. Juffer et al. (2004) reported intercountry adopted children who attended a Dutch school did not encounter negative comments regarding their appearance or skin colour. The

authors believed this was because their Dutch society was multicultural (Juffer, Stams, & van IJzendoorn, 2004). Other research on immigrant children reported children may feel isolated in the classroom when in a predominately white society (Onchwari et al., 2008). It appears that the parents in the present study wanted their children to attend schools where there was a large multicultural society in order to protect their child from standing out from their peers.

> *"I chose a school that does Mandarin as their second language." (Tiffany, 0 to 3 group, phase one)*
>
> *"In their prep class which they have just started there are 18 kids, four of them are girls adopted from China, well they're two of them. But in a school of 190 kids it has 13 kids adopted from China. They're in a very protected and nurturing environment. I mean those numbers are just mind boggling really." (Jodie, 0 to 3 group, phase one)*

When compared to their peers some adopted children did very well in their early years of school. Dramatic recovery and development typically takes place in the first year home however the long term outcomes and completeness of the child's development after this period is often not completely understood (Jacobs et al., 2010). Jacobs and colleagues (2010) conducted follow up assessments of intercountry adopted children aged 4-5 years and found expressive and language skills to be more than one standard deviation above the expected norm for American born children. Another study also found that 94.5% (n=52) of children aged 3 to 6 years, who had been adopted from China, to have language skills within or above the average range (Roberts, Pollock, Krakow et al., 2005). Although intercountry adopted children may be more at risk for speech and language difficulties, a review of studies into speech and language development found there was evidence for positive outcomes for children adopted from Eastern Europe, the former Soviet Union and China (Beverly et al., 2008).

> *"Within three years nobody believes, well not believes, but are surprised that he ever spoke Thai. He speaks fluent and very clear English, better than some of the other kids that he goes to school with at the moment." (Laura, 3 to 6 group, phase one)*

Although most parents thought their children would continue to develop at the same rate as their peers, there were parents who were concerned with how their child might cope with the academic demands and more complex language used as they progressed through the school years.

> *"I have to say that prep year was a huge change in many, many different ways… he's within the range of normal um so far but I think probably what grade um grade three and four there is another major shift from what I understand and um so I guess I'll probably wait till then and see…" (Joanna, 3 to 6 group, phase two)*

Parents reported that their children did well with the early years that involved more concrete language and began to struggle with the more abstract and complex language tasks. Their concerns are supported by research that highlights a strong link between early spoken language and the later development of reading and writing skills (Locke, Ginsborg, & Peers, 2002). A review of follow up studies of intercountry adopted children who were low performers in the preschool years found they had continued language and literacy difficulties in the later school years (Beverly et al., 2008). Other research has identified school aged intercountry adopted children as having difficulty with the decontextualised school language despite developing appropriate day to day language skills (Dalen, 2002). The communicative language required for social interaction is less complex than the literate and academic cognitive language used in the school setting (Gindis, 2004). As intercountry adopted children's communicative language development is rapid over a short amount of time, they may not have the depth of skills required to provide a firm foundation for the mastery of the more complex language required for school (Gindis, 2004). Older intercountry adopted children have less time to develop their English skills before school (Glennen, 2007c) and have more of the English language to learn to meet age appropriate expectations. Difficulties in the later years have been found in a study of adopted children aged 6 to 9 years where the children had mean scores below their non-adopted peers on assessments of their language abilities despite scoring within the normal range (Glennen & Bright, 2005). A meta-analysis of 22 studies on intercountry adopted children revealed long term effects on language development and specifically expressive language development which were related

to the child's experience in the institution and their disrupted language development (Scott et al., 2011). Further, difficulties with executive function, attention regulation and sensory processing identified in the assessments of adopted preschool children may contribute to the later difficulties that these children face during the school years (Jacobs et al., 2010). All of these studies substantiate the concerns of the adoptive parents in this study however more research is needed to identify the typical difficulties that appear to affect intercountry adopted children's language skills in the school years (Gindis, 2005).

> *"Literacy seems to be the stumbling block. The school felt it was ESL related. I'm guessing it was too as many of our adopted friends have also had literacy issues." (Questionnaire, 3 to 6 group, phase one)*
>
> *"There is definitely something that has been observed in the girls from China in particular is a lot of them seem to do really, really well and great in their language and seem to be quite strong academically but when they get to five or six some of them start to struggle because the stuff that hasn't happened properly in the brain in the first year because they didn't have the right care has been managed until then but when the demands of their environment become more challenging that's when it starts to show up. I've kind of got a bit of an eye on that but so far she's really fine." (Jill, 0 to 3 group, phase one)*
>
> *"She is now in grade 6 and I have noticed a lot of the words they are learning are not those used in everyday life. Most bio kids have at least heard most of them however she has not. This puts her behind as she firstly has to work out how to pronounce then she has to find out what it means." (Questionnaire, 3 to 6 group, phase one)*

Parents had to work with classroom teachers to explain the intercountry adoption and often encountered difficulties and a lack of understanding on their behalf.

> *"Raising awareness of issues relevant to intercountry adopted children generally and throughout education system especially for*

primary school aged teachers. Not see parents who want child to be secure before leaving, or who are concerned about trauma or adoption as affecting current development as neurotic or overprotective etc." (Questionnaire, 0 to 3 group, phase two)

"I think in schools there needs to be better resources provided for teachers so that they can include activities/projects that allow for children to not feel excluded from activities that rely on children being biologically related to other members of their family (e.g. the family tree project in primary school…) (Questionnaire, 0 to 3 group, phase two)

A systematic review of 16 studies into the language outcomes for school aged internationally adopted children revealed mixed results. Three studies reported poor language skills, nine studies reported good language skills and four reported mixed language performances (Scott, 2009). These variations may be explained by differences in assessments, age at adoption, age at assessment, country of origin and other variables. Each experience of an intercountry adopted child will be different and as this review has identified, may result in different outcomes for the children's school aged language skills.

Theme four provided an interesting insight into intercountry adoptive parents' reflections on speech and language development, specifically the role and development of L1 and L2. Most parents focused on teaching English as the child's primary language. It must be noted though that parents saw the first language as a means of maintaining cultural links in theme two. Therefore despite the children not being fluent in their first language, some words were often incorporated into the families' daily vocabularies. Most parents believed their children had age appropriate language skills however as there was no direct assessment of the children, it is unknown if this was accurate. School was an important decision for the parents as they saw it as an environment that would support their child's learning. Despite school choices sitting outside the initial aims of the study it was interesting to see the thoughts that parents had about school and their child's speech and language development. This is an important finding that again highlights the complex links between speech and language and other factors. It is not possible to investigate speech and language development without a holistic consideration of the child.

4.6 Theme 5: Parents' knowledge and beliefs about support

Adoptive parents believed that support was an essential element to the adoption journey. This support was provided through their involvement in the adoption support groups. Unfortunately many adoptive parents feared asking for help and felt like they were unable to approach the adoption departments to ask for assistance. Adoptive parents that had to access professional services for their children found it difficult to find professionals who had experience in intercountry adoption.

4.6.1 Support groups for intercountry adoption

Support groups were important for intercountry adoptive parents at numerous stages in the adoption process. They allowed families to network with other families who had similar experiences and concerns, families who had adopted children from the same birth country or with other intercountry adoptive families who lived in their city.

> *"One of the couples was from [our suburb] and the other couple lived at [a suburb nearby] which is only 10 minutes from me so I spent a lot of time with them… they've been a really good support system for me. I'm going to see the other couple, the [our suburb] couple, tomorrow for lunch." (Julia, 0 to 3 group, phase one)*

High levels of stress have been reported for intercountry adoptive parents (Miller et al., 2009) therefore it is important that adoptive parents have the opportunity to meet and share with other parents who have similar experiences and concerns.

> *"It is useful. And I think you just don't have to explain yourself to people and it is interesting to hear other people's experiences. Often what is happening is very normal when you talk about it." (Carla, 0 to 3 group, phase one)*
>
> *"Over the years I got to know a few people really well and they understand better than your own family does in a way." (Caitlin, 0 to 3 group, phase two)*

"Yeah it's been out it's been our lifeline actually and I can't recommend it highly enough." (Deidre, 0 to 3 group, phase two)

The support groups were a place for information and support for new parents and a place where more experienced parents could offer advice and counsel. Involving experienced parents in support programs and giving them a chance to share and give advice has been suggested as an effective form of help (Rijk, Hoksbergen, ter Laak, van Dijkun, & Robbroeckx, 2006).

"The department tend to actually push special needs and give a lot of scary presentations about attachment, kids with attachment problems and behavioural problems and things like that so sometimes what I'm doing is offering reassurance that actually sometimes it works and the children come home and they are fine. To give a bit more of a positive background than a negative one." (Tiffany, 0 to 3 group, phase two)

For some, friendships and involvement in the support group began prior to the adoption taking place.

"We have a circle of friends who have also adopted from Ethiopia. I would say they give us most of our support. You seem to link up with likeminded folk along the waiting stage of the journey." (Questionnaire, 3 to 6 group, phase one)

Friendships and connections developed with time and as families became more involved in the intercountry adoption community.

"I think because we've been part of the adoption world for quite a long time we've built up quite a lot of contacts so it's usually by my picking someone else's brain and it will be another adoptive parents. Someone who is experienced and perhaps has experienced a similar situation… and you know when we first adopted Leilani we didn't quite have the same level of contacts and so it was really stressful." (Katie, 3 to 6 group, phase one)

Contact with the support group families occurred via a number of methods including online communication, meeting up at support group events or through friendships that had developed with other adoption families. When support groups

have an online meeting space, they allow people with similar experiences to connect and network regardless of their geographical proximity or isolation (O'Connor & Madge, 2001). The online nature of the support groups meant that families in this study could remain connected if they were unable to attend the group functions or were too shy to make contact.

> *"Attended intercountry adoption playgroup every week for first 2 years. Attend social activities of Thai family group in Victoria. Attend a privately organised group of 7 family with children from Thailand that meet fortnightly for fun and culturally relevant activities." (Questionnaire, 3 to 6 group, phase one)*
>
> *"Would you rock up to a support group face to face or would you just do something online? Everyone's a bit different but you don't have to engage. You can be on these e-groups and not engage unless you want and be a silent observer." (Rita, 3 to 6 group, phase two)*

Not all adoptive families become members nor were all members actively involved in the support groups. One participant who was the president of a support group said:

> *"We have about 50% membership. We know how many adoptions have been completed from China over the years… and only 50% are members." (Lorraine, 0 to 3 group, phase one)*

Not only did support groups allow families to network but they were also a source of information and support. Parents often described them as the first port of call for minor concerns. The support group provided a forum for parents to share and discuss referrals to services or professionals they had used.

> *"I have to make do with who is available locally and to do this I have to rely on other adoptive parents experiences and impressions and work with what we have got, not that successfully I would have to say. I would prefer to be able to find someone who aligns specifically with our parenting and I do know these types of professionals are overseas." (Questionnaire, 3 to 6 group, phase two)*

Parents were glad they were involved and thought that joining some form of intercountry adoption support group was an essential part of the process. They suggested the need for all families to be involved in a support group to some degree.

> *"But I do find I have come across in the last couple of years a few people who have been in support groups but haven't actively used them only had them there as such because they you know they don't feel they need them. And that's just a personal choice. I think I was too shy to join them originally and now I can't imagine I wish I had of joined earlier and found out lots more. So yeah I think they're a very good network… you have it and you think 'I'm so glad I've got it' but when you don't use it you never know what you're missing out on." (Stephanie, 0 to 3 group, phase two)*

The parents said that the support groups were often run by volunteers and as they had inadequate resources and funding their effectiveness was sometimes limited. One of the participants was the president for an online support group and spoke about the difficulties in funding speakers and big events that would benefit the intercountry adoption community.

> *"I mean nearly every support group I know for adoption is volunteer run as is the case for the group that I am a part of. It falls to half a dozen who work really, really hard behind the scenes to get things happening. There is no Government funding of any kind um for post adoption support groups. It makes it difficult…. The Attorney General's Department has a consultative group that is great at looking at policy but it would be really nice to see some actual dollars put into supporting the kids once they actually get here." (Lorraine, 0 to 3 group, phase two)*

Parents spoke of the importance of these support groups, therefore it is essential that these support groups are equipped to continue the work and support they provide to the intercountry adoption community. Regardless of the child's age at the time of the adoption there was still a need to connect with other intercountry adoptive parents of children who were either the same age or from the same country. The networking allowed parents to discuss their experiences and support one

another. All parents believed that the support group was an important part of the adoption process.

4.6.2 Fear in asking for help

Adoptive parents felt like they had to meet others' expectations and present as the "perfect" family. Parents associated this expectation with the strict assessment process that they endured with the adoption department. They did not want to appear like they were not coping or that they were not capable of caring for their child. This added stress to the situation and fear in asking for assistance. They feared they would be judged as incompetent parents. This fear has been documented in the literature, particularly in first year adoptive parents when they have bought their child home but before the legal paperwork is finalised (Deacon, 1997).

> *"You know lots of people won't acknowledge when they're when it's not working and they hide it." (Natalie, 3 to 6 group, phase two)*

> *"And we're very lucky to have a family who live close to us who became our mentors and um the mum had just had a lot of issues with adjusting to it all and was quite open and honest about things saying 'It's not cruisy. It's not a bed of roses. It's not you know you can have some really difficult days' and so it was great because if we had difficult days I had someone to talk to and it's ok to feel like that. Whereas you felt by family and friends who hadn't adopted it just felt like you were being watched all the time and so everything had to be picture perfect. I did I must admit and I'm clever enough to know that 'who care' but in those early few months first six months I look back now and I was actually quite stressed just quite stressed trying to do the right thing, trying to make sure you presented a front that you were coping ok um because you waited so long so everything has to be good. It was just in our social support system it was ok to say 'It's actually really hard and I'm not coping very well.'" (Deidre, 0 to 3 group, phase two)*

The difficult and lengthy process of adoption as well as the anticipation of receiving a child played heavily on the parents' emotions. Following the adoption

there were a number of adaptations that had to take place for the parents' new way of life. As a result of the lengthy period and build up prior to the adoption, the post adoption journey was sometimes different to what the adoptive parents expected and this made the adjustment more difficult.

> *"Well you know lots of people have problems with their kids you know whether they're adopted kids or they're biological kids or what they are. And I think too like I researched I think many adoptive parents mothers suffer post adoption depression because you know there is so much about 'Oh we get this kid. It's going to be great! And this and that…' and then it doesn't meet their expectations because they've had expectations that have been so fixed about this little baby that they're going to hold in their arms and quite often it's not a little baby and it's very different to what they thought and but they don't admit to anybody that it's really you know some of them and I've got a couple of friends who will be totally honest about it and they're quite different to the other people who just won't. It upsets my kids so if we meet somebody and they meet another kid who is not happy and they'll go 'Oh why won't their mum let them do this or that? Why is it like that?' and I just and they get all really upset about it and I just go 'We can't really do too much about it.'" (Natalie, 3 to 6 group, phase two)*

These parents felt like they did not have a forum or avenue to voice their concerns. They were aware of other families who were struggling but who were not accessing services or asking for help. This is an important finding as the difficulties that these families are facing as well as the long term outcomes for the families and their children are unknown.

> *"I think there is a nexus that is happening where there is anti-adoption culture in the department. I believe that is pretty much across the states in Australia. That's not particularly constructive or helpful. It's not supportive of families. I mean once a child has been placed with us they pretty much abandon you and then you are left to your own resources which means those of us that are well equipped to rise to the challenge and connect and figure out*

what's going on, our families may do ok but I don't know. There are a lot of families out there that just disappear into the ethos and just don't know what to do." (Joanna, 3 to 6 group, phase one)

"Yeah like I've got you know a close friend sort of like that and I know they won't admit to anybody what's going on but if they just opened up and admitted it then people could help them. You know no one is going to come and take your kids off you." (Natalie, 3 to 6 group, phase two)

These parents knew of other families who were struggling but were too scared to ask for help or to participate in studies such as the current one. This may have meant that there were intercountry adoptive families who saw the email advertising the research studied but were too cautious and fearful to respond. Therefore it is possible that this sample may under represent families with children whose outcomes are less positive.

4.6.3 Relationships with the adoption departments

Parents reported on poor relationships with the departments involved with the adoption. They felt that post adoption support and services were not available once the department had organised and completed the adoption.

"The other thing is after 12 months… you actually have all your resources cut. I mean you can ring them but they sort of put you in a boat and send you out into the water and say 'Thanks for coming.' Yes you can ring but you are not encouraged to ring and there is no, you know, it's almost like they cut you off. I'm sure that if I rang they wouldn't but that's how it feels I should say." (Laura, 3 to 6 group, phase one)

"I think if people have a good relationship with their departmental worker like their adoption worker I think that would be their first point of call but I think in life some people clash and they just want to stay clear of the department as much as possible." (Rita, 3 to 6 group, phase two)

The parents also reported that there was fear in seeking out help from the department as it may be seen that they were struggling as parents. There was a

general fear in seeking help as discussed earlier but this fear also extended to a fear of the adoption department. This fear was magnified because parents were conscious of the detailed assessments and applications they had to pass in order to prove they were capable of being adoptive parents. Adoptive parents were worried of the potential consequences of seeking help from the adoption department and therefore many remained silent despite requiring assistance or support.

