Not guest speakers but peer tutors: The role of adoptive parent organisations in the Western Australian preparation for adoptive parenthood education programme

Maureen Anne Roberts

Edith Cowan University

Follow this and additional works at: https://ro.ecu.edu.au/theses_hons

Part of the Family, Life Course, and Society Commons

Recommended Citation

This Thesis is posted at Research Online. https://ro.ecu.edu.au/theses_hons/437
Edith Cowan University

Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.

- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author’s moral rights contained in Part IX of the Copyright Act 1968 (Cth).

- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.
NOT GUEST SPEAKERS
BUT PEER TUTORS

The role of adoptive parent organisations in the Western Australian preparation for adoptive parenthood education programme

BY

Maureen Anne Roberts

Degree Sought
Bachelor of Health Science (Health Education) Honours

Date of Submission: 8 June 1993
USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.
ABSTRACT

This study was undertaken as a partial requirement for a Bachelor of Health Science (Health Education) Honours. It examines the role of two Western Australian adoptive parent organisations, Australia for Children Society (AFC), and the Adoptive Parents Association (APA), as peer tutors within a Preparation for Adoptive Parenthood Education Programme (PAPEP). The sample consisted of one group which attended a workshop held by AFC and one group which attended a workshop by APA as part of the PAPEP. Measurements of interactions between Prospective Adoptive Parents (PAPs) and between PAPs and workshop presenters were made through observations. PAPs' satisfaction with the workshops were measured by workshop and post-workshop questionnaires. AFC combined both professional and Adoptive Parent Presenters (APP), whilst APA had APPs only. Findings indicate a significantly higher level of interaction between PAPs and APPs than between PAPs and professional presenters. PAPs indicate a very high level of satisfaction with both the content and the environment of both workshops (AFC 97%, APA 93%). Where a combination of presenters was used PAPs indicated a greater preference for APPs. It is argued that the satisfaction of the PAPs with APPs as peer tutors is an indication of the worth and the usefulness of using adoptive parent organisations as peer tutors in PAPEP. The real life modelling of peer tutors seems to reduce anxiety, apathy, hostility and resistance to learning in PAPs. The teaching strategies of AFC and APA provide information on adoptive parenting outside the formal systems of PAPEP through APPs drawing on their repertoire of experience in adoption while at the same time using academic theories and ideas for support. Although the study findings are confined to the boundaries of the specific workshops and generalisations should not be made, the researcher has concluded that adoptive parents as peer tutors are a vital component of any PAPEP. It is recommended that more parent groups adopt the concept of peer tutoring to complement services provided by professionals.
DECLARATION

"I certify that this thesis does not incorporate, without acknowledgment, any materials previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief does not contain any material previously published or written by another person except where due reference is made in the text."

Signed:
ACKNOWLEDGMENTS

The following people are to be thanked for their support and assistance for making this thesis possible. Firstly, my supervisor Dr David Biggins for his advice and patience. The following staff from the Department for Community Development, Adoptions Branch for providing information on the social context of becoming an adoptive parent, John Elliot Supervisor, Daphne Cross Senior Social Worker and Brian Dodds Senior Social Worker. The adoptive parent organisations, Australia for Children Society and the Adoptive Parents Association for granting permission to research their workshops. Particular thanks goes to Leonie Wallace, Robyn Edwards and Dale Coen of Australia for Children and Jenny Mok and Trudy Rosenwald of the Adoptive Parents Association for their support and willingness to assist where ever possible in the research process. The library staff at Edith Cowan University (Churchlands, Mt Lawley and Joondalup) and the Reid Library University of Western Australia for their assistance in locating particular references. A special thanks to Dr Amanda Blackmore, Research Consultant for assistance with the research design and the statistical analysis, Mrs. Beverly Lekias for typing services, Bob Wiegand for computer graphics and typesetting services, all the prospective adoptive parents who participated in the research. I thank my family for their support, tolerance and understanding during the period of this study. Finally I dedicate this Thesis to my youngest brother Clarrie Joyce who died on 15 April 1993 before being able to see his sister graduate.
TABLE OF CONTENTS

ABSTRACT ii
DECLARATION iii
ACKNOWLEDGMENTS iv
TABLE OF CONTENTS v
LIST OF FIGURES viii
LIST OF TABLES viii
GLOSSARY OF TERMS ix

CHAPTER ONE: INTRODUCTION 1
  Statement of the Problem 1
  Significance of the Study 3
  Purpose of this Study 3
  Limitations 4
  Ethics 5

CHAPTER TWO: THE SOCIAL CONTEXT OF BECOMING AN ADOPTIVE PARENT 6
  Adoption As An Option For Family Formation 6
  Criteria To Adopt In Western Australia 7
  Making An Application To Adopt 9
  Selection And Approval 10
  Legislation Review Effects 13
  Role Conflict 14

CHAPTER THREE: LITERATURE REVIEW 16
  Transition To Parenthood 16
  Parenting Education 19
  Adoptive Parenting 22
  Preparation For Adoptive Parenting Education 28
  Peer Support Groups As Health Educators 31
  Adoptive Parent Support Groups in Australia as Peer Tutors 32
  Peers as Tutors 33
  Theories on Adult Learning and Teaching Strategies 36
  Summary 41

CHAPTER FOUR: RESEARCH DESIGN 43
  The Role of the Researcher 43
  Evaluation of Health Promotion Programmes 45
  Client Satisfaction as a Criterion in Evaluation 47
  Hypotheses 49
  Research Question 49
  Sub Questions 49
# TABLE OF CONTENTS

Variables Impacting on the Research Questions 51  
Concepts for Research Design 53  
Sample 55  
Instrument 56  
Procedure 57

**CHAPTER FIVE: RESULTS OBSERVATIONS**

AUSTRALIA FOR CHILDREN SOCIETY (AFC) WORKSHOP 59  
The Setting: AFC 59  
The Workshop Presentations: AFC 60

THE ADOPTIVE PARENTS ASSOCIATION (APA) WORKSHOP 63  
The Setting: APA 63  
The Workshop Presentation: APA 64

**CHAPTER SIX: RESULTS WORKSHOP QUESTIONNAIRE**

AUSTRALIA FOR CHILDREN SOCIETY (AFC) 67  
QUESTIONNAIRE 67  
Scores on the Satisfaction Scale AFC Workshop 67  
Satisfaction with AFC Workshop Content 68  
Satisfaction with AFC Workshop Environment 69  
Usefulness of AFC Workshop 70  
Recommendations by PAPs for Improvements to AFC Workshop 70  
Socio-demographic Profile of Dissatisfied AFC Workshop PAPs 71  
Summary: Australia for Children Workshop 71

ADOPTIVE PARENTS ASSOCIATION (APA) WORKSHOP 72  
Scores on the Satisfaction Scale APA Workshop 72  
Satisfaction with APA Workshop Content 73  
Satisfaction with APA Workshop Environment 74  
Usefulness of APA Workshop 75  
PAPs Expectations of APA Workshop 75  
Recommendations for Changes to APA Workshop by PAPs 76

COMPARISON OF THE DIFFERENCES BETWEEN THE AFC AND APA WORKSHOP GROUPS 76  
Summary 77

**CHAPTER SEVEN: RESULTS POST WORKSHOP QUESTIONNAIRE**

AUSTRALIA FOR CHILDREN SOCIETY (AFC) POST WORKSHOP QUESTIONNAIRE 78  
Reading Material AFC Workshop 78  
Expectations of AFC Workshop 78  
Changes to AFC Workshop To Make it More Enjoyable 79  
Repeated Information at AFC Workshop 79  
Summary: AFC Post Workshop Questionnaire 79

ADOPTIVE PARENTS ASSOCIATION (APA) POST WORKSHOP QUESTIONNAIRE 80  
Reading Material APA Workshop 80  
Repeated Information at APA Workshop 80
TABLE OF CONTENTS