> *"My view of some of the state department is that most of them there come from Department of Human Services and having to remove children from problematic families and so the way they treat us is as though, you know, we're incompetent or are a problem and are we good enough to look after the kids and I think that is a very very damning approach and it is not helpful. It is an anti-adoption approach." (Joanna, 3 to 6 group, phase one)*
>
> *"… we find the Department for Human Services is a bit oh sometimes you're best not mentioning it if you've got a fear about something to them because they latch on to it like a dog latches on to a bone and just won't let it go." (Sonia, 0 to 3 group, phase one)*
>
> *"Because I think I think adoptive parents I mean I'm generalising but as you said we like to we've jumped through hoops and we've done the assessments so we're very good as saying the right thing and doing the right thing but yeah uh you don't want to tell your social worker except our social worker was very good so I was very honest with her. She was fantastic but I know a lot of people who their social worker it's like you don't say a word. You just nod your head and smile because it presents problems otherwise." (Deidre, 0 to 3 group, phase two)*

The adoptive parents reported that if services and advice were to be available for parents post placement, that it may be best for them to be provided by an alternative, outside organisation due to the poor relationship that they had with the adoption departments.

> *"Well it depends on where that support comes from really. You know like if it comes from DOCS well DOCS can be so scary for some people…" (Natalie, 3 to 6 group, phase one)*

"Well I think within the adoption community I think adoptive parents feel that they've had to work so hard to adopt a child that they have to be the perfect parents. I think a lot of adoptive parents are maybe reluctant to use the resources available to them through the adoption community because they feel like they may look like a failure." (Nicole, 0 to 3 group, phase two)

The adoptive parents did not have a positive or nurturing relationship with the adoption departments. As not all adoptive parents join an online support group, the adoption departments are the only organisations that have contact with all adoptive parents following the adoption. It is important that this relationship is one that is supportive and one that allows adoptive parents to voice their questions and concerns in order to monitor and support the health and development of the adopted child and their family.

4.6.4 Professionals and intercountry adoption

> Post institutionalised children should be viewed as having special needs that require time, attention and resources. The availability of these resources in the adoptive home supported the development and recovery of the post institutionalised children despite their early adverse experiences. This conclusion would point to the importance of making the appropriate post adoption services, which would need to be tailored to the needs of the child, available to the adoptive families. (Gunnar et al., 2000, p. 684)

The professionals that adoptive families accessed included psychologists, psychotherapists, speech pathologists, occupational therapists, paediatricians and child health nurses. These included a range of positive, supportive experiences as well as negative and unhelpful interactions. The different experiences were perceived as a result of the professionals' experience with intercountry adoption and children with a history of trauma and the professionals' ability to listen to and work with the parents.

Parents reported they had difficulty accessing and working with professionals. The first point of call with professionals was often the assessment that took place following the adoption. The post adoption assessments were mostly described as being uninformative for the parents.

> *"Well, you know, there were some things that were not really appropriate. It was fine and the doctor was very nice and seemed to be fairly thorough but I don't think we really came away knowing anything more or less." (Lorna, 0 to 3 group, phase one)*

The parents were worried about seeking out further help if it was not expected that they would need assistance. Parents knew the importance of early intervention and the difference that it could make on treatment success however they had difficulty identifying when or if there was an issue that needed attention. This same uncertainty was reported in a study of parents of children who presented with early language difficulties. These parents faced a period of uncertainty about their children's communication skills before recognising the child had language difficulties and advice was sought (Glogowska & Campbell, 2004). A high proportion of speech and language referrals (54% to 60%) has been reported for intercountry adopted children (Glennen & Masters, 2002; Mason & Narad, 2005) which demonstrates the lack of understanding regarding typical and atypical language development and when it is appropriate to access services (Glennen, 2007b). Further, there are not early intervention systems automatically in place despite these children being at an increased risk (Paul & Roth, 2011).

> *"Yes it is a stressful time and if you are a first time parent you question how much of this is normal development? How much of this is adoption related? How much of this is actually a problem or is it something that will resolve itself? It's really hard to work it out. Then it can be, people keep telling you 'Oh no it's just because you just brought them home or this is just a normal development thing." Then it can be six or 12 months down the track before you start thinking there is a problem whereas if you could have had some sort of assessment earlier then maybe you could have got some help earlier." (Lara, 0 to 3 group, phase one)*

"Well I guess the main thing for me as far as language is trying to be able to tease out what is um a sort of underlying issue versus what is part of the transition from one language to another. Um because you know the timing of things and milestones is different. Um but when do you know what's just a normal transition and what indicates something else because obviously for all these things the earlier you can intervene the better it is so you don't want to leave it too late and how do you know the difference between those two things. And you know you don't want to be this over anxious parent but you also don't want to look back and think 'If only. If only we had done something earlier it would have made a big difference.'" (Jodie, 0 to 3 group, phase two)

Parents were aware of the lengthy waitlists for professional services and were frustrated as they were aware that it was important that intervention be provided in a timely manner. Private services were available however this option was dependent on financial resources. A review of the literature found that intercountry adoptive parents are typically from a higher socio-economic status and are motivated to support their children, therefore they may be able to afford better resources and services for their child (Juffer & van IJzendoorn, 2005; Pollock, 2007).

"I know that it's a good year waiting for the government system but I mean you go private and you get in straight away so it just depends on what you want to do… if you're going to help a child you need to help them earlier…" (Tegan, 0 to 3 group, phase one)

When accessing services, parents reported they found it difficult to find professionals who were aware of or who had experience with intercountry adoption. They wanted professionals to be aware that they may need to adapt their approach when working with intercountry adopted children. They found that it was a small field but that professionals often lacked the knowledge or skills to work with their families. This difficulty has been echoed in the literature with intercountry adoptive parents reporting difficulties accessing professionals who were educated in the area (Linville & Prouty Lyness, 2007). Other studies have also reported parents had trouble finding professionals who understood their child's symptoms, had experiences of professionals with conflicting opinions and had experience of

professionals suggesting they stop worrying about concerning behaviours (Gunnar et al., 2000; Messe, 2005).

> *"… This isn't an ordinary situation and they can't make assumptions about the child based upon what they would ordinarily do with a child who presented in that way… Sometimes they write you off as overprotective and crazy parent." (Katie, 3 to 6 group, phase one)*
>
> *"They would have some empathy!! That they would admit when they don't know the answers in relation to an intercountry adopted child rather than just saying it is 'normal' or giving their best guess as an answer to questions." (Questionnaire, 0 to 3 group, phase two)*
>
> *"I wish professionals did not ask my children stupid questions. Do you like Australia? Answer: How do I know? I didn't have any choice. Oh you are lucky aren't you? No I am not, I left my birth country, I left my family etc." (Questionnaire, 3 to 6 group, phase two)*
>
> *"… and just a little bit unaware of just how important attachment and comforting and all that kind of thing, you know, the 'let them get tough' kind of attitude is not appropriate." (Lorna, 0 to 3 group, phase one)*

There were some parents that had positive experiences with medical professionals. This was often when a number of adoptive families had all used the same professional and then referred the professional to other adoptive parents as the professional had developed a wealth of experience in the area.

> *"We're in a country town of about 80,000 here in X and we have probably 19 intercountry adopted families and we've all used the same person. So just word of mouth, we've gone back to the same person. She's got, I suppose, she's been educated over the years with all of us and she's got a lot better into research herself in terms of looking into the difficulties for the children." (Stephanie, 0 to 3 group, phase one)*

Some parents interviewed professionals before selecting which professionals they would see with their child. They did this in order to know more about the professional's approach and to determine if they would be suitable to work with their intercountry adopted child and their family.

> *"We have consulted, independently, an attachment specialist and a child psychologist both of whom were excellent, but we had to search them out ourselves and did 'interview' a few before choosing to go with these ones." (Questionnaire, 3 to 6 group, phase one)*

The parents told of experiences with professionals who did not listen to what they wanted to share about their child. Parents wanted to share their knowledge and experience as they had often read and sought out information on intercountry adoption that they believed would be useful. This problem was also expressed in another qualitative study of 20 intercountry adoptive parents. The participants in the study reported they were disheartened when professionals did not listen to or believe their experiences and that this occurred with both health and school professionals (Linville & Prouty Lyness, 2007).

> *"I guess the biggest thing is if you can find a professional who is open to treating you as an expert on your child as anyone else... we know our son better than anyone and we are pretty resourceful…" (Joanna, 3 to 6 group, phase one)*

Adoptive parents thought that if they were able to educate themselves on intercountry adoption then professionals could do the same in a more formal and professional manner. Adoptive parents believe more research into the area of intercountry adoption would *"improve community tolerance and understanding and improve support services for adopted children and families." (Questionnaire, 3 to 6 group, phase two)*

Parents were also aware that professional help should be for the family as a whole rather than focused on the child's impairment or difficulties. This belief of the adoptive parents is echoed in the literature that states that the most successful and powerful interventions are ones that focus on improving the ecology around a child rather than focusing solely on the child's difficulties (Brendtro, 2006). This belief also acknowledges the greater circles of influence, as highlighted by Bronfenbrenner

(1979), which have an effect on the child's development. Parents were aware that they needed "help" from the professionals and they were willing and motivated to be involved in the therapy process.

> *"The role of these professionals was to mainly help us as parents and the family unit as a whole. At no point did the professional 'see' our son on his own nor was he made to feel like he was the one with an issue/problem." (Questionnaire, 3 to 6 group, phase two)*

Parents that discussed their experiences with speech pathology described patterns of difficulties with speech sounds or articulation.

> *"It was really combined consonants so she couldn't put 's' and 't' together.. she couldn't say 's' and any consonant." (Tiffany, 0 to 3 group, phase one)*

The speech pathologists provided home practice activities although these were not always followed up by the adoptive parents after the session.

> *"I'd go and the speech pathologist would give us homework and we would go two weeks later and she'd say 'Oh I can tell you've been working really really hard. She's come such a long way in just a couple of weeks!' and I'd nod and smile and think 'We haven't done anything! This is just spontaneous on her part.'" (Tiffany, 0 to 3 group, phase one)*

The parents that accessed speech pathology services had positive experiences and they were happy with the outcomes for their children. It is interesting that relatively few of the children in this study were seeing a speech pathologist. In a study of intercountry adopted children aged 9-13 years of age, speech-language intervention was the most commonly referred to service with 47% (n=26) of the children seeing a speech pathologist (Beverly et al., 2008). Another study of 44 intercountry adopted children from Eastern Europe aged 6.6 to 9.1 years reported 27.3% (n=12) of the children had received speech-language pathology services (Glennen & Bright, 2005). It may be that the age of the children in the current study meant that speech pathology intervention was not as necessary at the present time. As discussed earlier, language difficulties can typically arise in the later school years when the language demands increase (Beverly et al., 2008; Dalen, 2002). Knowing

this, if speech pathology intervention is provided in the younger years for at-risk children then later attendance rates may be less. It is unknown how many of the children in the current study will later develop language difficulties and therefore will require speech pathology intervention.

In theme five, adoptive parents discussed the importance of their support groups both for practical and emotional support. There was a fear in asking for help and many adoptive parents felt like they were not meeting their own high expectations, and the expectations they perceived were placed on them by others. This was compounded further by their poor relationships with the adoption departments that arranged and supervised the adoption. Parents felt like there was not enough information and services specific to the needs of intercountry adopted children and this came through in their stories about professionals and services they had accessed. Those who had positive experiences had worked with professionals who had experience with intercountry adopted children and those who worked with the whole family rather than solely with the child. This theme highlighted the needs that the adoptive parents had in terms of support and service delivery models. This theme that arose from the data was not specifically about the children's actual speech and language development, however, was an important finding as it demonstrated the external factors that can have an influence on a child's speech and language development. It also provides an insight into how speech pathologists and other professionals can improve their services for these families.

4.7 Theme 6: Parents' recommendations

Parents offered recommendations for ways to improve support and services for their adopted children and their families. Their recommendations are important and useful for both professionals and the government organisations that coordinate adoptions in each Australian state.

> "We can begin by building interventions based on what adoptive parents report they need, the known profiles of problems experienced by adopted children, and interventions that have shown the most promise of mitigating those problems." (Barth & Miller, 2000, p. 454)

Adoptive parents in this study provided a number of suggestions for improved services for their families. Parents requested more information on what to expect and the developmental trajectories for intercountry adopted children as they realised this would be different to typically developing children who had only been exposed to one language.

> *"Well I think what would have helped me was a much better sense of what was normal as far as development. I know it depends on the age that you start but when should you worry and when should you act and when is it ok? If you are concerned about this particular area then what should you do? But really just a guide. I mean if something is grossly wrong, it's easy. You know that you need help. But if you're trying to develop first language skills starting from toddler age, some things are pretty quick and some things are pretty slow. I gather from the reading that I've been doing, that's quite typical. There are typical milestones and some things it's just a question of at this age it should happen and it does and in other cases it takes a little longer in a second language learner. I guess I don't, not having raised children before, I don't have a great sense of what the range of normal is even in native born speakers of English so something that could provide a guide and reassurance and really when something needs to be done and what that needs to be might be quite useful." (Jodie, 0 to 3 group, phase one)*

> *"I don't know to be honest some information coming through that was mandatory when you adopt about speech and language and who's there to help you and a bit of a resource probably would have been really handy." (Rita, 3 to 6 group, phase two)*

They provided recommendations for ways of improving services for intercountry adopted families and requested more information on services or professionals that were available to work with their families and children.

> *"A referral service for all post-adoption support providers through our local department responsible for adoption would be helpful, as they are aware of the special issues adoptive families*

have to deal with and know the professionals who have the skills." (Questionnaire, 0 to 3 group, phase one)

"It would be good to have a better understanding of what was available and how to access it, as well as when it was needed (e.g. when to 'wait and see' versus when to act early)." (Questionnaire, 0 to 3 group, phase two)

"… it's hard to figure out which sort of person or which sort of profession to talk to and to deal with and that's something that I think could be would be helpful to have a guide like that." (Jodie, 0 to 3 group, phase two)

Adoptive parents reported on the limited availability of professionals who were equipped to work with their families. They were aware that they were a small population for services to specialise and focus on however they drew parallels between their children and other at risk groups of children. Parents believed their children had similar needs and experiences to children in foster care or children who have experienced trauma and that professionals who worked with these populations may have the best skills and experience to work with intercountry adopted children.

"I think probably lots of professionals in general need more training in dealing with traumatised children. This is way wider than intercountry adoption. Children who are in foster care a lot of them have really similar issues and are not necessarily treated appropriately by the health professionals that they might interact with." (Katie, 3 to 6 group, phase one)

"I have to say it's quite hard to find psychologists who are good at this stuff and kids who are, not necessarily kids who have been adopted but kids who have had a traumatic life generally and how to manage that." (Jill, 0 to 3 group, phase one)

"… because you know there are lots of kids in foster care who have similar issues so it's not like she is the only child that they will ever deal with." (Lorraine, 0 to 3 group, phase two)

"… they should be treated the same as any other child who has experienced trauma and thus some things are just more intense with them." (Questionnaire, 0 to 3 group, phase two)

The internet was a source of information used by many parents. However parents said that the internet often provided an overwhelming amount of unorganised information that they were unable to use or determine if it was relevant or accurate. One specific recommendation was for the development of a website to meet the specific needs of intercountry adopted families in Australia.

> *"If you type adoption into Google you get 50 million different resources, half of them are American; you get Yahoo chat sites which I logged onto at one stage but got overwhelmed with junk. Something dedicated and specific and online would be really helpful… I think having a website would be useful definitely." (Laura, 3 to 6 group, phase one)*
>
> *"Online support with info sheets and exercise for parents to print out, as well as a discussion group with professionals giving support." (Questionnaire, 0 to 3 group, phase one)*
>
> *"An online information centre is always going to be helpful, especially if you know it's there. It's good to be able to go somewhere and go that's an issue I've been dealing with and that's something that I can do." (Melanie, 0 to 3 group, phase one)*

The requests for information and services covered general concerns related to intercountry adoption and speech and language development specifically. There is information and checklists available in the research literature that describe how to be a better language facilitator when interacting with an intercountry adopted child (Meacham, 2006). For example, Meacham (2006) provides a list of simple suggestions for parents to use when communicating with their children such as "a) Paraphrase and repeat a lot. Say it again in a different way, b) Use simple, concrete vocabulary. Don't use big words for things, c) Create communicative opportunities. Do not anticipate children's wishes and fulfil them…" (p.78). This practical information is available in the research literature however it may not be accessible by all adoptive parents.