Other Comments Made About APA Workshop 80
Summary: APA Post Workshop Questionnaire 81

CHAPTER EIGHT: DISCUSSION 82
Satisfaction, Peer Tutors and Positive Role Models 82
Peer Tutoring Reduces PAPs Anxiety, Apathy, Hostility and Resistance to Learning 83
Informal Teaching Strategies Lead to High Levels of Satisfaction 83
Differences in Satisfaction Ratings Between AFC and APA 84
Couples Scores Reflect Ability to Work Together on Common Issues 85
Common Factors For Dissatisfaction With Workshops 86
Place of Birth and Selection of Overseas Adoption as an Option 86
Other Benefits for PAPs Attending AFC and APA Workshops 87
Summary 88
Recommendations 89
AFC Workshop Recommendations 89
APA Workshop Recommendations 91
Recommendations for Department of Community Development (DCD) Adoptions Branch 91
Implications for Adoption Practice 92
Further Research 93
Postscript 94

REFERENCES 96

APPENDIX A
Observation Check Sheet 103

APPENDIX B
Australia for Children Workshop 105

APPENDIX C
Adoptive Parents Association Workshop 111

APPENDIX D
Letters to Workshop Participants 117

APPENDIX E
Australia for Children Society Post-Workshop Questionnaire 120

APPENDIX F
Adoptive Parents Association Post-Workshop Questionnaire 125

APPENDIX G
Outline of Education for Australians Aiding Children Adoption Agency, South Australia 129
LIST OF FIGURES

Figure 1 - Flow Chart: Adoption process from initial enquiry to placement.
   NB: Time for local adoption is 7-8 years, overseas adoption 3-5 years.

LIST OF TABLES

Table 1 - Analysis of variance of satisfaction with AFC workshop between sets of couples (ANOVA) 67
Table 2 - Satisfaction with AFC workshop content in % of PAPs 68
Table 3 - Satisfaction with AFC workshop environment in % of PAPs 70
Table 4 - Usefulness of AFC workshop in % of PAPs 70
Table 5 - Analysis of variance of satisfaction between sets of couples (ANOVA) 72
Table 6 - Satisfaction with APA workshop content in % of PAPs 73
Table 7 - Satisfaction with APA workshop environment in % of PAPs 74
Table 8 - Usefulness of APA Workshop in % of PAPs 75
Table 9 - Differences Between the Workshops % of satisfied PAPs 77
# GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>The legal process of transferring custody and guardianship from one set of parents to another.</td>
</tr>
<tr>
<td>Adoption Agency</td>
<td>Government or private body that arranges adoptions. May provide pre and/or post legal adoption services to adoptive families, birth parents and adult adopted person.</td>
</tr>
<tr>
<td>Adoption disruption</td>
<td>When a child is removed either voluntarily or involuntarily from the adoptive parents' care before adoption is made legal.</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>A person who has adopted a child/ren.</td>
</tr>
<tr>
<td>Assessment</td>
<td>The process of assessing a person’s suitability to become an adoptive parent.</td>
</tr>
<tr>
<td>Birth Parent</td>
<td>A person who is the genetic parent of a child who has placed that child for adoption.</td>
</tr>
<tr>
<td>Local Adoption</td>
<td>The adoption of a child born in Western Australia or who is resident in Western Australia at the time the birth parent places child for adoption.</td>
</tr>
<tr>
<td>Local child</td>
<td>Child who is placed for adoption in Western Australia who was either born or resident in Western Australia.</td>
</tr>
<tr>
<td>Order of Adoption</td>
<td>Legal document that states that the adopted child is legal child of adoptive parents.</td>
</tr>
<tr>
<td>Overseas Adoption</td>
<td>Adoption of a child born in an overseas country with whom Western Australia has an adoption agreement.</td>
</tr>
<tr>
<td>Overseas child</td>
<td>Child who has been placed for adoption in a country other than Australia.</td>
</tr>
</tbody>
</table>
CHAPTER ONE: INTRODUCTION

Statement of the Problem

Each year in Western Australia approximately 250 new couples apply to Western Australia’s only adoption agency, The Department for Community Development (DCD) Adoptions Branch. Many more might want to adopt but cannot, as they do not meet the very strict criteria of Western Australian adoption legislation. These criteria include restrictions on age, marital status, physical and mental health, financial security and moral standing in the community.

Prior to assessment for suitability to adopt, all prospective adoptive parents (PAPs), apart from those living in remote areas have to attend a pre-adoption education programme consisting of workshops and seminars. Couples living in remote areas are sent an information packet. However this is not as comprehensive and does not include all the information that attending a workshop or seminar offers. Different workshops and seminars are presented by different agencies. Attendance fees are charged, except for those presented by the DCD Adoptions Branch. Attendance does not guarantee an adoptive placement. Couples are expected to jointly attend the programme.

The researcher is an adoptive parent, who has been actively involved in the Adoptive Parents Association of Western Australia since 1984 and who over the years has had a working relationship with the other organisations providing services to PAPs. This has led to a special interest in the education and preparation of prospective adoptive parents.
The pre-adoption education programme enables PAPs, during their period of waiting, to learn about adoption and the adoption process from peers within the adoptive parent organisations and from professionals experienced in adoption matters.

The two adoptive parent organisations in Western Australia, Australia for Children Society (AFC) which focuses on overseas adoption, and the Adoptive Parents Association (APA), which focuses on local adoption, each present a workshop and provide guest speakers for DCD Adoptions Branch seminars. Over the years, both groups have evolved from primarily support groups becoming active educators and advocates on behalf of PAPs and existing adoptive families. During 1990 significant changes were made to the preparation for PAPs, after AFC and APA met with representatives from DCD Adoptions Branch and two professional adoption services, the Adoption Research and Counselling Service (ARCS) and Centrecare Adoption Counselling. At present the education programme consists of firstly the Information Seminar (DCD) followed by "The Reality of Non-Biological Parenting" offered by ARCS. PAPs then have to attend at least one of the following workshops or seminars on

1. Overseas Adoption (AFC),
2. "What To Do While You Wait" (APA),
3. Adopting An Older Child (Centrecare),
4. Special Needs Adoption (ARCS).

The final part of the programme is an Assessment Seminar (DCD), but attendance could be up to six years after the Information Seminar for local adoption applicants and about a year for most overseas adoption applicants. Currently no post-placement workshops are offered as the number of children being placed is so small.
Significance of the Study

No evaluation has been undertaken of any part of the preparation for adoptive parenthood education programme. This is due in part to the number of agencies involved and to the programme not being fully implemented. On May 20, 1992 it was announced that Adoption Research and Counselling Services, a non government service specialising in adoption matters and a recognised centre for research on adoption issues, would undertake a research project to assess the needs of PAPs in relation to the programme. As of yet that research has not begun. This thesis is not an evaluation of the Preparation for Adoptive Parenthood Education Programme (PAPEP), but examines the level of satisfaction that PAPs find with the adoptive parent organisations as peer tutors in the specific workshops run by those organisations.

To date there appears to have been very few studies done in the area of preparation for adoptive parenting. Although other studies mention preparation they generally refer to assessment. It would seem that no previous studies have been undertaken in the use of experienced adoptive parents as peer tutors. There is fleeting reference to the value of linking PAPs up with adoptive parent groups or of the use of experienced adoptive parents as guest speakers. It thus appears that this study of the role of adoptive parent organisations as peer tutors in a preparation for adoptive parenthood programme is a new field of research.

Purpose of this Study

The purpose of this study was to examine the role played by the adoptive parent organisations in preparing PAPs through their specific workshops. It was also concerned
with possible or alternative procedures that these organisations could apply in their parenting programme. The objectives of the study were:

(1) To determine the general satisfaction with the overall content of the workshops offered by both adoptive parent organisations.

(2) To determine the level of satisfaction with the environment of the workshop.

(3) To determine the type and style of interactions taking place at the workshops.

(4) To determine the teaching methods used at the workshops.