> *"I would love someone to say 'This is what you should do for language development with this age at three or whatever.' That would be really handy because I'm just winging it." (Rita, 3 to 6 group, phase one)*

"I would encourage adoptive parents to work hard and at least learn some of their children's language. It's not hard 20 words will do but it is such a comfort I think when you can ask or soothe them with words that must resound through their bodies because they heard them when they were tiny bubbas. I would recommend some help for new parents who did not have the resources to access, a package with creative suggestions about fun activities that help them learn and recognise new words etc." (Questionnaire, 3 to 6 group, phase two)

These recommendations are useful to consider when servicing adoptive families. Parents reflected on a fear in asking for help so it may be that information and services available online would allow parents to access information anonymously before seeking further support and services. It is important that appropriate services are available for families. These recommendations could be useful in structuring and developing future initiatives to meet the needs of adoptive families and others within at risk populations.

Previous research into post adoption services for local adoption highlighted three basic categories for services that are required by adoptive families a) educational and informational, b) clinical and c) material services (Barth & Miller, 2000). Educational and informational refers to the information that is provided to adoptive parents via handouts, workshops and support groups. Clinical services relates to counselling and other therapeutic services for the child and whole family. Material services refer to financial and practical services such as health care and education (Barth & Miller, 2000). In the current study, intercountry adoptive parents requested education and informational services such as further information and resources about intercountry adoption and things they can do to support their child. This information could be presented through handouts, lectures, seminars, workshops or disseminated via support groups as suggested in Barth and Miller (2000)'s article. The communication suggestions and tips provided by Meacham (2006) could be used to develop a handout informing parents and other professionals on ways to interact and facilitate an intercountry adopted child's communication skills. The participants in this study also made requests related to clinical services such as improved services and a database of trained professionals. Unfortunately, a database cannot be

developed if there are limited intercountry adoption specialists to list and suggest to parents.

If post-adoption services are to be developed for intercountry adoptive parents it is important to consider theory and efficacy research from other intervention studies (Barth & Miller, 2000). It is also important to consider the results of the current study that describe the intercountry adoption family context, the effects of the child's previous experiences and other variables that are related to both the child's general development and their speech and language development. It is important that the parents' recommendations and suggestions are considered as services must meet the needs that they identify rather than those which professionals and government services may believe are most important.

Theme six outlined the adoptive parents' recommendations for ways to improve support and services for adopted children and their families. These are important recommendations as they address factors that will have an influence on intercountry adopted children's speech and language development. Recommendations included improving referral services, education of professionals, the development of an online service for intercountry adoptive families in Australia, information about general development in intercountry adopted children and more specifically speech and language development. Again, this theme extended beyond the research aims of this study as parents thought about their child's holistic development. Although this study was focused on speech and language development, this theme demonstrates the thoughts and concerns that adoptive parents had on professionals and services for the child's general development. These recommendations could be used by any professionals working with intercountry adoptive families including those who specifically focus on speech and language development.

4.8 Summary

The six themes presented in this chapter provide a detailed and descriptive insight into the factors that intercountry adoptive parents associated with their adopted child's speech and language development. These themes extend beyond the initial aims of the research as often occurs within a qualitative, explorative study. The use of open-ended questions in the online questionnaires and the semi-structured

interviews meant participants had the opportunity to share what they believed was most important. The child's communication development was seen to be affected by the intercountry adoption process, the parents' role in the child's development, the child's attachment, the availability of support and the involvement of and ability levels of professionals. The parents' experiences with their adopted children meant that they were able to provide recommendations to improve the availability of services and information in order to support them in their role in facilitating their child's development. Unfortunately parents felt as though they were unable to ask for assistance through their adoption departments and this then meant that some parents remained silent when help was required. This is a crucial finding to share with professionals and support networks involved in intercountry adoption. If the speech and language outcomes and general developmental outcomes for intercountry adopted children are to be further improved then it is critical that adequate measures are in place to support, assist and encourage adoptive parents in the important role they hold in raising and caring for their adopted child. These thematic findings highlight the complexity of a child's development, the importance of considering the parents' knowledge, beliefs and experiences about speech and language development and the importance of understanding the number of external factors that adoptive parents link to a child's speech and language development.

5.0 CHAPTER FIVE

5.1 Concluding Remarks

This study meets a need identified in the intercountry adoption research literature. Hwa-Froelich and colleagues stated that to improve services for intercountry adoptive families, the communication and social-emotional needs of *both* the adopted children and their families had to be investigated in order to be better understood (Hwa-Froelich et al., 2006). Linville and Prouty Lyness (2007) believed more research was needed about the family context rather than concentrating solely on the child's outcomes. In this study I have focused on these identified needs and provided further description about the context of an intercountry adopted child's development, their adoptive parents and the post adoption experience.

5.1.1 Study design

This study was primarily qualitative with some descriptive statistics used to summarise demographic information about the participant sample. The demographic results provided important data about the participants and a context for the interpretation of the themes. As there was no statistical analysis involved in this study the research design is considered to be predominately qualitative rather than a mixed method approach.

The research was undertaken to investigate the study aims and an online questionnaire and semi-structured interview were designed and used as the best method to collect data for this purpose. The open ended questions and flexibility of these two methods meant that despite having aims and particular questions for the data collection process, participants could respond with what they believed was most important. This meant that although the study was focused on speech and language development in intercountry adopted children, other themes arose and were discussed, for example attachment and intercountry adopted children. The study design allowed for this and therefore the collected data and results of the study are broader than the initial thesis title and aims. This is a valuable finding in itself as it highlights factors and variables that intercountry adopted parents associated with

their child's speech and language development, for example which school their child attended and the services that they accessed for their child.

The data in the first phase of the study provided an interesting insight into the intercountry adopted parents' knowledge, beliefs and experiences of speech and language development and their intercountry adopted children. There was a large amount of variability in the participant sample as parents were included if they had adopted within the last five years. Typically, research into intercountry adoption has tended to focus more on the immediate development following adoption with little known about the children three to four years after coming home (Jacobs et al., 2010). This research aimed to address this gap as it included parents who had adopted children in the previous five years and followed up the parents again one year after the first phase of data collection. Parents were at a range of different stages post-adoption and therefore data were collected from parents with varying experiences regarding their child's settlement and development in their new environment. It was considered important to have a second data collection point to gain further information about the families' journeys post adoption. Intercountry adopted children undergo a significant change in lifestyle following adoption and it is critical to monitor how they deal with this change over time. This was an important aspect of the study design. Had the research only looked at one age group or at one time point it may have failed to report on the surprising development that occurs in the first year home or the later difficulties that may arise in the school years. This has previously been identified as a limitation in some of the research into intercountry adoption that only provides a "snap-shot" at a single time point (Jacobs et al., 2010).

5.1.2 Age differences

The themes that emerged and that have been discussed in the previous chapters were evident in the responses of most participants and at both time points, regardless of the age of their adopted child. This surprised the researcher as it was believed that there would be greater differences between the two age groups. This expectation was the initial reason for separating the participants into the 0 to 3 years and 3 to 6 years age groups. As discussed earlier, there were more parents who adopted younger children and this could be because they requested to do so or because there were more young children available. Interestingly the concerns

regarding attachment, speech and language development, school and working with professionals were not affected by the age of the child at the time of adoption despite the adoptive parents' assumption that a younger child may be less affected by their earlier experiences.

5.1.3 Theoretical implications

The effects of deprivation have been explored in a number of animal studies (Fox et al., 2011) but this would obviously be unethical conduct with human subjects. Unfortunately, the experiences of infants in institutional care settings are often not optimal and thus provide researchers a "natural experiment" and an opportunity to explore how these years of deprivation may impact or shape human development (Gunnar et al., 2000; O'Connor et al., 2000; Palacios & Brodzinsky, 2010). This study did not directly measure or assess the impact of the child's prior care on their current development. Instead it reported on the parents' knowledge and beliefs about the effects of early experience, institutional care and intercountry adoption on their adopted child's development and the way that these influence their care giving behaviours as adoptive parents. The study asked parents to describe their experiences of their intercountry adopted children's post adoption development which furthers the field of research into our understanding of the effects of deprivation on human development.

5.1.4 Clinical implications

The researcher has used this study to add further information to the dialogue taking place in the intercountry adoption research literature. The questions that shape the way clinicians work with intercountry adopted children continue to be addressed by researchers with various conclusions reached. Does the child's age of adoption affect their long term outcomes? Are there irreversible effects of institutional care on the child's development? How much recovery is possible? Do intercountry adopted children have difficulties learning a second language? When is a difference in development a delay and when is intervention required?

As this research study has shown, an intercountry adopted child's development is the result of a complex interaction of a number of variables related to the child's abilities, the child's experiences, the types of care the child receives and

the knowledge, beliefs and experiences of their caregivers. An understanding and consideration of these variables and the way they shape a child's development is critical for any clinicians working with intercountry adopted children and their families. Speech and language assessment and intervention should be focused on the *whole* child and address the context of the family and home environment (Hwa-Froelich et al., 2006).

This study collected qualitative data regarding the parents' reflections on their adopted children's speech and language development. It does not provide assessment procedures (Roberts & Scott, 2009), assessment data or cut offs that clinicians can use to analyse a child's assessments scores as in other studies that have looked directly at intercountry adopted children's speech and language skills (Glennen, 2005, 2007b, 2007c, 2009; Glennen & Masters, 2002; Glennen, Rosinsky-Srunhut, & Tracy, 2005; Krakow et al., 2005; Pollock & Price, 2005). These studies can assist speech pathologists to determine which children have true language difficulties and which children have language difference. The current study does not add to this information but rather highlights the complexity of an intercountry adopted child's speech and language development and suggests that a more dynamic assessment and holistic approach should be taken. A detailed assessment of an intercountry adopted child's development should involve measures at more than one time point, as well as measures of activity participation and quality of life along with direct assessment of the child's speech and language abilities. The study is unique in that it addresses the number of variables that are interwoven into a child's speech and language development and addresses the importance of adopting this view of a child and their development.

This study has added further information to the description of intercountry adoptive parents and the way that they care for their children. Although the outcome for the intercountry adopted child may be unique to the individual, it appears that there are similarities with regards to the type of parents that apply for intercountry adoption and their knowledge, beliefs and experiences about their children's development and more specifically their speech and language development. Although there are studies that highlight the characteristics of intercountry adoptive parents including their higher socioeconomic status and older age, this is the first study that provides more detailed description about intercountry adoptive parents'

understandings of the effects of the environment on development and the way this shapes the environment they provide, the services and support they require and their recommendations for improved services and support. This study involved Australian intercountry adoptive parents and therefore the results must be considered in this context as adoption processes and services differ around the world.

The themes that have been reported are important information to be shared with the professional community. The findings of this study can influence how services are presented, accessed and delivered. These families endure a difficult and extensive process to receive their child and then have the task of parenting a child that often has unique needs due to their previous experiences and the changes associated with the adoption. The parents in this study reported many adoptive parents were reluctant to access services as they feared the consequences of admitting they needed support or assistance. This is an important finding that must be shared in order to change the attitudes of all those involved. Adoptive parents must feel safe and encouraged to access help if it is required. Services must be freely available and if accessed, parents must not feel judged for doing so.

Adoptive parents commented on their poor relationships with the departments that approved the adoptions. This relationship appeared to influence the parents' willingness to access services as they feared the consequences of asking for help. The adoption departments need to encourage parents to use services and may be the best contact to assist parents in accessing professionals with experience in the field of intercountry adoption. If the adoption departments encourage and inform parents of available support and services then parents will have a greater understanding of what is available and who to access, and may do so more freely without fear that the adoption departments see them as incapable parents.

Intercountry adoptive parents reported on the difficult and often lengthy process to adopt their child. This same endurance and commitment was evident post adoption in their willingness to seek out information and services so that they were well equipped to care for their adopted child and their unique and often complex needs. If professionals are to work with these families then they must first recognise the tremendous dedication and advocacy these parents have for their children (Miller et al., 2007) as well as their beliefs and the way that their beliefs influence and shape their behaviours and actions (Lynch et al., 2006). The researcher has described these

characteristics of the parents in the present study and believes that it is essential knowledge to be shared in order to improve the availability of services and support for intercountry adoptive parents and their adopted children.

Based on the findings of this study, a family centred therapy approach would be the most suitable service delivery model for intercountry adoptive families. These adoptive parents wanted to be heavily involved in the post adoption process and saw themselves playing a critical role in their child's development. They also commented that they knew the complexities of their child's journey and were well read in the area of intercountry adoption, sometimes even more knowledgeable about the field than some professionals. This was the case particularly for parents who found it difficult to access professionals with previous experience with intercountry adopted children. The findings of this study suggest that a collaborative partnership between the professional and the family will result in the best decisions and treatment approaches for the child and family. Intervention must not focus solely on the child's ability but also on the child's wider systems of influence. Inclusion of the adoptive parents by professionals is an efficient and valuable way to focus on such areas.

The adoptive parents in this study wanted more information on what to expect for the child's post adoption development. They also wanted more information on practical things they could do to facilitate their child's development and more specifically, their speech and language development. This information needs to be available to adoptive parents. There are a number of possible avenues for the dissemination of this information, based on the findings of this study. These include the development of a website to inform intercountry adoptive parents living in Australia of developmental guidelines, things they can do at home, available services and support. If this information was available online then perhaps parents who feared the consequences of accessing support would be able to do some initial searching and networking without fear of judgement from others or the adoption agencies. Another possibility would be for this information to be produced and sent out by the adoption agencies. This would be most beneficial if a more positive and nurturing relationship existed between the government departments and the adoptive families. The availability of this information may be the first steps to improving this relationship. A further possibility would be that professionals provide such information, however this would only be viable if there were professionals who had

knowledge and experience in this area and if adoptive parents were aware of who these professionals were. The viability of possible avenues for the dissemination of this information has been discussed earlier in this thesis. The findings of this study provide useful recommendations for what information adoptive parents have requested and how this information can be best delivered.

This study highlights the needs of these families and the information that must be understood when working with them. This is essential knowledge for any networks that work with intercountry adoptive parents, government groups or professionals. It is important that research is not an end in itself but is used to inform decisions and implement practices with the ultimate objective of helping children and families (Guhn & Goelman, 2011). The findings of this study provide recommendations that can be useful in shaping future clinical services for intercountry adoptive parents and their children.

5.1.5 Limitations of the research study

There are a number of limitations to the research study that has been presented in this thesis. All of the families were members of Australian online support groups for intercountry adoption and therefore the results must be interpreted in this context as adoption practices in Australia may be different to those of other countries. In addition, the participants were all self-selected and therefore potentially not representative of the wider intercountry adoption population. It may be that groups contain families with children who do well post-adoption or those parents who feel they need more support in their role register for an online support group. It may also be that only those who were more computer literate, had access to the technology or were highly motivated to be involved were willing to participate in the study. It is also possible that only those parents who considered speech and language development as important were interested in participating in the research. As the participants themselves suggested, there may be families facing more complex post-adoption journeys that are unwilling to ask for help and to participate in research studies. The study had a total sample size of 86 participants and therefore these factors must be considered when generalising the findings to the wider intercountry adoption parent group.

It is unknown how many adoptive families were contacted in relation to this study as the online support groups were unaware of how many members were on their contact lists and whose details were current and active. Therefore a response rate cannot be calculated. It is also unknown how the participant group compared to the larger group of adoptive parents who were informed about the research. The sample size was small overall and the number of participants who participated in the follow up phase was reduced.

Both the online questionnaire and interview relied on the parents' self-report of their child's progress and the activities they used to promote their child's speech and language development. For all parents this was retrospective and may have included referral to a time up to five years before the time of the data collection. There is no way to determine if the reported and actual parental behaviours matched as the study did not include direct observation. The adopted children were not assessed as part of the data collection process, therefore it is unknown if the parents' reflections on their child's current speech and language were an accurate description of their child's actual abilities.

In the present study, the researcher was younger than the participants and did not have experience as a parent. This may have influenced the way that the participants responded to the researcher's questions (Yin, 2009). However the researcher aimed to overcome this by building rapport with the participants, informing them of speech pathology qualifications when asked and by sharing personal observations and experiences of institutional care settings when parents asked about the researcher's prior experience with intercountry adoption.

5.1.6 Future directions

The limitations of this study also highlight how this research could be further developed with future research opportunities. Future studies could involve direct assessment of the adopted children's speech and language abilities in addition to the data collected in this study. This could be useful data to determine how accurate the parents' perceptions are of their child's communication abilities and developmental progress. It is unknown what parents considered to be age appropriate development or mild, moderate and severe concerns. It would be useful to investigate how accurate the adoptive parents are in the use of these terms when referring to their

child's speech and language abilities. Although the children were not adopted, Boudreau (2005) found that parents' reports on their children's literacy abilities were highly correlated with the children's scores when directly assessed by a professional. In this study, if data were collected regarding intercountry adopted children's abilities then a greater understanding of the parents' knowledge, beliefs and experiences about speech and language development would be obtained. This would be important information to know as it would allow professionals to see if parents are appropriately accessing services when they are or are not required.

The knowledge, beliefs and experiences about speech and language development of intercountry adoptive parents who are not registered with an intercountry adoption online support group are unknown. It would be interesting to investigate why these families do not join a support group and determine how they and their child are coping with the post adoption journey, if they are able to be contacted.