(5) To identify areas of possible improvements in the workshops.

(6) To identify strategies used by other organisations that could be used by one or both adoptive parent organisations to improve the workshops.

Limitations

This study has its limitations in that its boundaries are contained within the specific workshops of the adoptive parent organisations. It is unlikely that generalisations can be made from this study. The findings may not apply to other groups of PAPs because of different adoption laws and practises. The criterion of satisfaction used within this study only reflects the views of the particular PAPs attending the workshops. The theory and philosophical assumptions that underlie this study, whilst providing explanation and meaning to the data, nevertheless, like all conceptual framework, have their limitations.
Ethics

The consent of the adoptive parent organisations to undertake this study was granted. The participants at the workshops only participated in the study if they wished to do so. They were not required to answer any question they were not comfortable with. The participants were assured of confidentiality and in most cases anonymity. All questionnaires and other forms of recorded data did not contain any method of identifying any particular individual. To protect the privacy of the participants the dates of the workshops are not revealed. Only grouped data has been presented and no individual participants have been identified. No information that is identifying or confidential will be published.
CHAPTER TWO: THE SOCIAL CONTEXT OF BECOMING AN ADOPTIVE PARENT

Adoptive parents take on all the usual problems of parenting, along with the complexities of having children not born to them, who may be racially different from them, who may arrive in middle childhood, and whose belonging to the adoptive family is increasingly under question by various groups.

(Smith and Sherwin, 1983)

Adoption As An Option For Family Formation

Very few people choose adoption as their first choice for forming a family. Most couples who choose adoption do so because of a diagnosis of infertility. However, there are others who choose adoption because they are carriers of genetic conditions or who have biological children but wish to give a child without a family the opportunity to share in their family life. During the infertility investigation stage, many couples at least "consider adoption as an alternative to life long childlessness" (George and English, 1990:141). However, this choice is not freely available to all infertile couples. In all Australian states since the mid 1970's the numbers of healthy babies being placed for adoption has dramatically declined (Boss, 1992). This has lead to a rationing system in which most prospective adopters have to be infertile to qualify for a healthy baby (Boss, 1992). This can be seen as a service to infertile couples rather than a service for children. Boss, (1992:12) writes, that there is, "nothing intrinsically wrong with the proposition that adoption can legitimately serve the needs of children [and those of the adoptive and birth parents] as long as it is understood that in this triangular situation, the interests of the child remain paramount".
The probability of becoming an adoptive parent in Australia is very low. Despite this, many who are infertile believe that they have a right to parenthood to the extent, that they insist that the State has an obligation to assist them to achieve this. The demand for adoption as a solution to infertility has not decreased and in the future is likely to increase (English, 1990). The demand for adoption and the diminishing numbers of healthy infants being placed in Australia has led couples to seek elsewhere for a child. Other options to healthy infants are, Australian born children with physical or intellectual disabilities, children older than one year of age, or adopting an infant or child from a third world country. In Western Australia only 28 children were placed for adoption in the past year. Half of these were older children adopted from overseas, while the locally born children consisted of eight healthy infants and six children with special needs (Ripper, 1992).

Criteria To Adopt In Western Australia

Before being accepted on to the Applicant For Adoption waiting list at the Department for Community Development, Adoptions Branch, prospective adoptive parents must meet a set of stringent criteria. Some of these include the following:

1. Couples must be at least 25 years of age and under 45 years of age. If applying for a first child they must be no more than 35 years of age for the older spouse. If for a second or subsequent adopted child, or if they have a biological child they must be no more than 40 years of age for the older spouse. At 45 years of age no one is eligible to adopt any child.

2. Couples must have been married or have lived in a de facto relationship for at least three years. De facto couples are expected to marry before an
Order of Adoption is granted by the Family Law Court of Western Australia.

(3) Couples must have no other children in their care, other than an adopted child, to be eligible to adopt a locally born healthy infant. Couples with biological children can apply for a locally born special needs child or a child born overseas.

(4) Couples must have been resident in Western Australia for at least twelve months and must be Australian citizens, unless they can prove their country of citizenship extends the same rights of citizenship to adopted children as it does to all other citizens of that country.

(5) Couples must be in excellent health and are expected to provide supporting medical evidence that they can be expected to live until the child has reached adulthood.

(6) Couples must be financially secure and demonstrate that they have a stable employment history.

(7) Couples must have no known risks such as, a criminal record, troubled or deprived childhood or institutionalisation in their social history.

(8) Couples must be able to demonstrate that they are of good moral character and provide references and a police clearance certificate.

All prospective adoptive parents are informed of the criteria as prescribed by the Adoption of Children Act 1896 as amended 1985 at the Adoption Information Seminar or in the information packet.
Making An Application To Adopt

Before approaching the Adoptions Branch, most if not all, prospective adoptive parents would have tried all options to become pregnant. Research indicates that many couples have been offered or tried IVF, AID, drug therapy, and gamete transfer. Some have considered surrogacy but have rejected it as an option (George and English, 1990). This pursuit of a biological child combined with the knowledge that they may never be accepted on to an adoption waiting list is difficult and leads couples into continuing with infertility treatment for up to 15 years (George and English, 1990). It is with the initial inquiry to an adoption agency that couples come to the realisation that they may never parent a baby. From this point they begin to examine their other options such as adopting an older child, or a child who has a disability, or is racially different from themselves.

Prior to 1985 prospective adoptive parents in Western Australia received little or no information about adoption or preparation for adoptive parenthood. This was due in part to the prevailing view that there was little or no difference between biological and adoptive parenting. Kirk’s (1964) theory of "role handicap" in adoption led to adoption professionals recognising the need for adoptive parents to receive information about the effects of adoption.

For many years in Western Australia this took the form of discussing with prospective adoptive parents how they would reveal to the child their adoptive status. The main focus was not on educating prospective adoptive parents or even to prepare them, but to assess their suitability to adopt. In 1985 an amendment to the Adoption of Children Act 1896 required that the Adoptions Branch had an obligation to educate and
prepare prospective adoptive parents. This included a standardisation of the assessment procedure so that all couples would be equally and fairly assessed.

Selection And Approval

After attendance at the various Preparation for Adoptive Parenthood Education Programme workshops or seminars, couples are assessed by a suitably qualified person. This may be an employee of the couple's local division of the Department for Community Development or a private practitioner registered by the Adoptions Branch. Assessment by the Department is currently free, however private assessment cost is around about $700 and is paid for by the couple. Couples choosing a private assessment are generally overseas adoption applicants. Assessment is generally six to nine, two hour interviews, together and separately. In one session couples are tape recorded as they discuss a problem they have been given to analyse. This recording is then decoded to ascertain the couple's ability to work together to solve issues. After the completion of assessments, the assessment officer writes a report which is then sent to the Adoptions Approval Panel. This panel consists of staff from the Department for Community Development (not Adoptions Branch) and staff from the Adoptions Branch. One member of the panel is a psychologist. Most couples are able to view their assessment report before it is sent to the panel, and are able to discuss with their officer anything they want included or removed from the report. After the panel has considered the couple's assessment report, a letter of acceptance or rejection of their application is sent to them. If they are rejected they can make an appeal back to the panel, the Ombudsman or the Minister for Community Development. Some couples ask the adoptive parent organisations to advocate on their behalf.
After approval has been received couple’s files are sent to the country of their choice for an overseas adoption, or to a pool of approved applicants for local adoption. In the case of local adoption, being selected is very much dependant in many cases, of the couple meeting the requirements of the birth parents. In Western Australia birth parents are able to some degree select the couple who they feel is the most appropriate to adopt their child. In some instances a once-off meeting prior to the placement of the child may take place. An agreement may be made between the birth parent/s and the couple adopting the child to exchange updated information during the child’s formative years. In a small number of cases birth parents may continue to have regular access to the child.