As parents in this study reported attachment to be their primary concern, it would be valuable to investigate this area further and determine how intercountry adopted children's attachment develops post adoption and more specifically how it may affect the child's development in other areas such as speech and language development. It would be interesting to involve a multi-disciplinary team in the assessment so that a greater understanding of the child's holistic development is obtained.

This study only involved intercountry adoptive parents who lived in Australia. The services and systems available both pre and post adoption will be different in other countries and therefore the experiences of adoptive parents who live abroad are likely to be different. Many Australian parents reported on the post adoption services available in the U.S. and said that their services appeared more advanced and more readily available. It would be interesting to extend this research to adoptive families in other countries to gain an insight into their reflections of such services and if aspects of their services could be used as a model for the further development of intercountry adoption services in Australia.

This research provides health care and education professionals with information that is useful for planning assessment of and intervention with intercountry adopted children and in particular for the inclusion of the adoptive

parents in the process. The adoptive parents' concerns and recommendations can be used by policy makers to develop services and resources that meet the needs of this unique population.

5.2 Final reflections

> …We found that no 'unified adoption language profile' has emerged to date, and much variability is present in this group of children…. Given the substantial variability, the research community must shift its focus from seeking a single 'summary number' to examining the factors that may explain these findings. (Scott et al., 2011, p. 1167)

A common expectation and viewpoint present in the research literature is one that describes the complex needs and developmental difficulties of intercountry adopted children following their adoption. The participants in this research were a subset of intercountry adoptive parents who wanted to share their story because they felt disempowered by these expectations and believed that positive outcomes were possible for some children.

> *"I just really wanted to participate because I wanted to give a really positive perspective so you know one couldn't sort of equivocally say that the situation was really damaging to children's speech development because it isn't in every case." (Caitlin, 0 to 3 group, phase two)*

Much of the research into the post-adoption outcomes for intercountry adopted children is quantitative and comes from an impairment based theoretical perspective. Many studies report group averages in their conclusions despite there being a wide range in the performance and skills of intercountry adopted children (Dalen, 2002). Although this study presents the participants as being part of a group of intercountry adoptive families, the researcher is aware that there are unique and individual stories within the sample and that what describes the group as a whole does not necessarily apply to each individual (Gindis, 1998). An important and distinct difference of this qualitative study was that it allowed these families a voice and asked them to describe their post-adoption outcomes. The research was focused

not only on the child's outcomes but how the parents viewed their child's development. It therefore provided a more holistic view of the child's development and its relationship to their family and home environment.

The extensive literature review structured the development of the online questionnaire and semi-structured interview script used in this study. These tools were to be used by the researcher to gain insight into the speech and language development and potential difficulties of these intercountry adopted children. However when the questions were presented to parents, parents also spoke about their child's positive outcomes and their amazement at their child's development. It is important to note that although these were not expected findings, the materials used in this study allowed participants to share this view point and therefore reveal a different outcome to what was expected. This is an important strength of qualitative studies. They allow participants to share a broad range of experiences with the researcher and they are not bound to giving a closed or numerical response (Damico & Simmons-Mackie, 2003). Because of this, the participants were able to share what they believed was important and therefore unique results were obtained. This also explains why some of the resulting themes extended beyond the initial aims of the research study.

In both the questionnaire and the interviews, intercountry adoptive parents referred to a number of different elements that they related to their child's speech and language development. Hwa-Froelich (2009) reported that a number of factors have been shown to affect a child's post-adoption development including a) disrupted language development, b) disrupted attachment and relationship development, c) affected attention and activity levels, d) age of adoption and e) post-adoption maternal awareness and parenting. Others have highlighted a number of aspects that are related to speech and language development in intercountry adopted children including a lack of a primary caregiver, difficulties with attachment, limited nurturing and communicative interactions in the care giving they receive and the effects of the pre and postnatal conditions and environments for the child (Ladage, 2009). The participants in this study referred to each of these factors throughout the data collection stages and made clear links between these factors and their child's general development and more specifically, their speech and language development. The participants were well informed about the effects of the child's previous

experiences and how they would impact on the child's development and incorporated this knowledge into their care and parenting style. The parents' actions and behaviours were informed by their knowledge, beliefs and experiences about the process of intercountry adoption, attachment, speech and language development and support services.

5.3 Conclusion

This study initially set out to investigate the knowledge, beliefs and experiences about speech and language development of intercountry adoptive parents. The results were far more complex and interesting. Adoptive parents reported that speech and language development was actually a part of a bigger picture and they made multiple connections between the child's communication skills and their history of intercountry adoption, their birth culture and language, their general development, their attachment, their involvement at school and their literacy and academic development. The factors, relationships and experiences that can contribute to and shape a child's development were discussed in the literature review. Due to the impact of these, it is clear we cannot assess an intercountry adopted child in isolation but rather must consider their circles of influence and the effects that these can have on their development (Bronfenbrenner, 1979, 2005; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). An understanding of the different and unique variables that affect each child's development can be investigated and better understood with a qualitative study. The qualitative nature of the study provided a detailed description of the investigated phenomenon (Damico & Simmons-Mackie, 2003) and allowed the parents to identify the variables that they considered to be important and shed light on their meaning in their day to day lives rather than measuring variables that the researcher saw to be significant.

It is important to consider these findings and the sample that was involved before extrapolating the results to the wider intercountry adoption community. As these participants were self- selected it may have been that parents who had positive outcomes and stories participated while those that were having difficulties remained silent. It may also be that these parents believed that they had an important story to share and wanted their success to be heard as it contradicts the typical beliefs held about intercountry adopted children. Alternatively it may be that on the whole

intercountry adopted children do well following adoption and the studies that have investigated their success have been more impairment based or quantitative in nature and therefore have not allowed these stories to be heard.

When considering the results of the present study and other studies that investigate intercountry adoption, one must keep in mind that the findings are often related to group averages and may not apply to or define each individual in the same way and to the same degree (Gindis, 1998). It is important to remember that the reported findings of this study were trends within this data set and that each participant brought a unique story and contribution to the study.

This study has revealed important information about the knowledge, beliefs and experiences of intercountry adoptive parents and their adopted children. These families are a unique and important population within our community and it is important that their stories are heard and understood by the general public and professional groups. Parents and professionals need to understand and voice the unique developmental needs of these children in order to provide them with opportunities to access appropriate services and education to support their development (Dalen, 2002). This study has highlighted the needs of these families. This information, along with other research into the area of intercountry adoption and an awareness of effective interventions, will provide the most promise of improving services and outcomes for intercountry adopted children and their families.

Adoption departments must be aware of the needs of adoptive parents and do their best to meet these so that parents feel supported in the important role that they play in their child's life. Based on the findings of this research study, adoption departments need to encourage adoptive parents to seek help, support or services when required. Adoption departments need to ensure that professionals are educated about intercountry adoption and are equipped to work with these families. Finally adoption departments need to provide information to families about intercountry adopted children's development post adoption. This information may be provided via the department or through other sources as suggested above. The adoption departments co-ordinate and oversee the adoption process, however, it is important that their work is not limited to the pre adoption journey and that support, services and information is available post adoption for the families. Whether this is provided directly via the departments or via other sources is dependent on the relationship

between the adoption departments, their families and professionals and services in the field. If these requirements are not met directly by the adoption departments then it is their responsibility to ensure that the needs of adoptive families are met and that the child is placed within a family that is well supported to care for their newest family member.

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Appendices

Appendix A: Online Questionnaire for children aged 0 to 3 years (Phase One)

Thank you for taking the time to complete this questionnaire. It is expected to take you approximately 30 to 45 minutes to complete. There are 68 questions. You are able to save your answers and complete the remaining questions at a later date so long as it is within the week that you started.

INFORMATION ON ADOPTIVE FAMILY

The following questions will ask you to provide information about you, your family and your intercountry adopted child. Please provide as much information as possible for the questions that you are able to respond to. Please do not give any identifying information as responses are to remain anonymous. This information will be used to summarise the group of adoptive families who participate in the research.

If you have adopted more than one child from overseas, please answer these questions in reference to the child:

- who was most recently placed with your family in the past five years and

- who was aged between 0 and 3 years at the time of their placement.

INFORMATION ON YOU AND YOUR FAMILY

1. Where do you live?

- ❍ Western Australia
- ❍ Northern Territory
- ❍ Queensland
- ❍ New South Wales
- ❍ Victoria
- ❍ South Australia
- ❍ Tasmania
- ❍ Australian Capital Territory

2. Are you the primary caregiver?

- ❍ Yes
- ❍ No. If not, please specify _____

3. How old is the adoptive mother?

4. What country was the adoptive mother born in?

5. Please list all languages spoken by the adoptive mother, in order of competence (most competent to least competent).

6. What is the highest education level of the adoptive mother?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies

7. What is the current employment status of the adoptive mother?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

8. What is the adoptive mother's occupation?

9. How old is the adoptive father?

10. What country was the adoptive father born in?

11. Please list all languages spoken by the adoptive father, in order of competence (most competent to least competent).

12. What is the highest education level of the adoptive father?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies

13. What is the current employment status of the adoptive father?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

14. What is the adoptive father's occupation?

15. Do you have any biological children as a couple?

- ❍ No
- ❍ Yes. If so, how many do you have? _____

16. If either parent has birth children outside the current relationship, please indicate the number.

Mother

Father

17. How many intercountry adopted children do you have?

18. How many people currently live in your home?

19. Please list the relationship of these people to the intercountry adopted child (For example: grandmother, brother etc.).

INFORMATION ON YOUR ADOPTED CHILD

20. Please describe your reason(s) for adopting a child from overseas.

21. Which country did you apply for and why?

22. When applying for adoption, did you make specific requests regarding the child's age?

- ❍ No, we did not request a particular age
- ❍ Yes, we requested a child aged _____

23. When applying for adoption, did you request to adopt a sibling group?

- ❍ No, we requested a single child
- ❍ Yes, we requested a sibling group

24. When applying for adoption, what level of required care needs did you apply for?

- ❍ We did not make a request regarding the child's care needs
- ❍ We requested a child with normal care needs (normal for an adopted child)
- ❍ We requested a child with moderate care needs (known disabilities or health/social issues)
- ❍ We requested a child with high care needs (known severe disabilities or health/social issues)
- ❍ Unsure

25. When applying for adoption, did you make a specific request regarding the child's gender?

- ❍ Yes, we requested a boy
- ❍ Yes, we requested a girl
- ❍ No, we did not request a particular gender

26. What was your child's age at the time of placement?

27. What is your adopted child's current age?

28. What is your adopted child's gender?

- ❍ Male
- ❍ Female

29. What is your adopted child's country of origin?

30. Was the intercountry adoption a Hague adoption?

- ❍ Yes
- ❍ No
- ❍ Unsure

31. Please provide details on any training or classes you attended in preparation for the intercountry adoption.

32. Please provide details on any books you read in preparation for the intercountry adoption.

33. Please provide details on any websites or discussion forums you looked at in preparation for the intercountry adoption.

KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

This section contains some questions that ask about your knowledge and beliefs about speech and language development. These are not designed to "test" your knowledge but rather to find out what you know and understand about how intercountry adopted children's speech and language skills develop. The next section then asks you some more specific questions about your experiences of speech and language development and your adopted child.

34. How would you describe the role of the parent(s) in the development of a child's speech and language?

35. How do you think children develop speech and language?

36. For many children, intercountry adoption leads to a change in languages. How do you think this change in languages might affect an intercountry adopted child's language development?

EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

The following are some questions about your experiences of your adopted child's speech and language development following their placement with you. Please reflect back and consider how you felt at the time they were placed.

37. How did you communicate with your child when they were first placed with you?

38. How did your child communicate with you when they were first placed?

39. Considering your child's age and previous experiences, upon placement were their communication skills as you expected?

- ❍ I was unsure what to expect for my child's communication skills when I adopted them
- ❍ Yes, my child's communication skills were similar to what I expected
- ❍ No, my child's communication skills were different to what I expected.

Please describe how your child's communication skills differed from your expectations at the time of their placement.

40. Please describe your child's English language use in the months following their placement with you. (For example, how long it took for them to respond in English,

if they attempted to use their first language, if they used non-verbal communication (e.g. pointing, facial expressions, gestures) etc.)

41. How does your child communicate with you now?

42. Have you ever been worried about your child's hearing?

- ❍ No
- ❍ Yes. If so, please provide details about what it was that concerned you.
  _____

43. Currently how often is your child exposed to their native language?[1]

- ❍ No exposure to their native language
- ❍ Some basic words and phrases spoken by adoptive parents
- ❍ Conversational language with adoptive parents
- ❍ Some exposure to an adult native language speaker (2 times per week or less)
- ❍ Frequent exposure to an adult native language speaker (2 times per week or more)

44. Which language do you think your child will use in the future and why?

45. What are the three most important things you do to support your adopted child's speech and language development?

1

2

3

46. If you had birth children and you wanted to support their speech and language development, would you do anything differently? Please describe what you would do to support the child's development and explain why it would be different from what you would do with your adopted child.

EXPECTATIONS FOR INTERCOUNTRY ADOPTED CHILDREN'S SPEECH AND LANGUAGE DEVELOPMENT

The following questions are about your expectations for your child's speech and language development and how you think your child's development compares with other children.

47. Currently what are your feelings about your child's English speech and language development?[2]

- ❍ No concerns
- ❍ Mild concerns (not enough to seek professional help)
- ❍ Moderate concerns (enough to think about seeking professional help)
- ❍ Severe concerns (definitely feel the need to seek professional help)

If you have any concerns about your child's English speech and language development please describe what it is that concerns you.

48. How do you think your adopted child's speech and language skills compare to those of non-adopted children the same age?

49. How do you expect your adopted child's speech and language skills will develop in the period before school?

50. How do you expect your adopted child's speech and language skills will develop once they commence school?

BELIEFS ABOUT THE EFFECTS OF A CHILD'S EXPERIENCES PRIOR TO ADOPTION

The following questions are about your adopted child's experiences prior to their adoption. Please provide as many details as possible. We are interested in knowing more about the environment where your child lived prior to adoption and your thoughts on how this setting may have shaped their development.

51. Please label and describe the environment that your child came from (For example: orphanage, foster care placement) and how long they spent in that setting. If your child spent time in more than one environment, please provide as many details as you can about each setting.

52. If you went overseas and visited your child in that setting, please describe your experience.

53. Please provide any information you were given regarding your child's development and health status in that setting

54. How do you think your child's experiences in that setting influenced your child's general development?

55. How do you think the environment and routine that your child came from compares to the home environment and routine that you provide for your child?

56. Please comment on the following statement "A child's experiences before placement with the adopting family will have an effect on their later development."

57. Do you think that your child's experiences prior to their placement with you will be something that you will highlight with future medical and educational professionals?

- ❍ Unsure
- ❍ No
- ❍ Yes

If you will highlight your child's earlier experiences, what aspects of their experiences will you highlight and why?

PROFESSIONALS AND SERVICES THAT ADOPTIVE PARENTS HAVE ACCESSED FOR SUPPORT

The following questions refer to professionals and services that you access to support you in caring for your intercountry adopted child. It is important that support and advice are available for any parent. We would like to provide information about speech and language development to help educate and support these professionals so they are aware of the unique needs of intercountry adoptive families.

58. Please describe any professionals or support groups you have accessed to assist you in your role as an intercountry adoptive parent.

59. How well informed have the professionals you have accessed been on intercountry adopted children?

- ❍ Very well informed
- ❍ Somewhat informed
- ❍ Poorly informed

❍ Unaware of intercountry adoption

60. Have you accessed support through your State's Adoption Department?

❍ No
❍ Not yet but I may in the future
❍ Yes. If so, please provide details _____

61. Have you accessed support through a support agency or group specific to your child's country of origin?

❍ No
❍ Not yet but I may in the future
❍ Yes. If so, please provide details _____

62. If you were concerned with your adopted child's speech and language development what would you do?

63. Have you accessed any professionals about your adopted child's speech and language development?

❍ No
❍ Yes. If so, who _____

If you have accessed a professional with regards to your child's speech and language, please describe any strategies or activities that were provided for you to do at home.

64. If you wanted advice or support to develop your intercountry adopted child's speech and language development, what resource or service would be helpful?

65. Last words... Is there anything else that you would like to share or that you think is important to this study?

THANK YOU

Thank you for taking the time to complete this questionnaire. I really appreciate you sharing your thoughts and experiences. All of your responses will remain anonymous. I hope that the results of this study will help to inform the development of services, information and support for intercountry adoptive families.

Footnotes

1. Question taken from Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

2. Question taken from Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

Appendix B: Online Questionnaire for children aged 3 to 6 years (Phase One)

Thank you for taking the time to complete this questionnaire. It is expected to take you approximately 45 minutes to complete. There are 68 questions. You are able to save your answers by closing and then complete the remaining questions at a later date so long as it is within the week that you started.

INFORMATION ON ADOPTIVE FAMILY

The following questions will ask you to provide information about you, your family and your intercountry adopted child. Please provide as much information as possible for the questions that you are able to respond to. Please do not give any identifying information as responses are to remain anonymous. This information will be used to summarise the group of adoptive families who participate in the research.

If you have adopted more than one child from overseas, please answer these questions in reference to the child:

- who was most recently placed with your family in the past five years and

- who was aged between 3 and 6 years at the time of their placement.

INFORMATION ON YOU AND YOUR FAMILY

1. Where do you live?

- ❍ Western Australia
- ❍ Northern Territory
- ❍ Queensland
- ❍ New South Wales
- ❍ Victoria
- ❍ South Australia
- ❍ Tasmania
- ❍ Australian Capital Territory

2. Are you the primary caregiver?

- ❍ Yes
- ❍ No. If not, please specify _____

3. What is the adoptive mother's current age?

4. What country was the adoptive mother born in?

5. Please list all languages spoken by the adoptive mother, in order of competence (most competent to least competent).

6. What is the highest education level of the adoptive mother?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies

7. What is the current employment status of the adoptive mother?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

8. What is the adoptive mother's occupation?

9. What is the adoptive father's current age?

10. What country was the adoptive father born in?

11. Please list all languages spoken by the adoptive father, in order of competence (most competent to least competent).

12. What is the highest education level of the adoptive father?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies

13. What is the current employment status of the adoptive father?

- ❍ Unemployed

- ❍ Part time
- ❍ Full time
- ❍ Other _____

14. What is the adoptive father's occupation?

15. Do you have any biological children as a couple?

- ❍ No
- ❍ Yes. If so, how many do you have? _____

16. If either parent has birth children outside the current relationship, please indicate the number.

Mother

Father

17. How many intercountry adopted children do you have?

18. How many people currently live in your home?

19. Please list the relationship of these people to the intercountry adopted child (For example: grandmother, brother etc.).

INFORMATION ON YOUR ADOPTED CHILD

20. Please describe your reason(s) for adopting a child from overseas.

21. Which country did you apply for and why?

22. When applying for adoption, did you make specific requests regarding the child's age?

- ❍ No, we did not request a particular age
- ❍ Yes, we requested a child aged _____

23. When applying for adoption, did you request to adopt a sibling group?

- ❍ No, we requested a single child
- ❍ Yes, we requested a sibling group

24. When applying for adoption, what level of required care needs did you apply for?

- ❍ We did not make a request regarding the child's care needs
- ❍ We requested a child with normal care needs (normal for an adopted child)
- ❍ We requested a child with moderate care needs (known disabilities or health/social issues)
- ❍ We requested a child with high care needs (known severe disabilities or health/social issues)
- ❍ Unsure

25. When applying for adoption, did you make a specific request regarding the child's gender?

- ❍ Yes, we requested a boy
- ❍ Yes, we requested a girl
- ❍ No, we did not request a particular gender

26. What was your child's age at the time of placement?

27. What is your adopted child's current age?

28. What is your adopted child's gender?

- ❍ Male
- ❍ Female

29. What is your adopted child's country of origin?

30. Was the intercountry adoption a Hague adoption?

- ❍ Yes
- ❍ No
- ❍ Unsure

31. Please provide details on any training or classes you attended in preparation for the intercountry adoption.

32. Please provide details on any books you read in preparation for the intercountry adoption.

33. Please provide details on any websites or discussion forums you looked at in preparation for the intercountry adoption.

KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

This section contains some questions that ask about your knowledge and beliefs about speech and language development. These are not designed to "test" your knowledge but rather to find out what you know and understand about how intercountry adopted children's speech and language skills develop. The next section then asks you some more specific questions about your experiences of speech and language development and your adopted child.

34. How would you describe the role of the parent(s) in the development of a child's speech and language?

35. How do you think children develop speech and language?

36. For many children, intercountry adoption leads to a change in languages. How do you think this change in languages might affect an intercountry adopted child's language development?

EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

The following are some questions about your experiences of your adopted child's speech and language development following their placement with you. Please reflect back and consider how you felt at the time they were placed.

37. How did you communicate with your child when they were first placed with you?

38. How did your child communicate with you when they were first placed?

39. Considering your child's age and previous experiences, upon placement were their communication skills as you expected?

- ❍ I was unsure what to expect for my child's communication skills when I adopted them
- ❍ Yes, my child's communication skills were similar to what I expected
- ❍ No, my child's communication skills were different to what I expected.

Please describe how your child's communication skills differed from your expectations at the time of their placement.

40. Please describe your child's English language use in the months following their placement with you. (For example, how long it took for them to respond in English,

if they attempted to use their first language, if they used non-verbal communication (e.g. pointing, facial expressions, gestures) etc.)

41. How does your child communicate with you now?

42. Have you ever been worried about your child's hearing?

- ❍ No
- ❍ Yes. If so, please provide details about what it was that concerned you.
  _____

43. Currently how often is your child exposed to their native language?[1]

- ❍ No exposure to their native language
- ❍ Some basic words and phrases spoken by adoptive parents
- ❍ Conversational language with adoptive parents
- ❍ Some exposure to an adult native language speaker (2 times per week or less)
- ❍ Frequent exposure to an adult native language speaker (2 times per week or more)

44. Which language do you think your child will use in the future and why?

45. What are the three most important things you do to support your adopted child's speech and language development?

1

2

3

46. If you had birth children and you wanted to support their speech and language development, would you do anything differently? Please describe what you would do to support the child's development and explain why it would be different from what you would do with your adopted child.

EXPECTATIONS FOR INTERCOUNTRY ADOPTED CHILDREN'S SPEECH AND LANGUAGE DEVELOPMENT

The following questions are about your expectations for your child's speech and language development and how you think your child's development compares with other children.

47. Currently what are your feelings about your child's English speech and language development?[2]

- ❍ No concerns
- ❍ Mild concerns (not enough to seek professional help)
- ❍ Moderate concerns (enough to think about seeking professional help)
- ❍ Severe concerns (definitely feel the need to seek professional help)

If you have any concerns about your child's English speech and language development please describe what it is that concerns you.

48. How do you think your adopted child's speech and language skills compare to those of non-adopted children the same age?

49. How do you expect your adopted child's speech and language skills will develop in the period before school? (If applicable)

50. How do you expect your adopted child's speech and language skills will develop once they commence school? (If applicable)

BELIEFS ABOUT THE EFFECTS OF A CHILD'S EXPERIENCES PRIOR TO ADOPTION

The following questions are about your adopted child's experiences prior to their adoption. Please provide as many details as possible. We are interested in knowing more about the environment where your child lived prior to adoption and your thoughts on how this setting may have shaped their development.

51. Please label and describe the environment that your child came from (For example: orphanage, foster care placement) and how long they spent in that setting. If your child spent time in more than one environment, please provide as many details as you can about each setting.

52. If you went overseas and visited your child in that setting, please describe your experience.

53. Please provide any information you were given regarding your child's development and health status in that setting

54. How do you think your child's experiences in that setting influenced your child's general development?

55. How do you think the environment and routine that your child came from compares to the home environment and routine that you provide for your child?

56. Please comment on the following statement. "A child's experiences before placement with the adopting family will have an effect on their later development."

57. Do you think that your child's experiences prior to their placement with you will be something that you will highlight with future medical and educational professionals?

- ❍ Unsure
- ❍ No
- ❍ Yes

If you will highlight your child's earlier experiences, what aspects of their experiences will you highlight and why?

PROFESSIONALS AND SERVICES THAT ADOPTIVE PARENTS HAVE ACCESSED FOR SUPPORT

The following questions refer to professionals and services that you access to support you in caring for your intercountry adopted child. It is important that support and advice are available for any parent. We would like to provide information about speech and language development to help educate and support these professionals so they are aware of the unique needs of intercountry adoptive families.

58. Please describe any professionals or support groups you have accessed to assist you in your role as an intercountry adoptive parent.

59. How well informed have the professionals you have accessed been on intercountry adopted children?

- ❍ Very well informed
- ❍ Somewhat informed
- ❍ Poorly informed

❍ Unaware of intercountry adoption

60. Have you accessed support through your State's Adoption Department?

❍ No
❍ Not yet but I may in the future
❍ Yes. If so, please provide details _____

61. Have you accessed support through a support agency or group specific to your child's country of origin?

❍ No
❍ Not yet but I may in the future
❍ Yes. If so, please provide details _____

62. If you were concerned with your adopted child's speech and language development what would you do?

63. Have you accessed any professionals about your adopted child's speech and language development?

❍ No
❍ Yes. If so, who _____

If you have accessed a professional with regards to your child's speech and language, please describe any strategies or activities that were provided for you to do at home.

64. If you wanted advice or support to develop your intercountry adopted child's speech and language development, what resource or service would be helpful?

65. Last words... Is there anything else that you would like to share or that you think is important to this study?

THANK YOU

Thank you for taking the time to complete this questionnaire. I really appreciate you sharing your thoughts and experiences. All of your responses will remain anonymous. I hope that the results of this study will help to inform the development of services, information and support for intercountry adoptive families.

Footnotes

1. Question taken from Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

2. Question taken from Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

Appendix C: Online Questionnaire for children aged 0 to 3 years (Phase Two)

Thank you for taking the time to complete this questionnaire. It is expected to take you approximately 45 minutes to an hour to complete. You are able to save your answers and complete the remaining questions at a later date as long as it is within the week that you start.

INFORMATION ON ADOPTIVE FAMILY

The following questions will ask you to provide information about you, your family and your intercountry adopted child. In these questions, the terms "mother" and "father" refer to you as the adoptive mother or adoptive father. You may have completed some of this information before but we need to collect this again so that we can compare the group of parents who complete this questionnaire with the group of parents who completed it last year. This information will be used to summarise the group of adoptive families who participate in the research.

Please provide as much information as possible for the questions that you are able to respond to. Please do not give any identifying information as responses are to remain anonymous.

If you have adopted more than one child from overseas, please answer these questions in reference to the child you referred to in the study last year.

Last year you were asked to respond with regards to your child:

- who was most recently placed with your family in the past five years and

- who was aged between 0 and 3 years at the time of their placement.

INFORMATION ON YOU AND YOUR FAMILY

1. Where do you live?

- ❍ Western Australia
- ❍ Northern Territory
- ❍ Queensland
- ❍ New South Wales

- ❍ Victoria
- ❍ South Australia
- ❍ Tasmania
- ❍ Australian Capital Territory

2. Are you the primary caregiver?

- ❍ Yes
- ❍ No. If not, who else is involved in the care of the child? _____

3. How old is the mother?

4. What is the highest education level of the mother?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies
- ❍ Other _____

5. What is the current employment status of the mother?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

6. What is the mother's occupation?

7. How old is the father?

8. What is the highest education level of the father?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies
- ❍ Other _____

9. What is the current employment status of the father?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

10. What is the father's occupation?

11. Do you have any biological children as a couple?

- ❍ No
- ❍ Yes. If so, how many do you have? _____

12. How many intercountry adopted children do you have?

13. How many people currently live in your home?

INFORMATION ON YOUR ADOPTED CHILD

14. What was your child's age at the time of placement?

15. What is your child's current age?

16. What is your child's gender?

- ❍ Male
- ❍ Female

17. What is your child's country of origin?

18. Was the intercountry adoption a Hague adoption?

- ❍ Yes
- ❍ No
- ❍ Unsure

KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

This section contains some questions that ask about your knowledge and beliefs about speech and language development. These are not designed to "test" your knowledge but rather to find out what you know and understand about how

intercountry adopted children's speech and language skills develop. We are interested in how this might have changed over the past year.

19. How would you describe the role of the caregiver in the development of a child's speech and language?

20. How do you think you can be involved in your child's speech and language development at their current age?

21. How do you think you can be involved in your child's literacy development at their current age?

22. Who else do you think has an influence on your child's speech and language development? Please describe who and in what ways.

23. Which environments (e.g. home, day care, school, sports clubs etc.) do you think influence your child's speech and language development? Please list them and describe how.

EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

The following are some questions about your experiences of your adopted child's speech and language development following their adoption. Please reflect back and consider how your child's speech and language skills have developed in the past year.

24. How does your child communicate with you now?

25. In the last year, have you ever been worried about your child's hearing?

- ❍ No
- ❍ Yes. If so, please provide details about what it was that concerned you and what you did. _____

26. Currently how often is your child exposed to their native language?[1]

- ❍ No exposure to their native language
- ❍ Some basic words and phrases spoken by adoptive parents
- ❍ Conversational language with adoptive parents
- ❍ Some exposure to an adult native language speaker (2 times per week or less)
- ❍ Frequent exposure to an adult native language speaker (2 times per week or more)

27. Which language do you think your child will use in the future and why?

28. For many children, intercountry adoption leads to a change in language. How do you think your child dealt with any changes in language?

29. How do you think any changes in language have affected their current language abilities?

30. What are the three most important things you do at the moment to support your adopted child's speech and language development?

1

2

3

EXPECTATIONS FOR INTERCOUNTRY ADOPTED CHILDREN'S SPEECH AND LANGUAGE DEVELOPMENT

The following questions are about your expectations for your child's speech and language development and how you think your child's development compares with other children. Some questions may not apply depending on the age of your child so please just answer where appropriate.

31. Currently what are your feelings about your child's English speech and language development? [2]

- ❍ No concerns
- ❍ Mild concerns (not enough to seek professional help)
- ❍ Moderate concerns (enough to think about seeking professional help)
- ❍ Severe concerns (definitely feel the need to seek professional help)

If you have any concerns about your child's English speech and language development please describe what it is that concerns you.

32. Is your child currently attending

- ❍ Day care
- ❍ Kindergarten
- ❍ School

❍ Other _____

33. Please describe your child's experience at this setting.

34. How do you think your child's speech and language skills compare to the other children there?

35. If your child has not started school yet, how do you think their speech and language skills will develop once they are at school?

BELIEFS ABOUT THE EFFECTS OF A CHILD'S EXPERIENCES PRIOR TO ADOPTION

The following questions are about your adopted child's experiences prior to their adoption. We are interested in knowing more about the environment where your child lived prior to adoption and your thoughts on how this setting may have shaped their development.

36. How do you think your child's experiences prior to adoption have shaped their general development?

37. If you are seeing any effects of your child's experiences prior to adoption now, how do those effects impact on your expectations for your child's development?

38. Do you think that your child's experiences prior to adoption will be something that you will highlight with future medical and educational professionals?

❍ Unsure
❍ No
❍ Yes

39. If you will highlight your child's earlier experiences, what aspects of their experiences will you highlight and why?

40. When you think of your child's age, what age do you think of? For example, do you think of your child's biological age or do you consider their age to be related to their age at adoption? Please explain.

41. How have your child's previous experiences affected the way that you parent?

PROFESSIONALS AND SERVICES THAT ADOPTIVE PARENTS HAVE ACCESSED FOR SUPPORT

The following questions refer to professionals and services that you access to support you in caring for your intercountry adopted child. It is important that support and advice are available for any parent. We would like to help professionals become aware of the unique needs of intercountry adoptive families.

Accessing services

42. Have you accessed support through your State's Adoption Department?

- ❍ No
- ❍ Not yet but I may in the future
- ❍ Yes. If so, please provide details _____

43. Would you seek intervention/treatment/ a professional if you had minor concerns about your child's development?

- ❍ Yes
- ❍ No
- ❍ Unsure

44. What would be your first action if you had some concerns about your child's development?

45. If your child is receiving therapy from any kind of professional, please identify the type of service you are receiving and describe what you think the role of the professional is?

46. If your child is receiving therapy, please describe what you think the role of the parent is?

Services for speech and language development

47. If you had some concerns with your child's speech and language development, would you

- ❍ "Wait and see"
- ❍ Seek help
- ❍ Unsure

48. Have you accessed any professionals about your adopted child's speech and language development?

- ❍ No
- ❍ Yes. If so, who _____

49. If you have accessed a professional specifically with regards to your child's speech and language, please describe any strategies or activities that were provided for you to do at home.

50. If your child is at school, do they receive any additional support or services? If so, please provide details.

51. What resources or services would be helpful in supporting you to develop your intercountry adopted child's speech and language development?

Professionals' awareness of intercountry adoption

52. Please describe any professional or support you have accessed to assist you in your role as an intercountry adoptive parent in the last year.

53. How well informed have the professionals you have accessed been on intercountry adopted children? Please explain.

- ❍ Very well informed _____
- ❍ Somewhat informed _____
- ❍ Poorly informed _____
- ❍ Unaware of intercountry adoption _____

54. What do you wish professionals knew about intercountry adoption or intercountry adopted children?

55. When looking for a professional to work with your adopted child, what factors influence your decision?

56. Please provide any recommendations on how you could be better supported in the following areas. [3]

Educational and informational (information for parents, seminars and support groups etc.)
Clinical (clinical services and accessing services etc.)
Material services (medical care and special educational services etc.)

Intercountry adoption and advocacy

57. Do you think advocacy is needed?

- ❍ Yes
- ❍ No
- ❍ Unsure

58. What are the types of things that need to be advocated for?
59. What approach could be taken to advocate for intercountry adoptive families?

MISCELLANEOUS QUESTIONS

The following questions follow up some interesting comments made by parents in their responses to the first questionnaire. Please let us know your response so that we

can understand these factors in relation to all intercountry adoptive parents who participate in this study.