After the child is placed in the adoptive family, a supervisory period takes place before a report is sent to the Family Law Court. This report, which gives details on how the child is progressing and how he/she is bonding to the adoptive family, is sent to the Court about six to nine months after placement for a local adoption, and after at least a year for an overseas adoption. Once a Judge with the Family Court is satisfied with the report, an Order of Adoption is granted. This procedure is summarised in the flow chart (see Figure 1, on page 12).

The period between initial inquiry and the granting of the Order of Adoption can be a stressful time. However, prospective adoptive parents can use this time as one of growth. Melina (1990 a) has identified the following skills which prospective adoptive parents develop during this period. They are:

1. Better problem solving skills.
2. Improved communication skills.
(3) More realistic expectations.
(4) More comfortable in expressing feelings.
(5) Better able to resolve conflicts.
(6) Better knowledge of child development.
(7) Greater closeness with family members.

Current applicants for adoption, if they are not deterred by all they must go through, will be the "most stout hearted, resolute, patient, and persistent people in Australia" (Boss 1990:27). Furthermore, Boss finds that these are not bad attributes for bringing up children.
Legislation Review Effects

The Adoption Act of 1896 has been under review. Since the release of the recommendations of the Adoption Legislative Review Committee (1990) there has been an air of uncertainty for some prospective adoptive parents. Of particular interest to many is the recommendation that the age for couples wanting to adopt a baby be increased from 35 to 40 years of age. However, the Committee also recommended cultural and ethnic consistency in adoption placements, which if it had not been overturned by the then Minister, would have virtually banned overseas adoption for most Australian couples. Another area of concern for prospective adoptive parents is the recommendation that future adoptions involve a negotiated agreement between the birth parent/s and the adoptive parents. These agreements may include continuing access to the child for the birth parent/s or other members of the birth family. These arrangements are viewed by some as bringing potential disruption to the adoptive family. Boss, (1992:26) says that such proposals, as negotiated agreements "however well-meaning the intentions behind the new provisions" are "beyond acceptable belief that all relinquishing parents will abide by the rules of law or rational behaviour".

It is questionable whether such arrangements are in the best interest of the child. Berry (1991) suggests that it can be detrimental to both the child and the adoptive parents. It seems that adoptive parents "will have to come to terms with the notion that their child will have two sets of parents" (Boss, 1992:26). For many prospective adoptive parents this could appear a daunting task. It may mean not only accepting a child as a member of the family but parenting the birth parent of the child (Berry, 1991). It is also a task which society in general finds difficult to accept.
Role Conflict

The process of becoming an adoptive parent is made more stressful, in that prospective adoptive parents are at odds with their age peers in normal adult development through the lifespan. Erikson’s, (1968) theory of life span development suggests that there are eight stages in the normal progression of human life. Each person is expected to reach these stages through certain tasks at clearly defined ages. As prospective adoptive parents are many years older than most expectant parents in Australian society when they first become parents, their progression through Erikson’s stages are not at the same level as their age peers. Most adoptive parents will be beginning a family when their age peers are actually assisting their biological children to become adults with separate lives. Many prospective adoptive parents would at the same time be adjusting to the physiological changes of middle adulthood and having to cope at the same time with young children. As well many would be taking on the responsibility of caring for aging parents. Not only must they cope with the tasks of their age group but also with those that in our society are generally undertaken by a younger person.

This could lead to conflict between having to parent a child and at the same time meet the same personal, health, community, and career developments as their age peers whose children are now independent. However, because of their experiences with infertility, prospective adoptive parents are often more mature and more stable financially (Melina, 1990 a). As the process of adoption encourages prospective adoptive parents to take a long hard look at why they want to raise children, the whole process forces parents to put more reflection than ordinarily would be the case as a couple moves towards parenthood (Brodzinsky, 1990 as cited by Melina, 1990 a).
Prospective adoptive parents must look at their motivation for becoming parents and even to examine their own upbringing, to understand the models they had for parents (Melina, 1990a). Adoptive parents are seen by Kathleen Sibler as being a motivated group and writes that "They have a commitment and enthusiasm different from most of the population". (As cited in Melina, 1990a).
CHAPTER THREE: LITERATURE REVIEW

To date there have been very few studies done in the area of preparation for adoptive parenting. Although other studies mention preparation they generally refer to assessment procedures. The researcher found studies on related areas which include parenting and parenting education, transition to adoptive parenthood, infertility, effects of adoption, peer tutoring, role of support groups and professionals as educators. The value of parenting education is becoming more recognised. The Premier of Western Australia, Dr. Carmen Lawrence, had this to say about parenting education, "The provision of parent education is an important family support ... We want to ensure that such services are delivered in the best way possible" (cited in Parenting Education Review Committee, 1992:1).

Transition To Parenthood

Parenting is a role of great significance in an adult person's life, yet society offers little preparation. Eighty-five percent of the population will at some time be involved in parenting, either through traditional or non traditional means (Smith, 1980). Our society expects that most people will have children, and that many will prepare for the child's arrival through attending parenting preparation classes. At the same time most are prepared for parenthood by the reality of a foetus growing within the mother's body, and having to prepare physically for the birth. Parenthood is frequently taken for granted, with society expecting that parents will instinctively know how to parent their child. This is seen as a problem because of,

the general lack of awareness and in some cases, apathy concerning the prerequisite skills for parenthood. The parenting / nurturing role has erroneously been thought to
be species-specific behaviour not affected by the learning process... The mother was seen as equipped with instinctive maternal behaviour that provided her a complete repertoire of mothering skills.

(Smith, 1980:168).

Most parents are able to accomplish these tasks as they grow with their child. However, there are many facets of parenting that do not come as a matter of course and these must be learnt (Lamont, cited in Parenting Education Review Committee, 1992). In the past parenting skills were handed down from generation to generation through the extended family. In today's society most parents are isolated from extended family members, and professionals have taken over important parts of the role that formerly belonged to the family (La Rosa and La Rosa, 1980).

The event of an adult becoming a parent is one of such importance, that few if any other life events have the same impact (La Rosa and La Rosa, 1980). While becoming a parent does have its impact, it also has benefits in that it establishes a person as an adult member of society (Hoffman and Hoffman cited in Fawcett, 1980). Furthermore, parenthood can be seen as a way of living beyond one's lifespan. Children can be seen as someone to love and who will bring change and stimulation. Bigner (1979) elaborates on this point when he suggests that Erikson's theory of development perceives parenting as a part of the adult role of caring for others. Bigner further proposes that the desire to parent has its origins in socialisation during childhood. He says the reasons for becoming parents are deeply rooted in the experience of childhood.

Parenting is a role distinguished from other adult roles by,

(1) society putting greater pressure on women to take on the role,

(2) being a role that is not always taken on voluntarily,
(3) being irrevocable,
(4) there being little preparation for this role compared to other adult roles (Bigner, 1979).

The transition to parenthood in contemporary society is not always easily made for the following reasons:

(1) The parenting role is ambiguous.
(2) The parenting role has no limits et. parents are frequently blamed for society’s ills.
(3) Preparation for parenting is inadequate.
(4) Society has generated myths about parenthood eg. it is fun, it is fulfilling, it is desirable.
(5) Parents are expected to be totally responsible for their child but only have partial authority over them.
(6) Parent performance is judged by peer and also by professionals.
(7) There is inadequate social science information about parenting.
(8) With a rapidly changing society, role models are no longer available to act as guides.
(9) Parenting does not have a high priority in our society.
(10) Parents do not choose their children and have no control over the way genetic material will arrange itself, and have limited control over development of their child.
(11) Other adult roles are not compatible with parenthood.
(12) Parents cannot honourably withdraw from parenthood.
(13) Parents can no longer raise children in the same manner in which they themselves were raised.
These points, raised by Hammer and Turner (1990), tend to indicate that parents need to have some formal preparation to make the transition to successful and effective parenthood.