60. What do you think of the awareness of intercountry adoption in Australia generally?

61. What do you think of the awareness of intercountry adoption in your local community?

62. What is the attitude of the people around you towards intercountry adoption?

63. What do you think the general population believe about intercountry adoption and a child's speech and language development?

64. Many parents stated attachment was their main priority in the questionnaire last year. Is this still the case? If so, please explain. If not, please tell us what is and explain why.

65. What are your thoughts on the statement, "The brain itself can be altered... with appropriately timed, intensive interactions?" [4]

66. Last words... Is there anything else that you would like to share or that you think is important to this study?

THANK YOU

Thank you for taking the time to complete this questionnaire. I really appreciate you sharing your thoughts and experiences. All of your responses will remain anonymous.

I hope that the results of this study will help to inform the development of services, information and support for intercountry adoptive families.

Please click on the next link to register your interest in being contacted for an interview with the researcher.

Footnotes

1. Question taken from- Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

2. Question taken from- Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

3. Area titles taken from- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? Family Relations, 49(4), 447-455.

4. Quote taken from- Child Welfare Information Gateway. (2001). Understanding the Effects of Maltreatment on Early Brain Development. Washington: Department of Health and Human Services USA.

Appendix D: Online Questionnaire for children aged 3 to 6 years (Phase Two)

Thank you for taking the time to complete this questionnaire. It is expected to take you approximately 45 minutes to an hour to complete. You are able to save your answers and complete the remaining questions at a later date so long as it is within the week that you started.

INFORMATION ON ADOPTIVE FAMILY

The following questions will ask you to provide information about you, your family and your intercountry adopted child. in these questions, the terms "mother" and "father" refer to you as the adoptive mother or adoptive father. You may have completed some of this information before but we need to collect this again so that we can compare the group of parents who complete this questionnaire with the group of parents who completed it last year. This information will be used to summarise the group of adoptive families who participate in the research.

Please provide as much information as possible for the questions that you are able to respond to. Please do not give any identifying information as responses are to remain anonymous.

If you have adopted more than one child from overseas, please answer these questions in reference to the child you referred to in the study last year. Last year you were asked to respond with regards to your child:

- who was most recently placed with your family in the past five years and

-who was aged between 3 and 6 years at the time of their placement.

INFORMATION ON YOU AND YOUR FAMILY

1. Where do you live?

- ❍ Western Australia
- ❍ Northern Territory
- ❍ Queensland
- ❍ New South Wales
- ❍ Victoria
- ❍ South Australia
- ❍ Tasmania

- ❍ Australian Capital Territory

2. Are you the primary caregiver?

- ❍ Yes
- ❍ No. If not, who else is involved in the care of the child? _____

3. How old is the mother?

4. What is the highest education level of the mother?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies
- ❍ Other _____

5. What is the current employment status of the mother?

- ❍ Unemployed
- ❍ Part time
- ❍ Full time
- ❍ Other _____

6. What is the mother's occupation?

7. How old is the father?

8. What is the highest education level of the father?

- ❍ Primary school
- ❍ Year 10
- ❍ High school
- ❍ Trade qualification
- ❍ TAFE
- ❍ University
- ❍ Post graduate studies
- ❍ Other _____

9. What is the current employment status of the father?

- ❍ Unemployed

- ❍ Part time
- ❍ Full time
- ❍ Other _____

10. What is the father's occupation?

11. Do you have any biological children as a couple?

- ❍ No
- ❍ Yes. If so, how many do you have? _____

12. How many intercountry adopted children do you have?

13. How many people currently live in your home?

INFORMATION ON YOUR ADOPTED CHILD

14. What was your child's age at the time of placement?

15. What is your child's current age?

16. What is your child's gender?

- ❍ Male
- ❍ Female

17. What is your child's country of origin?

18. Was the intercountry adoption a Hague adoption?

- ❍ Yes
- ❍ No
- ❍ Unsure

KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

This section contains some questions that ask about your knowledge and beliefs about speech and language development. These are not designed to "test" your knowledge but rather to find out what you know and understand about how intercountry adopted children's speech and language skills develop. We are interested in how this might have changed over the past year.

19. How would you describe the role of the caregiver in the development of a child's speech and language?

20. How do you think you can be involved in your child's speech and language development at their current age?

21. How do you think you can be involved in your child's literacy development at their current age?

22. Who else do you think has an influence on your child's speech and language development? Please describe who and in what ways.

23. Which environments (e.g. home, day care, school, sports clubs etc.) do you think influence your child's speech and language development? Please list them and describe how.

EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

The following are some questions about your experiences of your adopted child's speech and language development following their adoption. Please reflect back and consider how your child's speech and language skills have developed in the past year.

24. How does your child communicate with you now?

25. In the last year, have you ever been worried about your child's hearing?

- ❍ No
- ❍ Yes. If so, please provide details about what it was that concerned you and what you did. _____

26. Currently how often is your child exposed to their native language? [1]

- ❍ No exposure to their native language
- ❍ Some basic words and phrases spoken by adoptive parents
- ❍ Conversational language with adoptive parents
- ❍ Some exposure to an adult native language speaker (2 times per week or less)
- ❍ Frequent exposure to an adult native language speaker (2 times per week or more)

27. Which language do you think your child will use in the future and why?

28. For many children, intercountry adoption leads to a change in language. How do you think your child dealt with any changes in language?

29. How do you think any changes in language have affected their current language abilities?

30. What are the three most important things you do at the moment to support your adopted child's speech and language development?

1

2

3

EXPECTATIONS FOR INTERCOUNTRY ADOPTED CHILDREN'S SPEECH AND LANGUAGE DEVELOPMENT

The following questions are about your expectations for your child's speech and language development and how you think your child's development compares with other children. Some questions may not apply depending on the age of your child so please just answer where appropriate.

31. Currently what are your feelings about your child's English speech and language development? [2]

- ❍ No concerns
- ❍ Mild concerns (not enough to seek professional help)
- ❍ Moderate concerns (enough to think about seeking professional help)
- ❍ Severe concerns (definitely feel the need to seek professional help)

If you have any concerns about your child's English speech and language development please describe what it is that concerns you.

32. Is your child currently attending

- ❍ Day care
- ❍ Kindergarten
- ❍ School
- ❍ Other _____

33. Please describe your child's experience at this setting.

34. How do you think your child's speech and language skills compare to the other children there?

35. If your child has not started school yet, how do you think their speech and language skills will develop once they are at school?

BELIEFS ABOUT THE EFFECTS OF A CHILD'S EXPERIENCES PRIOR TO ADOPTION

The following questions are about your adopted child's experiences prior to their adoption. We are interested in knowing more about the environment where your child lived prior to adoption and your thoughts on how this setting may have shaped their development.

36. How do you think your child's experiences prior to adoption have shaped their general development?

37. If you are seeing any effects of your child's experiences prior to adoption now, how do those effects impact on your expectations for your child's development?

38. Do you think that your child's experiences prior to adoption will be something that you will highlight with future medical and educational professionals?

- ❍ Unsure
- ❍ No
- ❍ Yes

39. If you will highlight your child's earlier experiences, what aspects of their experiences will you highlight and why?

40. When you think of your child's age, what age do you think of? For example, do you think of your child's biological age or do you consider their age to be related to their age at adoption? Please explain.

41. How have your child's previous experiences affected the way that you parent?

PROFESSIONALS AND SERVICES THAT ADOPTIVE PARENTS HAVE ACCESSED FOR SUPPORT

The following questions refer to professionals and services that you access to support you in caring for your intercountry adopted child. It is important that support and advice are available for any parent. We would like to help professionals become aware of the unique needs of intercountry adoptive families.

Accessing services

42. Have you accessed support through your State's Adoption Department?

- ❍ No
- ❍ Not yet but I may in the future
- ❍ Yes. If so, please provide details _____

43. Would you seek intervention/treatment/ a professional if you had minor concerns about your child's development?

- ❍ Yes
- ❍ No
- ❍ Unsure

44. What would be your first action if you had some concerns about your child's development?

45. If your child is receiving therapy from any kind of professional, please identify the type of service you are receiving and describe what you think the role of the professional is?

46. If your child is receiving therapy, please describe what you think the role of the parent is?

Services for speech and language development

47. If you had some concerns with your child's speech and language development, would you

- ❍ "Wait and see"
- ❍ Seek help
- ❍ Unsure

48. Have you accessed any professionals about your adopted child's speech and language development?

- ❍ No
- ❍ Yes. If so, who _____

49. If you have accessed a professional specifically with regards to your child's speech and language, please describe any strategies or activities that were provided for you to do at home.

50. If your child is at school, do they receive any additional support or services? If so, please provide details.

51. What resources or services would be helpful in supporting you to develop your intercountry adopted child's speech and language development?

Professionals' awareness of intercountry adoption

52. Please describe any professional or support you have accessed to assist you in your role as an intercountry adoptive parent in the last year.

53. How well informed have the professionals you have accessed been on intercountry adopted children? Please explain.

- ❍ Very well informed _____
- ❍ Somewhat informed _____
- ❍ Poorly informed _____
- ❍ Unaware of intercountry adoption _____

54. What do you wish professionals knew about intercountry adoption or intercountry adopted children?

55. When looking for a professional to work with your adopted child, what factors influence your decision?

56. Please provide any recommendations on how you could be better supported in the following areas. [3]

Educational and informational (information for parents, seminars and support groups etc.)

Clinical (clinical services and accessing services etc.)

Material services (medical care and special educational services etc.)

Intercountry adoption and advocacy

57. Do you think advocacy is needed?

- ❍ Yes
- ❍ No
- ❍ Unsure

58. What are the types of things that need to be advocated for?

59. What approach could be taken to advocate for intercountry adoptive families?

MISCELLANEOUS QUESTIONS

The following questions follow up some interesting comments made by parents in their responses to the first questionnaire. Please let us know your response so that we can understand these factors in relation to all intercountry adoptive parents who participate in this study.

60. What do you think of the awareness of intercountry adoption in Australia generally?

61. What do you think of the awareness of intercountry adoption in your local community?

62. What is the attitude of the people around you towards intercountry adoption?

63. What do you think the general population believe about intercountry adoption and a child's speech and language development?

64. Many parents stated attachment was their main priority in the questionnaire last year. Is this still the case? If so, please explain. If not, please tell us what is and explain why.

65. What are your thoughts on the statement, "The brain itself can be altered... with appropriately timed, intensive interactions?" [4]

66. Last words... Is there anything else that you would like to share or that you think is important to this study?

THANK YOU

Thank you for taking the time to complete this questionnaire. I really appreciate you sharing your thoughts and experiences. All of your responses will remain anonymous.

I hope that the results of this study will help to inform the development of services, information and support for intercountry adoptive families.

Please click on the next link to register your interest in being contacted for an interview with the researcher.

Footnotes

1. Question taken from- Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

2. Question taken from- Glennen, S. L., & Masters, G. (2002). Typical and atypical language development in infants and toddlers adopted from Eastern Europe. American Journal of Speech-Language Pathology, 11 (4), 417-433

3. Area titles taken from- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? Family Relations, 49(4), 447-455.

4. Quote taken from- Child Welfare Information Gateway. (2001). Understanding the Effects of Maltreatment on Early Brain Development. Washington: Department of Health and Human Services USA.

Appendix E: Interview guide for phase one

Thank you for meeting.

My name is Shannon. I'm a speech pathologist completing my PhD at Curtin. I am interested in the role of parents and the home environment on a child's speech and language development. I'm particularly interested in the development of children adopted from overseas.

Explain- talking about experiences is often better as we can explore interesting ideas and go into greater detail than when giving a written response, plus the interview allows me to ask questions and follow up on things you say. I'll email you your response for you to confirm or edit after the interview.

Record email address for returning interview transcript.

Read consent form. Confirm consent for audio recording.

Explain structure of interview- I've read over the questionnaire results and would like to ask your opinion on some things that people said/experienced.

Start with- "Tell me about your adopted child and family".

(Find out the child's name so the child can be referred to by name rather than he/she)

Address the following topics/questions- when and where appropriate depending on how the interview flows. Follow the interviewees lead… but make sure they are all covered. Use the little questions as a guide to ensure that the five research questions/topics are discussed.

RESEARCH QUESTIONS/ TOPICS

1. KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

In the questionnaires parents talked about the various things they did to promote their child's speech and language development. I'd be interested to hear about what you did/do with your child. Can you explain what you do/did to help your child develop their speech and language? Can you tell me your reasons for doing these activities? In what ways do you think this will help your child develop their speech and language skills?

(If needed) Many parents said that they talked to their child, read to them and made sure they listened to and encouraged the child when they communicated. They used these activities to facilitate their child's speech and language development. Can you expand on that?

Many parents used words such as important, pivotal, essential, crucial and critical to explain their role in supporting their child's speech and language development. What are your thoughts on this idea? Can you tell me a little more about that?

(If needed) Speech and language skills are important for a child to develop. Can you tell me about your reasons for why you think speech and language skills are important? In what ways do you think speech and language skills are important?

2. EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

Many parents reported using simple English, gestures, song and touch to communicate with their child when they first brought their child home. Can you think back to the time when you first brought your child home and tell me about the ways you communicated and interacted with him/her? What was their communication like during their first few months in Australia?

For example, how long did it take for them to respond in English? How long before they started using English? If they had developed their first language, did they attempt to communicate with their first language? Did they use non-verbal communication?

How do you think your child dealt with the change in languages?

How has his/her speech and language developed since?

What are your thoughts on your child's current speech and language skills?

3. BELIEFS ABOUT THE EFFECTS OF INSTITUTIONAL CARE AND EXPERIENCES PRIOR TO ADOPTION

There was a range of experiences expressed in the questionnaire responses. Some parents visited their child in the orphanage, others met the child's foster families and others were unable to see where the child had been cared for and had very limited information to go by. Can you tell me about your experience of collecting your adopted child?

Were you able to see the institution/foster care setting that your child came from? Can you tell me what it was like?

Do you think your child's time in this setting may have influenced their speech and language development? How? Can you tell me a little more about that?

What aspects of the setting do you think may have influenced your child's development?

(If needed) In the questionnaire, many parents agreed with the statement- "A child's experiences before their placement with their adoptive family will affect their later

development." What are your thoughts on this statement? Why do you agree/disagree with this statement? Do you think this statement applies to your child?

4. EXPECTATIONS FOR SPEECH AND LANGUAGE DEVELOPMENT

How does your child's current speech and language development compare with that of children the same age? What are your thoughts about why they are similar/ different?

What are your expectations for your child's English speech and language development in the future?

5. PROFESSIONALS AND SERVICES ACCESSED FOR SUPPORT

In the questionnaire many parents said they had accessed speech pathologists, doctors, psychologists, other professionals, support groups and playgroups for support and information. Have you accessed any services or support to facilitate your child's speech and language development? If so, please tell me about that experience. Why did you go to that source? Was it useful? Can you tell me why?

About 70% of the parents who completed the questionnaire reported these professionals were only somewhat informed or poorly informed of intercountry adoption and its effect on a child's development.

I'd be interested to hear about your experience. How much did professionals/sources know about intercountry adoption?

In what ways were they aware of intercountry adoption and the needs of your child and family?

Parents reported a range of ways they learned more about supporting their child's development. Some were formal training sessions and others were informal. What approaches have you used? Great, other common responses have included… attending compulsory training run by local adoption authorities, reading books and being involved in discussion forums and support groups.

In the questionnaire parents reported the need for more support… They suggested a referral service to providers specialised in post adoption services or an online resource with information on adoption and development, ideas and activities the parents could implement at home and information on where to go for help as being useful. What are your thoughts on these suggestions?

What else would you find useful? What would help you in your role in caring for your child?

Can you explain how these would assist you?

Appendix F: Interview guide for phase two

Thank you for meeting and for your continued interest in my research.

I have read over the questionnaires and interviews that parents completed this time last year. It was interesting reading and hearing about the range of experiences the families had. Many spoke about how their child's speech and language skills developed following the adoption and how they were so interested in the process. Some mentioned concerns they had about their children and others spoke about their experiences with professionals and services.

I want to interview parents again now as it has been a year and I want to see if and how things may have changed. I want to find out if their child's skills have continued to develop as expected or if things have changed as they enter preschool or school.

Thank you for filling in the questionnaire. This was a great way to get information from a lot of families. The interview lets me ask for more detailed information and to follow up on some of the things that I read in people's questionnaire responses.

Read consent form. Confirm consent for audio recording.

Start with- "How have you and your child been since we spoke last?".

(Find out the child's name so the child can be referred to by name rather than he/she)

Address the following topics/questions- when and where appropriate depending on how the interview flows. Follow the interviewees lead… but make sure they are all covered. Use the questions as a guide to ensure that the five research questions/topics are discussed. Have the parents focus on the previous year since we last spoke.

RESEARCH QUESTIONS/ TOPICS

1. KNOWLEDGE AND BELIEFS ABOUT SPEECH AND LANGUAGE DEVELOPMENT

In the questionnaires parents talked about the various things they did to promote their child's speech and language development. I'd be interested to hear about what you do with your child now.

(If needed) Can you explain what you do to help your child develop their speech and language skills at their current age?