**Parenting Education**

It is recognised that parents with effective parenting skills are the best support a child can have in developing the child to its full capacity in becoming an adult, with a positive sense of self worth and being able to cope with the complexities of modern society (Bloom, 1964). Every child needs a family to provide essential security that is based on personal intimacy, mutual love and respect of all family members (Bettelheim, 1987). To achieve successful parenting Jenson and Kingston (1986) have identified the following twelve points:

1. Parents should work with children rather than struggle against them.
2. Parents should expect to make mistakes in parenting rather than trying to eliminate them.
3. Parents should understand that happiness comes through giving rather than receiving.
4. Parent / child co-operation is preferable to excessive disagreement.
5. Parents should see children as opportunities rather than responsibilities.
6. Parents need to understand they cannot make children happy but can provide environments to engender happiness.
7. Parents should associate with child-orientated environments rather than cultures in which children are not valued.
8. Parents need to remember that children are basically good.
9. Parents need to have a sense of humour: don’t be too serious.
(10) Parents need to plan to give time to children rather than work them into their schedule.

(11) Parents need to be in control rather than manipulated by children. However, should not be authoritarian.

(12) Parents need to be an educated parent that learns from other's experiences and acknowledges their mistakes.

Rinn and Markel (1977) would see these points as meeting their guidelines for positive parenting through

(1) the provision of essential guidance and discipline in a positive manner,

(2) the provision of genuine love for the child and being prepared to work on their behalf, and

(3) providing the child with an environment that positively helps them to achieve their full potential.

Parenting is the most difficult and influential yet the most consistently underestimated task that individuals undertake (Lamont, cited in Parenting Education Review Committee, 1992). The committee recommended that "education from outside the family can contribute towards improving parenting and family relationships" (Parenting Education Review Committee, 1992:3). This is supported by Harris (1990) who proposes that teaching parenthood should be a societal necessity. Furthermore, "a significant number of professionals [working with parents and children] believe that training can improve parenting practices, which in turn impact on better outcomes for the child’s emotional, social, cognitive and physical development" (Parenting Education Review Committee, 1992:3).
Formal parenting education is not new. Eastman (1989) and Schlossman (1976) say that religious groups have long attempted to educate parents in what they saw as the correct way to raise children. The efforts of religious groups have long been complemented by the State becoming involved in parent education to the point in some societies where the government, has dictated to parents how they rear their children (Schlossman, 1976). During the late 19th century and early 20th century, the child study movement began in the U.S.A., in which psychologists and educationalists advised parents on child care matters. This was supported by the Parents and Teachers Association (PTA) who became a powerful force within the U.S.A.. During the early 1920's the PTA set the pattern of involving medical and nursing professionals to inform parents on the latest child development theories and their practical implications for parenting (Schlossman, 1976). This practice is still evident today as nearly all parenting education is still provided by medical and nursing professionals.

Governments have become involved in parenting education because of an interest in the "healthy development of children" which takes the form of "direct programs to enrich the development of the education of children" (Dunlop, 1980). In Turners' (1980) view parenting education is to reduce child/parent conflict. He perceives parenting education as supplementing rather than replacing the parenthood training all young people should receive in their homes. Parenting education is needed because of the "prevalence of myths about parenthood and children". Furthermore, this is compounded by the "changing role of the family and the lack of sufficient and reliable guidelines for effective parenting" (Hammer and Turner, 1990:27).
However, there are some critics of parenting courses. In particular Doherty and Ryder (1980) argue that some parenting courses are harmful to parents in four ways. Firstly, the courses can create a simplistic belief that applying the right technique to an interpersonal situation will always solve the problem. Secondly, courses can encourage them to be their child's therapist. Thirdly, parents may learn to mistrust their own capabilities and intuitions through becoming over-dependent on techniques taught at the course. Finally, the course may imply that parents are totally responsible for the ways their children behave and thus, parental guilt may increase. Early studies that evaluated the effectiveness of parenting education courses and praised them, have been found to be methodologically weak (Croake and Glover, 1977), (Rinn and Markle, 1977). In particular it is reported that no provisions were made to report negative outcomes of the courses.

Despite these criticisms Belsky's (1984) study indicates that parents involved in parenting courses can gain positive benefits. One of these benefits is social support. He argues that social support in the parenting role is strongly associated with enhanced parenting skills. This is supported by Tellegen and Herzog (1989) who find, that participation in a parent group results in decreased social isolation, and increased support of their parenting role. Furthermore, Belsky (1980) recommends the development of friendships among those attending parenting courses.

Adoptive Parenting

While biological parents can experience difficulties in parenting, adoptive parents have their experience compounded by the extra dimension that adoption brings to parenting. This extra dimension requires that adoptive parents must have specialised
preparation for their future role as adoptive parents. The Parent Education Review Committee (1992) has recognised that adoptive parents are parents with special needs. Edwards (1987) writes the following about adoptive parenting:

Some authorities assert that adoptive families are at risk for parenting problems, while others postulate that the special problems of adoptive parents such as insecurity and apprehension to the ability to parent are universal reactions to parenthood and are not specific to adoption.

A major difference between biological and adoptive parents is that most, but not all have experienced infertility. Burn's (1989) study found that parents who had infertility difficulties before becoming parents, either biologically or by adoption, have more difficulties in parenting than do parents who have never experienced infertility. This is due in part to the enormous stress that infertile couples must face as part of infertility, and which they usually have not resolved (Johnston, 1984). Infertility has an impact on the-taken-for-granted ability to achieve parenthood whenever one wishes to do so. Kraft, et al (1980) writes that "Infertility is a developmental crisis for those seeking to be parents". Infertility triggers both a crisis and a mourning process (Shapiro, 1982). A crisis has been identified by Rappenport (1962) as a situation which creates a problem that is perceived as

1. a loss,
2. a threat,
3. a challenge.

Eck-Menning (1977) writes that infertility is indeed a profound loss, and can be viewed as a threat and a challenge to the infertile couple as a productive male or female. Along with Shapiro (1982) Eck-Menning has recognised that infertile couples follow Kubler-Ross' framework for grief and loss. Infertile couples move through some or all of the stages of framework which includes, denial, anger, grief, and acceptance. Kraft et al
(1980) suggests that when couples do not resolve their infertility, there is a risk they might view adoption as second best. This could make them "uncomfortable" with a child who is different to them. While Kraft believes that infertility resolution is needed before an adoption should take place, a study by Daly, (1987) tends to indicate that infertility resolution and adoption readiness are not always sequential.

A principal difficulty for adoptive parents is, that unlike biological parents they have no physical reminder that they are to become parents (Melina 1990 b) It is this absence of a physical reminder that causes adoptive parents to have a difficult time, making the physical and psychological adjustments needed, to ready themselves for the child's arrival. Hallenbeck (1984:24) states that adoptive parents need to "validate the authenticity" of their parenthood by:

1. Accepting the fact that their child will join the family by adoption and not birth.
2. Incorporation of the child into the adoptive parents emotional image.
3. Beginning to perceive of the child as a reality in order to make plans for the child.
4. Preparing to take on the parenting role of adoption.

Validation is an extremely difficult task for adoptive parents as they have no guarantee that a child will be placed with them. Most will have to wait several years before a child is placed. In many instances the possibility is so remote that many prospective adoptive parents, "because of awareness of the possibility of not actualising an adoption, often prefer to keep the possibility a secret" (Smith and Sherwin 1983).
Kirk (1964) developed a concept of "role handicap" in adoption. His concept suggests that adoptive parents will have difficulties in parenting adopted children. This stems from his belief that adoptive parents fall into two groups, those that reject difference from biological families and those who accept differences. From Kirk's perspective the more successful adoptive parent is the one who accepts that their family is different from biological families. Brodzinsky (1990) has re-examined Kirk's concepts of acceptance or rejection of difference by adoptive parents. He has concluded that in the early part of the adoption that effective adoptive parents reject difference. This assists them to form a strong bond of family connectiveness. It is when the child is older that acknowledgment of differences becomes more appropriate.

Adoption is not a common event and frequently takes place out of the view of the public. Adoption is considered to be a private matter and generally carries a stigma. For adoptive parents the stigma is infertility (Miall, 1987). The private nature of adoption has meant that adoptive families have become isolated from other families. This has led to a lack of information about adoption, and advice on how to raise adopted children. Without this advice adoptive families may have difficulty in forming a warm and loving relationship, which is necessary to give adoptive family members a sense of authenticity about their relationship (Kirk, 1964). Johnston (1984) supports Kirk and says that adoptive families must accept the principal of difference. Once recognition is given, the adopted child grows up with a sense of trust in their adoptive parents. Smith and Miroff (1981) say that adoptive parents must accomplish the following tasks which are unique to adoption:

1. They must learn to recognise and deal with the psychological ramifications of their own infertility.
They must come to recognise that adoptive parenting is different to biological parenting in a number of unavoidable ways.

They must learn to handle the questions and comments of outsiders and their extended family.

Raising adopted children is seen as problematic, with adoptive parents facing challenges for which they have no role models (Levy-Shiff et al, 1991, Brodzinsky and Huffman, 1988, Di Giulio, 1987). These challenges are the result of the process of infertility and the "extremely tedious and anxiety rousing" procurement of a child by adoption (Levy-Shiff et al, 1991). Levy-Shiff et al (1991) and Miall (1987) argue that these challenges include, social stigma, ignorance about adoption and sometimes the negative attitudes of others.

Studies of adopted children indicated that growing up adopted poses a psychological risk. Researchers such as Schechter, (1966) Gath, (1977) and Rickerby et al, (1981) found that adopted children present more frequently at child guidance clinics than non adopted children. This adds to the difficulties of adoptive parents. However, these findings have been criticised as being methodologically flawed. Brodzinsky (1984) suggests that there was a sample bias and a failure to use an appropriate control group. Brinch and Brinch (1982) suggest that the reasons for adopted children presenting more frequently at child guidance clinics are two fold. Firstly, it is highly likely that the adopted child was already receiving treatment from mental health services prior to their adoption. Secondly, many adopted children are placed with parents who have a long history of consulting professionals to resolve their childlessness. This reliance on professionals causes them to use the professionals as a
support network more frequently than other groups of parents. Furthermore, it is suggested by Samuels (1990) that many adopted children have a poor pre-natal history. This, combined with the fact that many birth mothers of adopted children are young, can result in developmental and behavioural difficulties.

Despite the evidence that adoption poses a possible risk, especially during middle childhood there is little evidence to show that this flows over into adult life (Brodzinsky, 1984). A longitudinal study by Boham and Sigvardgson (1990) found that adult adoptees are no different from the general population. They suggest that the long term prognosis is no different from that for other children in the general population. Wolkind (1970) found that two likely reasons for the over representation of adopted children in child guidance clinics and psychiatric hospitals was a combination of professionals responding differently to adoptees and a genuinely higher rate of psychiatric disorders among adopted children. Goldberg and Wolkind's (1992) study reports there is no evidence to support the view that adoptees are at a high risk of developing problems in adolescence.

For those wanting to achieve parenthood by adoption the differences between adoptive and biological parenting are clearly brought home from the moment of their initial inquiry. Prospective adoptive parents are subject to official scrutiny as to their suitability to become parents. "They must wait an unspecified time [if they can get accepted on to a waiting list] and have few services offered to them" (Howe and Frazer, 1988). This certainly does not allow prospective adoptive parents to build up the faith they will one day become parents. This faith is a necessary part of the preparation for parenthood (Melina, 1990 b). Melina (1983) says that adoptive parents, because of the
infertility workups and the adoption process, find themselves creating unrealistic expectations of parenthood. Because adoption is such a conscious decision to have a child, adoptive parents probably have fantasies about what life will be like once they have children. They may have high expectations of themselves as parents. This can lead to feeling tired, resentful or angry, when they do not live up to their own ideals (Procaccini, cited in Melina, 1984). According to Hartman and Laird (1990) the scrutiny that adoptive parents go through tends to have them set up unrealistic expectations that, after having demonstrated that they will be good parents, they must be perfect parents. Melina, (1984) argues that these expectations are unrealistic, while Nelson (1985), Barth and Berry (1988) found that unrealistic expectations can lead to adoption disruptions.

**Preparation For Adoptive Parenting Education**

One way of minimising unrealistic expectations is through preparation for adoptive parenthood. Until fairly recently adoptive parents received little or no preparation. The main focus has been on 'vetting' rather than preparation (Dubios, 1987). Furthermore, Dubios discovered that the majority of social workers in his study perceived that the traditional method was increasingly inadequate. This is because finding substitute families for children has become more complex. Kay (1990) writes that by focussing on selection procedures and then "disappearing" adoption agencies are rejecting the difference between biological and adoptive parenting. This has the end result of poor preparation for adoptive parenthood. Providing the adoptive family is "psychologically well prepared for the task of raising a non-biological child there is no increased risk to the adopted child" (Boham and Sigvargson, 1990). Kay, (1990)
recommends that adoption agencies should support adoptive parents by education, rather than focussing on how to select adoptive parents.

Because prospective adoptive parents live in fear of rejection, they often fail to hear what professionals say to them about adoption (Dubios, 1987). He suggests there is too much talk and not enough practical preparation. Another important point he makes is that prospective adoptive parents can have an inability, depending on their background, to think in abstract terms or to project hypothetically into the future. He says that this results in communication barriers between social workers and prospective adoptive parents. While Berry (1990) states that good preparation is needed, a previous study by Barth and Berry (1988) revealed that 20% of adoptive parents said that "the [Adoption] Agency did nothing to help them learn about adoption". Significantly an earlier study by Nelson (1985) found that 60% of adoptive parents were dissatisfied with the preparation they had received. Satisfaction with the agency’s preparation of them as adoptive parents was found by Berry (1990) to be the second most critical indicator of adoption disruption.

Frequently, prospective adoptive parents of young babies miss out on attending parenthood classes. The classes offered to couples expecting a biological child are found by infertile couples to be too stressful (Howe and Frazer, 1988 and Brown and Kelly, 1987). This is due to their focus on preparation for birth and not meeting the specific needs of adoptive parents. As most babies placed in Western Australia are over eight weeks of age when placed (due to legal requirements) the focus of parenting classes on newborn behaviour is not appropriate. According to Hallenbeck (1984) and Brown and Kelly (1987) prospective adoptive parents report feelings of isolation when attending
parenthood classes. However, without the usual childcare information and support adoptive parents may find that the transition to parenthood is of greater intensity than for biological parents. Despite this, Levy-Shiff et al (1991) reports that adoptive families can make a successful transition, in spite of the many stresses associated with becoming an adoptive parent. Howe and Frazer (1988) and Brown and Kelly (1987) argue for preparation of prospective adoptive parents, that meets both the practical requirements for parenting, yet is specialised to take into account the differences for adoptive parenting.

While the focus of the literature about preparation for adoptive parenting is on baby adoption, this is not the most common form of adoption taking place. The majority of children being placed by adoption agencies worldwide are either older or have a physical, intellectual or emotional disability. In these adoptions the adoptive parents are expected to meet a dual challenge of "mastering the developmental tasks of a biologically formed family, but also developing guidelines for the process of becoming a family" (Elbow, 1986). Many of the older child adoptions will have unresolved issues with regards to adults in their lives (Elbow, 1986). It is for this reason that prospective adoptive parents of these children need specialised preparation (Dubois, 1987, O'Hara, 1988, Berry, 1990). A significant proportion of older child adoptions are children from third world countries. Melina (1986) indicates this form of adoption requires the adoptive parents to receive information which takes into account racism, health difficulties, language problems and learning difficulties.