(If needed) Can you tell me your reasons for doing these activities? In what ways do you think this will help your child develop their speech and language skills?

(If appropriate) How do you help them to develop their reading and writing skills (literacy skills)?

Who else do you think has an influence on your child's speech and language development? Why? And how do you think this person influences your child's speech and language development?

2. EXPERIENCE OF SPEECH AND LANGUAGE DEVELOPMENT

What are your thoughts on your child's current speech and language skills?

How do you think your child dealt with the change in languages based on what you are seeing now?

Do you see any effects of their first language on their use of English now? Or can you tell that they started learning English at a later age? Why- what do you notice?

3. BELIEFS ABOUT THE EFFECTS OF INSTITUTIONAL CARE AND EXPERIENCES PRIOR TO ADOPTION

Do you think your child's experiences prior to adoption may have influenced their speech and language development? In what ways? Can you tell me a little more about that?

What aspects of the setting do you think may have influenced your child's development?

Have those prior experiences changed the way that you parent or your expectations of your child? Can you tell me a little bit more about that?

When you think of your child's age, what age do you think of? Do you expect them to be at their biological age or do you consider their age to be more related to their age at adoption?

4. EXPECTATIONS FOR SPEECH AND LANGUAGE DEVELOPMENT

How do you think your child's current speech and language development compare with that of children the same age? What are your thoughts about why they are similar/ different?

What are your expectations for your child's English speech and language development in the future?

5. PROFESSIONALS AND SERVICES ACCESSED FOR SUPPORT

In the questionnaire many parents said they had accessed speech pathologists, doctors, psychologists, other professionals, support groups and playgroups for support and information.

In the last year, have you accessed any services or support in general for your child?

How about services or support to facilitate your child's speech and language development? If so, please tell me about that experience.

Why did you go to that source? Was it useful? Can you tell me why?

What do you think professionals need to know about intercountry adoption or about intercountry adopted children?

What sort of resources would be helpful now to support you to develop your child's speech and language skills?

In the questionnaire parents reported the need for more support… What suggestions do you have?

Some suggested a referral service to providers specialised in post adoption services or an online resource with information on adoption and development, ideas and activities the parents could implement at home and information on where to go for help as being useful. What are your thoughts on these suggestions?

What else would you find useful? What would help you in your role in caring for your child at this current age?

Can you explain how these would assist you?

Something interesting that came up was the need for advocacy for intercountry adoption. Do you think advocacy is needed? What are the issues that need to be advocated for?

Do you think there is enough awareness of intercountry adoption?

(If needed)- What is the attitude of those around you towards intercountry adoption?

Is there anything else that you think is important or that you would like to share?

Thank you for your time and for your participation. I will type up the transcript of today's interview and email it to you to check. You are welcome to make changes, or add more to your response if you think of other things after reading it. Thanks again

Appendix G: Information letter for adoptive parents of children aged 0 to 3 years

Dear Intercountry Adoptive Parent

An exploratory study of the knowledge, beliefs and experiences about speech and language development of parents who adopt children from overseas

I would like to invite you to participate in a research project that focuses on intercountry adoptive parents' experiences of speech and language development with their adopted children.

Information for participants

What is this study about?

The focus of this study is your experience of speech and language development in your intercountry adopted child. I am interested in your child's speech and language development, your expectations for your child's development, your thoughts on your child's earlier experiences in institutional care or prior to placement, services or professionals you have accessed for support and the home environment you provide for your intercountry adopted child.

Who is eligible to participate in the study?

Intercountry adoptive parents throughout Australia are eligible to participate if they:

- adopted a child aged between 0 and 3 years from an overseas country

- had the child placed in the last five years.

How will this study benefit the participants?

Although there is no immediate benefit for you being involved in the study, it is envisaged that the issues you and the other parents identify will help to inform the development of services, information and support for intercountry adoptive families.

Who is conducting the study?

The study is being conducted by Shannon Golding, a speech pathologist and Doctor of Philosophy student at Curtin University, Western Australia. She is supervised by Dr Suze Leitão and Associate Professor Cori Williams.

What does participation in the study involve?

There are a number of phases that you can participate in if you are interested. It is completely up to you as to how much time you would like to give the study but any participation is greatly appreciated and valued.

You can take part by completing an online questionnaire available at http://psych.curtin.edu.au/research/phd/golding.cfm

In addition, you can participate in an interview with the researcher. The interview can be conducted using online video conferencing (e.g. via Skype). An audio recording of the interview will be taken.

How long will it take to participate in the study?

The online questionnaire is estimated to take 30 minutes.

An interview with the researcher is estimated to take 45 minutes to an hour.

Can I withdraw from the study?

You can withdraw from the study at any time. Your data will also be withdrawn from the study unless you state otherwise.

If the project has already been published at the time you decide to withdraw, your contribution that was used in reporting the project cannot be removed from the publication.

What will happen to the information collected, and is privacy and confidentiality assured?

All information collected will relate to your experience as an intercountry adoptive parent and your child's speech and language development. You will not be required to answer any question if you feel you would prefer not to respond. You will not be identified in the reporting of the research.

The data will be confidentially coded so that the questionnaires, audio recordings and video recordings for each participant can be retrieved if necessary. Only the researcher and supervisors will know the codes that relate to the individual's data. The data will be stored securely in a locked filing cabinet at Curtin University and can only be accessed by Shannon Golding, the researcher, and Suze Leitão and Cori Williams, her supervisors. The data will be stored for a period of five years after the completion of the study, after which it will be destroyed according to Curtin University Functional Records Disposal Authority protocol.

Are there any risks from being involved in the study?

There are no risks associated with participation.

Where will these results be published?

The results will be documented in a published thesis. However, future publications may be made at a later date. No information that may identify a participant will be used.

Who has given permission for this study?

The study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR128/2010). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee c/- Office of Research & Development, Curtin University, GPO Box U1987, Perth, 6845, by telephoning 9266 2784 or by emailing hrec@curtin.edu.au. The research has also met the approval of DCP and ASFC.

Where can I find more information on the study?

More information can be obtained by contacting the researcher, Shannon Golding at s.golding@curtin.edu.au or either of the supervisors, Dr Suze Leitão, 9266 7620, s.leitao@curtin.edu.au, or Associate Professor Cori Williams, 9266 7865, c.j.williams@curtin.edu.au.

If you wish to speak with an independent person about the conduct of the project, contact Linda Teasdale by phoning 9266 2784 or by emailing hrec@curtin.edu.au.

How do I become involved?

If you feel that all your questions about the project have been answered and you are willing to participate, please go to http://psych.curtin.edu.au/research/phd/golding.cfm to complete the online questionnaire.

At the end of the questionnaire you will be asked:

- If you would like to participate in a follow up online questionnaire to be completed between June and August in 2012.
- If you would like to participate in an interview with the researcher. These can take place at a time and place that is convenient for you. These can be conducted online via Skype videoconferencing or by phone.

If you are interested in participating in any of these stages you will be asked at the end of the questionnaire to provide the researcher with your contact details.

Thank you for taking the time to participate in my study.

Please go to **http://psych.curtin.edu.au/research/phd/golding.cfm** to commence the questionnaire.

I look forward to hearing from you soon,

Kind regards,

Shannon Golding

Speech Pathologist

PhD Candidate

Curtin University

Perth, Western Australia

s.golding@curtin.edu.au

Appendix H: Information letter for adoptive parents of children aged 3 to 6 years

Dear Intercountry Adoptive Parent

An exploratory study of the knowledge, beliefs and experiences about speech and language development of parents who adopt children from overseas

I would like to invite you to participate in a research project that focuses on intercountry adoptive parents' experiences of speech and language development with their adopted children.

Information for participants

What is this study about?

The focus of this study is your experience of speech and language development in your intercountry adopted child. I am interested in your child's speech and language development, your expectations for your child's development, your thoughts on your child's earlier experiences in institutional care or prior to placement, services or professionals you have accessed for support and the home environment you provide for your intercountry adopted child.

Who is eligible to participate in the study?

Intercountry adoptive parents throughout Australia are eligible to participate if they:

- adopted a child aged between 3 and 6 years from an overseas country

- had the child placed in the last five years.

How will this study benefit the participants?

Although there is no immediate benefit for you being involved in the study, it is envisaged that the issues you and the other parents identify will help to inform the development of services, information and support for intercountry adoptive families.

Who is conducting the study?

The study is being conducted by Shannon Golding, a speech pathologist and Doctor of Philosophy student at Curtin University, Western Australia. She is supervised by Dr Suze Leitão and Associate Professor Cori Williams.

What does participation in the study involve?

There are a number of phases that you can participate in if you are interested. It is completely up to you as to how much time you would like to give the study but any participation is greatly appreciated and valued.

You can take part by completing an online questionnaire available at http://psych.curtin.edu.au/research/phd/golding2.cfm

In addition, you can participate in an interview with the researcher. The interview can be conducted using online video conferencing (e.g. via Skype) or by phone. An audio recording of the interview will be taken.

How long will it take to participate in the study?

The online questionnaire is estimated to take 45 minutes.

An interview with the researcher is estimated to take 45 minutes.

Can I withdraw from the study?

You can withdraw from the study at any time. Your data will also be withdrawn from the study unless you state otherwise.

If the project has already been published at the time you decide to withdraw, your contribution that was used in reporting the project cannot be removed from the publication.

What will happen to the information collected, and is privacy and confidentiality assured?

All information collected will relate to your experience as an intercountry adoptive parent and your child's speech and language development. You will not be required to answer any question if you feel you would prefer not to respond. You will not be identified in the reporting of the research.

The data will be confidentially coded so that the questionnaires, audio recordings and interview transcripts for each participant can be retrieved if necessary. Only the researcher and supervisors will know the codes that relate to the individual's data. The data will be stored securely in a locked filing cabinet at Curtin University and can only be accessed by Shannon Golding, the researcher, and Suze Leitão and Cori Williams, her supervisors. The data will be stored for a period of five years after the completion of the study, after which it will be destroyed according to Curtin University Functional Records Disposal Authority protocol.

Are there any risks from being involved in the study?

There are no risks associated with participation.

Where will these results be published?

The results will be documented in a published thesis. However, future publications may be made at a later date. No information that may identify a participant will be used.

Who has given permission for this study?

The study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR128/2010). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee c/- Office of Research & Development, Curtin University, GPO Box U1987, Perth, 6845, by telephoning 9266 2784 or by emailing hrec@curtin.edu.au. The research has also met the approval of DCP and ASFC.

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At the end of the questionnaire you will be asked:

- If you would like to participate in a follow up online questionnaire to be completed between June and August in 2012.
- If you would like to participate in an interview with the researcher. These can take place at a time and place that is convenient for you. These can be conducted online via Skype videoconferencing or by phone.

If you are interested in participating in any of these stages you will be asked at the end of the questionnaire to provide the researcher with your contact details.

Thank you for taking the time to participate in my study.

Please go to http://psych.curtin.edu.au/research/phd/golding2.cfm to commence the questionnaire.

I look forward to hearing from you soon,

Kind regards,

Shannon Golding

Speech Pathologist

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Curtin University

Perth, Western Australia

shannon.golding@postgrad.curtin.edu.au

s.golding@curtin.edu.au

Appendix I: Register for following stages online questionnaire

Thank you for your interest in participating in this study. Please provide your contact details so that I can contact you regarding the coming stages of the study.

Please provide your first name

What state do you live in?

- ❍ Western Australia
- ❍ New South Wales
- ❍ Queensland
- ❍ Victoria
- ❍ South Australia
- ❍ Tasmania
- ❍ Northern Territory
- ❍ Australian Capital Territory

Please indicate the ways you are happy for me to contact you by providing your contact details.

Please contact me by email

Please contact me on my home phone

Please contact me on my mobile

Please indicate the stages you are interested in being involved in. Remember you are able to withdraw at any time. If you would like more information about any of the research phases, indicate the stage and you can receive more information before you agree to participate.

- ❑ I would like to participate in a follow up questionnaire to be completed between June and August in 2012.
- ❑ I would like to participate in an interview with the researcher. (This will be take place at a time and place that is convenient for you. This can be conducted online using Skype videoconferencing.)

Any other comments:

Appendix J: Consent for interview conditions

An explorative study of the knowledge, beliefs and experiences about speech and language development of parents who adopt children from overseas

CONSENT FOR INTERVIEW

Thank you for agreeing to an interview with the researcher. Your participation in this study is greatly appreciated.

In participating in an interview you are agreeing to the following:

1. I understand the procedures for the project and any queries have been answered satisfactorily.
2. I have read the participant information sheet and have been given the opportunity to discuss any involvement in the project with the researchers.
3. I understand that my involvement in the study is voluntary and I may withdraw from the study at any time without prejudice, and consequently my data will be withdrawn from the study at my request. I understand that it will not be possible to withdraw my information following publication of the study.
4. I understand my involvement is confidential and no information will be used that reveals my identity.
5. I understand and give permission for the contribution that I make to this research to be used in conference talks or published in a journal provided that I am not identified in any way.
6. I give consent for the researcher to make an audio recording of our discussion.

Appendix K: An example of thematic analysis.

This is a screenshot taken from Nvivo. It is an example of an interview transcript and the codes that were coded for this data.

Pseudonym: Rita, 3 to 6 years, phase two

Interview: 31st May 2012 12pm Skype (30.14 minutes)

Summary: Adopted DJ from Ethiopia aged 3 years now aged 4 years. Doing well. No concerns. Has started prep. Two older biological children (boys)

Verbal consent obtained

Well thank you so much for participating in this research. It has been really interesting catching up with parents one year later and just hearing how things have changed. So for some parents their children have started school or they've started day care and so there have been big changes in the last year.

Yep.

It's not the case for all parents but it's still been interesting just following up what's happened. So to start with could you just remind me how old was your child?

X or we just call her X she was three when we just turned three when we picked her up in the end of May last year so she's turned four now at Easter time. Yep and she too she has started she is off at preschool now as well.

And how is she going with that?

Oh loves it! She just goes one day a week. Um she's off to school next year but yeah she would go more. She loves it! She loves the social interaction.

Yep. That's great. And so what are your thoughts on her current speech and language skills?

Um oh I think they' re amazing. She is almost normal I would think I would say. Whatever normal is! She um you hardly know. People just assume she's been speaking English all her life like it's just amazing what has happened in 12 months.

Yep that's great.

It was obviously very gradual um and I can't remember where she was when I spoke to you last. Like I think she was saying numerous words in a row but just to see that whole sentence build up and now to have three or four long sentences in a row that she could say and understands any instruction or any discussion really.

That's great. So is that better than you expected?

Um I think it's faster but to be honest I really didn't have any idea because every child is different so yeah I don't think I had a really clear idea. It was just whatever it was going to be for her. It could be different for the next child but I do think that um she is a chatterbox so that probably helps not every child is a chatterbox.

Mmh and was she like that in her first language?

I think so. There was nothing to nothing to indicate to us that she wasn't. They said to us that they thought she was really quite bright and and yeah so they didn't indicate to us that she was at all withdrawn in her talking.

Coding Density

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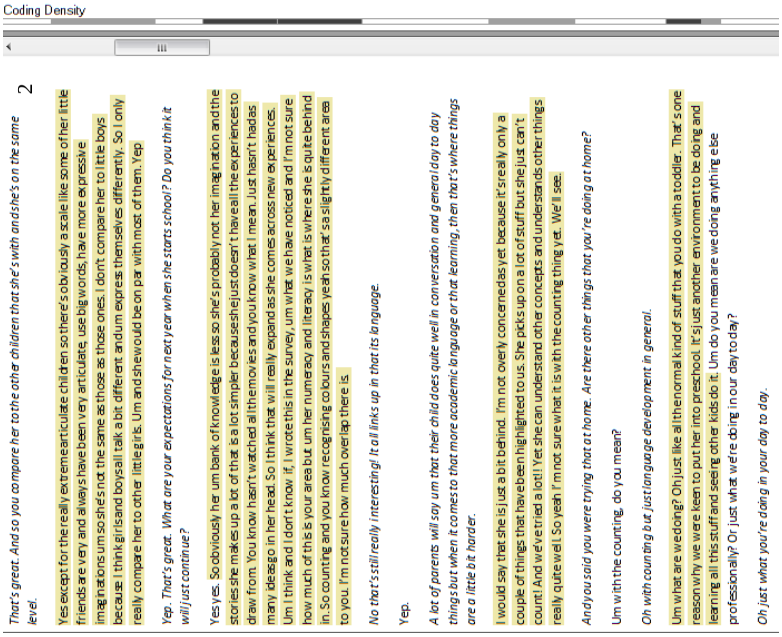

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That's great. And so you compare her to the other children that she's with and she's on the same level.

Yes except for the really extreme articulate children so there's obviously a scale like some of her little friends are very and always have been very articulate, use big words, have more expressive imaginations um so she's not the same as those ones. I don't compare her to little boys because I think girls and boys all talk a bit different and um express themselves differently. So I only really compare her to other little girls. Um and she would be on par with most of them. Yep

Yep. That's great. What are your expectations for next year when she starts school? Do you think it will just continue?