However, the most important way that adoptive parents can be effective in their parenting role, is to be able to assist their child to cope with the grief and loss reactions
that most adopted children face during childhood (Melina, 1991). The preparation of adoptive parents needs to prepare them for and give them information on grief and loss for adopted children. This grief and loss is a normal part of the psychological development of adoptive families (Kaplan, 1990). Without appropriate parenting education and support many adoptive parents fail to recognise what their child is experiencing and are thus ineffective in their parenting skills (Melina, 1991).

**Peer Support Groups As Health Educators**

Support groups in a health setting provide education that promotes a greater understanding of the problem condition. Support groups assist by becoming a vehicle for coping with long term deficiency and deprivation (Baris, 1971). It is within support groups that parents are able to find others who share similar experiences to themselves (Pomeroy, 1969). Research has found that support groups for prospective adoptive parents are helpful in that, adoptive parents can discuss their fears and experiences. They may learn from others within the group how best to handle difficult situations (Dubois, 1987, Berry, 1991). Involvement in a group prior to adoption can be beneficial in assisting couples to assess whether adopting a child with special needs is for them. Dubois' (1987) study discovered that families satisfied with their preparation for adoption had encounters with experienced adoptive parents. An earlier study by Conklin et al (1962) made the observation that adoptive parents who used support groups often did not require continuing assistance from professionals. It can be said that support groups allow adoptive parents to gain self mastery, and have the added benefit of sharing in the collective power of the group (Lurie and Shulman, 1983).
It is within the support group that adoptive parents are most likely to find the safe and secure environment necessary to promote learning in a health setting (Penderhuges, 1983). Lurie and Shulman (1983) are of the opinion that support groups are successful as educators because they combine several elements. These elements consist of,

1. Being an organisation of peers (an important factor identified by the Parent Education Review Committee, 1992 as necessary to successful parent education programmes).

2. Pursuing a self interest.

3. Supplying mutual aid and support not available from professionals.

These elements are important to adoptive families. In Johnston's (1984) view adoptive families may feel that their family relationship is in jeopardy because of the lack of a biological tie to their child. She believes that it is vital that prospective adoptive parents use support groups, so they can move out of the isolation of infertility and to establish potential family support systems. Furthermore, she recommends that they must be prepared by parenting classes that are offered by experienced adoptive parents, or at least include some adoptive parents as presenters. Lurie and Shulman (1983) argue that, support groups are an extension of professional health care services, in that they are complementary to the existing health care system.

**Adoptive Parent Support Groups in Australia as Peer Tutors**

A telephone survey by the researcher of adoptive parent groups in States other than Western Australia, found that no other State has a pre-adoption education programme similar to the Western Australian programme. Most adoptive parent organisations informed the researcher that their role in the preparation of prospective
adoptive parents was to provide guest speakers and to act as advisers to adoption agencies. In New South Wales and Victoria, overseas adoption groups provide workshops for prospective adoptive parents, however this was not part of the adoption agencies' education programmes. In South Australia an adoption agency that specialises in overseas adoption (Australians Caring for Children) (see Appendix G) has an education programme designed and taught by an experienced adoptive parent who has professional qualifications.

The South Australian programme is divided into two parts. The first part consists of five sessions once a week and is for first time adopters. The second part is also five sessions once a week and all adopters must attend these, prior to placement of the child. Susan Mann (Personal Communication, 1992) reports that she involves experienced adoptive parents in the programme as guest speakers. In Victoria an experienced adoptive parent, who is a family counsellor, has organised a series of workshops to help prospective adoptive parents prepare, but these are not considered to be an official part of the requirements for adoptive parenthood (FACTS, 1992).

Peers as Tutors

Since ancient times peer tutoring has been used as a means to pass on Knowledge and Skills (Ehly and Larsen 1985). This occurred because of the need to pass on survival skills and for the maintenance of physiological needs. Peer tutoring is defined by Ehly and Larsen (1985:3) as "situations in which a person provides instructional assistance and guidance to another person". Rosenbaum (1973:15) suggests that having peer tutoring is "more like the real world and is compatible with the broader social systems" in that it gives the learner "the important techniques of survival in the
real world". He suggests that this assists the learner to "somehow develop means for coping with novel experiences". Candy (1990) states that adults can benefit from involvement with peer tutors in several ways. Firstly, peers reduce the initial anxiety of the learner. Secondly, peers reduce apathy, resistance and hostility towards learning. Thirdly, peers assist learners to interpret their reaction to the "total experience". Fourth, peers assist learners to evaluate their own perceptions. Fifth, peers reduce unreasonable fears of failure and finally, peers encourage more open communications between teachers and learners. Peers can assist learners in how to make decisions about dealing with significant life problems (Mezirow, 1990). This is supported by Jarvis (1990:176) who writes that peer tutors are effective because they assist the learner "to think about their experiences and seek to discover a response for themselves". He states that as long as the "relationship is one of trust rather than authoritarian the learner might be encouraged to discover innovative answers for themselves".

Experienced adoptive parents involved in adoptive parent organisations can offer appropriate instruction to prospective adoptive parents. In their other community roles, many adoptive parents are educators or health professionals, skills that enable them to design and provide appropriate information, on adoptive parenting. This combination of professional skills and practical experience is something that most professional workers do not have. In fact they are providing the modelling role of Bandura's (1977) theory of learning. Bandura's social learning theory explains how people can have the opportunity to influence their destiny as well as being self directed. Bandura says that individuals evaluate what they find in their environment in terms of satisfaction with the role model which they are learning from. This satisfaction relates to self satisfaction in
attempting the learning task. Without this satisfaction, the learner could not sustain the concepts being taught.

It is possible that adoptive parent organisations provide a vital role within social learning of social verification. This is achieved through the use of the adoptive parent organisations as a reference group for models of appropriate adoptive parenting. Bandura says that rarely is modelling based on one source. Rather, it is the combination of aspects from various models that leads to the formation of behaviour. In this respect adoptive parents who have attended pre-adoption education classes can combine what they have learned about adoptive parenting, with what they know about biological parenting. While some would view this as a departure from traditional ways of learning, Bandura suggests that it is a direction that can produce more effective results. He further states that modelling can be abstract as well as specific. Bandura also argues that learning can take place in advance of the need for it. Adoptive parent organisations in their role as peer tutors are able to give information to prospective adoptive parents on which they can model future behaviour.

Bandura's theory suggests that within adoptive parent organisations prospective adoptive parents should achieve greater learning. This is possible because support groups create a place of learning from peers that is non-threatening (Barsil, 1971). Peers as tutors are "nurturant and develop a sense of pride and accomplishment in their tutees" (Topping 1988:3). Furthermore, Topping suggests that peers are also models, which would suggest that they fulfil some of the requirements of social learning theory. Peers are able to work closely with the tutee and be the role model, whereas professional educators by contrast, keep a professional distance and do not become
involved with the tutee (Topping, 1988). This greater closeness between peer tutor and learner in an adoptive parent organisation workshop probably develops from the organisation providing information that is not available from books or from health professionals, but comes from personal experience. Peer groups as tutors are ideal in that they are empowering and de-stigmatising, both of which are important factors in being an effective adoptive parent (Reisman, 1990).

Parenting education needs to be client based, any parenting classes that do not meet the needs of clients are failing (Pugh and D'Arth, 1984). Inappropriate information given in parenting classes may erode the self confidence of parents. When this is coupled with a poor sense of self worth the results are a lack of incorporation of the concepts being taught into the client’s parenting skills (Pugh and D’Arth, 1984).

While it is possible that adoptive parent organisations do offer appropriate information to prospective adoptive parents, this may not be the only possible source. Toseland et al (1989) study suggests that professional and peer led groups have differences in outcomes. Professionally led groups result in better psychological functioning for the learners, whereas peer led groups promote an increase in informal networks. A caution on the effectiveness of support groups is their role as health educators is given by Matron (1988) who suggests that effectiveness is related to order, organisation and capable leadership in the support group.