Yes yes. So obviously her um bank of knowledge is less so she's probably not her imagination and the stories she makes up a lot of that is a lot simpler because she just doesn't have all the experiences to draw from. You know hasn't watched all the movies and you know what I mean. Just hasn't had as many ideas go in her head. So I think that will really expand as she comes across new experiences. Um I think and I don't know if, I wrote this in the survey, um what we have noticed and I'm not sure how much of this is your area but um her numeracy and literacy is what is where she is quite behind in. So counting and you know recognising colours and shapes yeah so that's a slightly different area to you. I'm not sure how much overlap there is.

No that's still really interesting! It all links up in that its language.

Yep.

A lot of parents will say um that their child does quite well in conversation and general day to day things but when it comes to that more academic language or that learning, then that's where things are a little bit harder.

I would say that she is just a bit behind. I'm not overly concerned as yet because it's really only a couple of things that have been highlighted to us. She picks up on a lot of stuff but she just can't count. And we've tried a lot! Yes she can understand other concepts and understands other things really quite well. So yeah I'm not sure what it is with the counting thing yet. We'll see.

And you said you were trying that at home. Are there other things that you're doing at home?

Um with the counting, do you mean?

Oh with counting but just language development in general.

Um what are we doing? Oh just like all the normal kind of stuff that you do with a toddler. That's one reason why we were keen to put her into preschool. It's just another environment to be doing and learning all this stuff and seeing other kids do it. Um do you mean are we doing anything else professionally? Or just what we're doing in our day to day?

Oh just what you're doing in your day to day.

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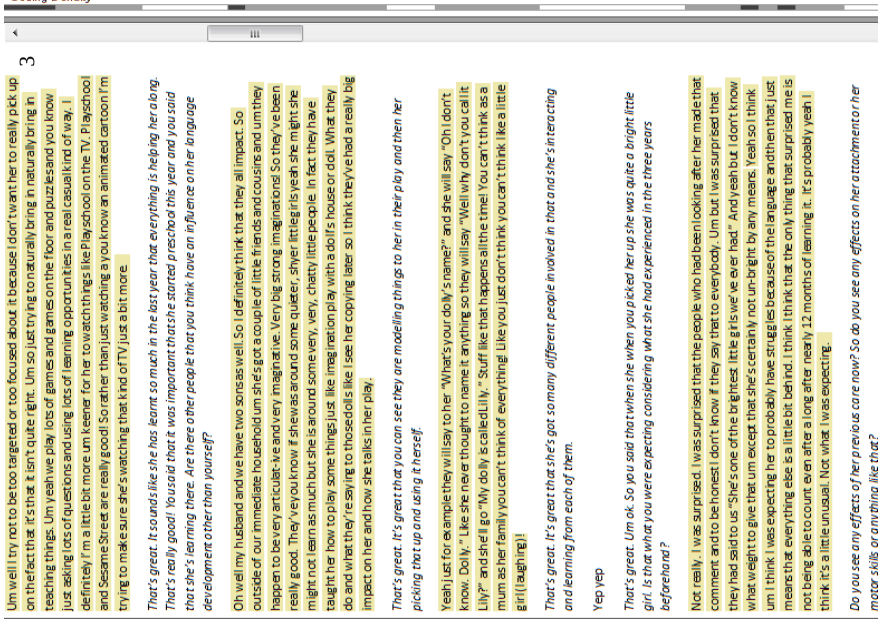

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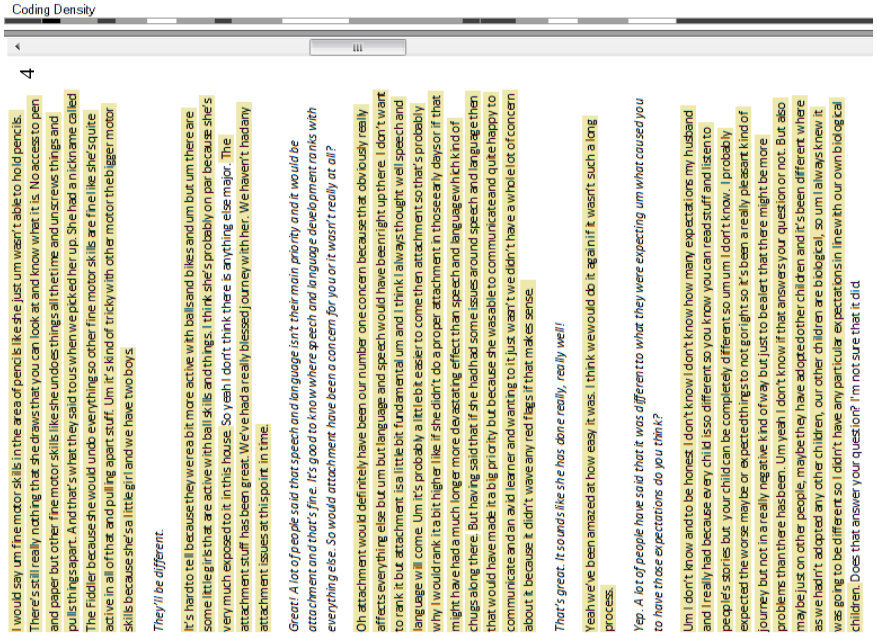

No it does. The interesting thing is that um when I read back over all of the interview transcripts you notice themes that come through. So often people won't respond specifically to the question but the information that comes up is really helpful.

Just to clarify I think my only expectation um why it's different is that it's been easier. I don't know. I think I think. I think that's what I could say. I think oh it's been easier than I expected.

Yep. Yep. Was her age um something that concerned you? So adopting a child that's a little bit older.

Yeah definitely. We were had originally said we wanted to adopt a baby um just because of the whole attachment thing it's a little bit easier when they haven't been passed around and old enough to remember all that passing around.

Yep

But you know like when she was offered to us and you know just quickly it changed like you know you can't put your life out in concrete you've got to be prepared to be flexible. Um but in the end it was just perfect it was just a perfect age. She was old enough to understand some things and that really helped her but not too old to have been um ah attached to other people too much. So she made the transition quite well.

That's great. So when you think of her age do you think of her as four years of age or do you change that because of her previous experiences and the time you've had her?

No I think of her as four because physically and emotionally that's pretty much on track where she is. Um in some things like in terms of attachment I think we've probably only had her coming up to 12 months so I do think "Hmm what would you do with a one year old? How long would you leave a one year old for overnight with somebody else?" You know, in that sense leaving her to have sleepovers with grandparents or whatever. I don't treat her like I would have our other four year old. Um and I she's got the she's got the little brain and the intellect to understand a lot of things that a four year old would so but we very much take it into context like if she doesn't understand something like not "You should understand this" but there's a lot more grace there for that. Um yeah so in some ways you do you have to be careful to not think she's been with you for four years so she understands everything. Yeah

That's great. It sounds like you're very aware of what she can and what she can't do and changing your expectations um because of that.

Hopefully!

Have you had to access any professionals in the last year?

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Um mostly just the required type ones just like medical things that you need that they want you to see. Um she hasn't had any ongoing medical issues aside from ah all her immunisations get scheduled. Um the only other professional that I saw was just the routine four year old check. I don't know if they do this in WA. I'm pretty sure they do. At four years you go for your four year old immunisation but you see a sister as well and they check them out developmentally. So we have done that just recently because she was only at four about a month ago. Um so we have done that and they noticed that her counting, shapes, colours and that kind of stuff um was not where the other four year olds have been on par with like normal. Um yes so they've suggested that she comes back to them in three months' time and they'll have another look because they think she's just been focused on the language and she's just a little bit slower and they want to see how much she has progressed in three months and then um they might refer us on to get some professional help because if the processes in her little brain aren't working properly but because it's a very limited area they're not overly concerned as with us. It's just a few things that she's not quite on par with as opposed to everything.

Yep it's not a global thing.

Yeah yeah.

So were they aware of intercountry adoption and then taking that into account with their expectations for her development?

Um yes in that I think if it had been another if it had just been another child then yes they might have acted on it straight away. Um their indication to me they said the only other children they had seen that um couldn't count to ten for example um have had issues across lots of areas so you know a little bit slower for whatever reason so they you know couldn't deal appropriately with why that child might not have developed properly so um they just wanted to keep an eye on her just before she hits school. They said that if she's not processing information and recall properly they'd rather it get dealt with or be on the way to being dealt with before she hit kindergarten so yeah it doesn't hold her back.

Yep and do you agree with that?

Yeah yeah totally so um I hadn't asked any professionals. I thought it was a bit strange like the last few months because we really tried hard with this counting and it's not like we haven't been counting. She has picked up so much other stuff it did seem strange that she can't count past two so it was nice to go "Ok it's not just me" and two yes I don't know she's only just early four and I don't think it's alarm stations yet. You know kids come into kindergarten at all different capacities so um I'm not overly concerned about it at this point.

It's great that they are aware and are monitoring it. It's nothing that you have to worry about now but you know that there is that path in place and if you need help later on they will be there.

Exactly! She goes to have a paediatrician appointment next week um which is more to do with paper work for her court process as opposed to anything being wrong with her. Um and I thought I would get her professional opinion as well about that and just to see you know as a bit of a second opinion I suppose of what the clinic nurse had said to me and see what she says so just to make sure we're on the right track.

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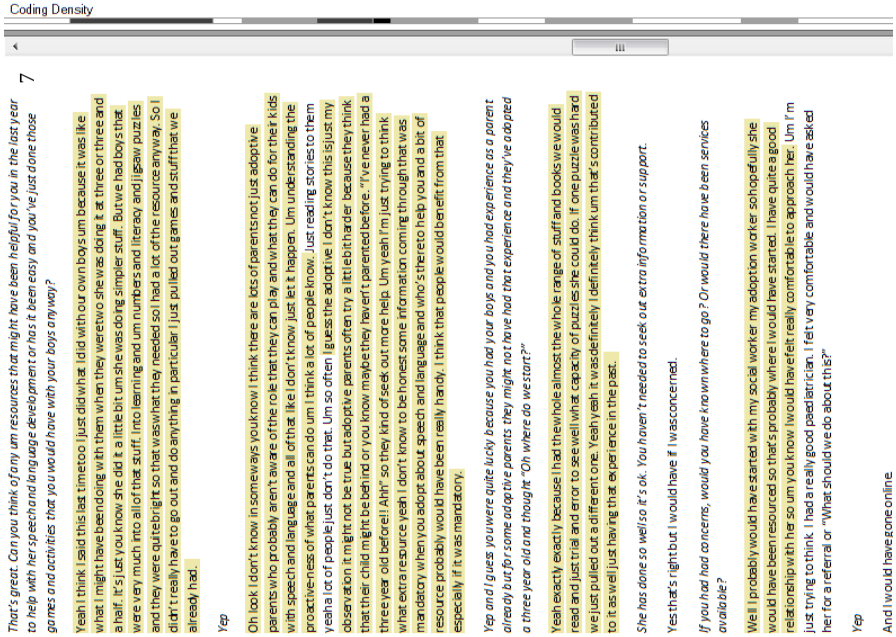

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That's great. Can you think of any um resources that might have been helpful for you in the last year to help with her speech and language development or has it been easy and you've just done those games and activities that you would have with your boys anyway?

Yeah I think I said this last time too I just did what I did with our own boys um because it was like what I might have been doing with them when they were two she was doing it at three or three and a half. it's just you know she did it a little bit um she was doing simpler stuff. But we had boys that were very much into all of that stuff. Into learning and um numbers and literacy and jigsaw puzzles and they were quite bright so that was what they needed so I had a lot of the resource anyway, So I didn't really have to go out and do anything in particular I just pulled out games and stuff that we already had.

Yep

Oh look I don't know in some ways you know I think there are lots of parents not just adoptive parents who probably aren't aware of the role that they can play, and what they can do for their kids with speech and language and all of that like I don't know just let it happen. Um understanding the proactiveness of what parents can do um I think a lot of people know. Just reading stories to them yeah a lot of people just don't do that. Um so often I guess the adoptive I don't know this is just my observation it might not be true but adoptive parents often try a little bit harder because they think that their child might be behind or you know maybe they haven't parented before. "I've never had a three year old before! Ahh" so they kind of seek out more help. Um yeah I'm just trying to think what extra resource yeah I don't know to be honest some information coming through that was mandatory when you adopt about speech and language and who's there to help you and a bit of resource probably would have been really handy. I think that people would benefit from that especially if it was mandatory.

Yep and I guess you were quite lucky because you had your boys and you had experience as a parent already but for some adoptive parents they might not have had that experience and they've adopted a three year old and thought "Oh where do we start?"

Yeah exactly exactly because I had the whole almost the whole range of stuff and books we would read and just trial and error to see well what capacity of puzzles she could do. If one puzzle was hard we just pulled out a different one. Yeah yeah it was definitely I definitely think um that's contributed to it as well just having that experience in the past.

She has done so well so it's ok. You haven't needed to seek out extra information or support.

Yes that's right but I would have if I was concerned.

If you had had concerns, would you have known where to go? Or would there have been services available?

Well I probably would have started with my social worker my adoption worker so hopefully she would have been resourced so that's probably where I would have started. I have quite a good relationship with her so um you know I would have felt really comfortable to approach her. Um I'm just trying to think. I had a really good pediatrician. I felt very comfortable and would have asked her for a referral or "What should we do about this?"

Yep

And I would have gone online.

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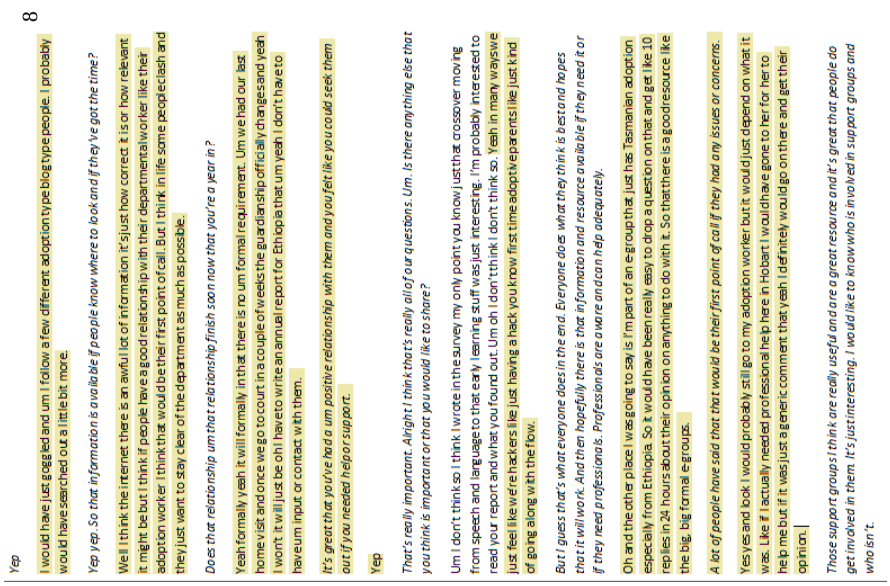

Yes.

I think that would be quite interesting.

Yes because it's like anything in life there are people who are more um open to engaging with strangers than others and um would you rock up to a support group face to face or would you just do something online. Everyone's a bit different but you don't have to engage. You can be on these e-groups and not engage unless you want and be a silent observer.

Alright well thank you so much for your involvement. What I will do is I will type up our conversation and email it back to you and if you can just have a quick flick through it that would be great. You're welcome to add anything or delete anything if you wish. It's just a way of checking that you're happy with what we discuss.

That's fine. And tell me when is can we read your report? Like it would be really interesting to um to see what you've learnt. Will it be public will it be made public somehow?

Well what I will do is um my thesis is due in March next year so I will hand that in and then I will write up maybe a separate smaller report and I'll email that out to everyone that has been involved in the study. What I can also do is um I've got an article that I think or I hope has been accepted for a journal in America so if that's accepted I will email that out to people as just a bit of an interim report for them to read.

Yeah sure I would love to or even just a link to something.

Thank you I really appreciate you taking the time to um research something that obviously doesn't affect everybody in our community.

I think it's interesting. I'm really interested in my interest area is the effects of the environment and interaction on a child's development. What have they come from? What have they gone to? And how has that changed their development?

Yep totally

Thanks so much Rose. I'll email that off to you in the next couple of days.

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parents are aware of a child's neural development and the effects of the environment on this process
children present with characteristics associated with their time in institutional care
children have come from a culturally difficult background and have often experienced harsh circumstances
IA CHILDREN DIFFER FROM TYPICALLY DEVELOPING CHILDREN DUE TO THEIR PREVIOUS EXPERIENCES
IA CHILDREN ARE ADOPTED INTO LOVING AND SUPPORTIVE FAMILIES
parents occupation provides useful experience
parents' identify errors in the child's L2 that are a result of L1
limited contact is had with the birth family
internet is a useful resource
good relationships with DCP
desire to adopt again as it was a positive experience
children present with other developmental difficulties and issues related to their time before adoption
awareness of different types of language or communication
adoption is an accepted part of their family
Miscellaneous codes that don't really fit
DEMOGRAPHIC INFO age of the child- update