Theories on Adult Learning and Teaching Strategies

Support groups such as adoptive parent organisations use a wide range of teaching strategies. These include the use of discussion groups, seminars, workshops
and individual counselling. These strategies fit Tough's (1973) and Knowles' (1986) theories of adult learning. Knowles argues that adult learning is self determined and life centred. He says that adults learn concepts that they can incorporate into their life experiences. Knowles (1986:56) states that "adults have a self concept of being responsible for their own decisions, for their own lives". He also says that they have a deep psychological need to be seen by others and treated by others as being capable of self direction. He perceives that adult education should use techniques that tap into the experience of the learners through the use of the following, group discussion, simulation exercises, problem solving activities, case method and laboratory methods. These techniques give a "greater emphasis on peer helping activities" (Knowles, 1986:57).

Tough (1973) argues that adults are information seekers, who are self initiated and diagnostic. Adults are more inclined to view the teacher as a helper than as an instructor. Tough discovered a fairly consistent composite of the ideal helper (teacher). This composite consists of the following qualities,

1. The teacher is warm and loving, is accepting and caring of the learner.
2. The teacher regards the learner as an equal.
3. The teacher has a high regard for the abilities of the learner and does not want to take their decision-making control away from them.
4. The teacher views the interactions with the learner as an encounter in which the teacher listens as well as talks.
5. The teacher tailors their help to meet the needs and goals of the learner.
6. The teacher's motivation for helping is related to their genuine concern for the learner and by knowing they are helping.
(7) The teacher is an open growing person, not closed negative, static, defensive, fearful, or suspicious.

(8) The teacher is a learner who seeks growth and new experiences.

(9) The teacher tends to be spontaneous and authentic and feels free to behave as a unique person rather than in a stereotyped way.

Candy, (1990) is supportive of Tough and Knowles' adult learning theories. This support extends to acceptance of Tough's viewpoint of what traits the ideal teacher should have. Candy makes two points about this issue:

(1) teachers should have confidence in themselves, as this enhances the learner’s confidence;

(2) teachers should be well informed of the responsibilities, interests and priorities that the learners bring to the programme.

Colletti (1987) writes that it is the instructor that adults remember more about, than they do about the course. He believes that mastery of the subject is not enough, as the teacher’s personality tends to influence learners.

Mezirow (1990) writes that adult learning should not only be self directed but self reflective. He recommends that adult learning should have the following elements:

(1) Assisting learners to be more critically reflective, to participate more fully and freely in rational discourse.

(2) Foster learners’ reflections of their own beliefs through critical examination of their own assumptions.

(3) An awareness that the outcome of the learning process cannot always be predicted.
(4) No force or manipulation of learners into accepting the teacher’s perspective, but encouragement of learners to choose freely from a wide range of viewpoints.

(5) Adult educators to have sufficient psychological knowledge to know when learners may need help from other professionals.

(6) Acceptance that social action is sometimes an integral part of adult learning situation.

Self-determination and self-reflection in adult learning are both part of Bandura’s theory of social learning. This tends to indicate that the type of education provided by support groups such as adoptive parent organisations can be viewed as a component of the collective exercise of self determination which leads to empowerment. (Lurie and Shulman, 1983. Dunst et al, 1988).

Adult education is not always presented in a formal education setting. Informal or non-formal education can be a "structured form of interaction... but not one that occurs within bureaucratic organisations" (Jarvis 1987:138). Jarvis views peer tutoring as an example of non-formal education. He suggests that those who use non-formal methods of education are more likely to be opinion leaders and trend setters who work outside the framework of formal education. He perceives that this is necessary when providing education to particular sub-groups of the general population. Informal education has "been an important part of the activities of community organisations" and has positive attributes which enhance formal approaches (Jeffs and Smith, 1990:1). These include:

(1) Connecting with the fundamental aspects of people’s lives.

(2) Enabling the learner to take responsibility for their own learning.
(3) Interventions that make sense in people’s lives.

(4) Emphasis on values and concerns.

(5) Encouragement of critical thinking, along with the need to examine the taken for granted.

Informal education is not confined to professional educators. It is frequently used by non-professionals who facilitate learning in informal settings (Jeffs and Smith, 1990). Non-professionals in informal situations must have an “appreciation of and an engagement with the social systems through which people operate” (Jeffs and Smith, 1990:11). It is proposed by Jeffs and Smith (1990:18) that informal educators are guided by the teacher’s understanding of what makes for the good and should have a “disposition towards what is good rather than correct action”. By applying this technique they can draw upon their own repertoire of experiences, theories and ideas. This enables the teacher to assist the learner to make sense of what is happening.

This can be viewed as an eclectic approach to teaching. Rodd and Holland (1987) believe that this is an appropriate approach to be used for parenting education. Adults learn by both participation and by activity, both of which are absent from lectures and demonstrations (Rogers, 1977). An alternative method of teaching adults is through workshops. Davis (1974:20-26) has identified several features of successful workshops. These include:

(1) Tapping into the experiences of workshop participants as a major source of learning.

(2) Provision of a comfortable environment.

(3) Aiming for a 100% success rate.

(4) Making appropriate use of authority.
(5) Being problem centred, yet entertaining.

(6) Achieving a balance between tight presentation and the time needed for learning integration.

(7) Controlling stimuli within the workshop.

(8) Being prepared for emotional release if it occurs.

(9) Helping participants to learn how to cope with present problems.

(10) Developing new competencies in participants.

Davis (1974) recommends that workshops begin with a warm welcome of participants. This may take the form of shaking hands and providing refreshments and introducing participants to each other.

It is common for workshops to have as part of their learning strategies small discussion groups. Small group discussion is "superior to lectures" and has the potential for "personal growth and emotional support" (Candy, 1990:56). Candy further states that small groups "tend to stimulate higher levels of thinking" about the consequences of learning "by application and analysis of what is being discussed".

Summary

Becoming a parent is a life event of great significance that impacts on adult roles in society. With a rapidly changing society parents need to receive formal preparation for parenting. This assists them to overcome child/parent conflicts and enhances the development of children into adults with a strong sense of self worth. While adoptive parents perform the same tasks as biological parents, the raising of a non-biological child adds an extra dimension to their lives. This dimension exacerbates the parenting role. Adoptive parents have no role models and few guidelines within our society.
Adoptive parents need to resolve the differences between themselves and other families in the best interests of the child. Because of these differences adoptive families must be prepared in a way that is appropriate for them. It is also appropriate that experienced adoptive parents within adoptive parent organisations should have some involvement in that preparation.

Adult learning needs are different and should be self directed. Adult education programmes should meet the needs of the learners. This can be achieved through the use of informal and formal settings and presented by non-professionals and professional educators. Adult programmes require a variety of teaching strategies, ranging from workshops and seminars to discussion groups.
CHAPTER FOUR: RESEARCH DESIGN

This study examined the effectiveness of the adoptive parent organisation’s workshops, by evaluating both the learning environment of the workshops and the satisfaction of the participating Prospective Adoptive Parents (PAPs) with the workshops. Penderhuges, (1983) says that support groups provide a safe and secure environment that is necessary to promote learning.

The Role of the Researcher

The role of the researcher can be viewed from three different paradigms. These are positivism, interpretive and critical. Positivism approaches research from a rationalistic or empiricist paradigm. The role of the researcher is one in which methods that are analytical, reductionist and empirical are applied (Guba and Lincoln, 1982). The researcher is expected to be an objective observer and not a participant in the research process. (Nielson, 1990). The logical process of positivism does not always apply to every situation. This has led to a questioning of its suitability for use in the social sciences (Guba and Lincoln, 1982. Nielson, 1990).

While positivism has rigorous methodology to ensure that the enquiry is value free, proponents of other paradigms such as interpretive and critical argue that, the social world of people can only be understood by interpreting and or critically analysing the interactions taking place (Candy, 1989). Positivism tends to ignore intentions, values, attitudes and beliefs. Interpretive approaches have also received criticism for not being able to produce knowledge from which generalisations can be made, and for failing to provide objective standards to “verify or refute theoretical accounts”
(Carr & Kemmis, 1983). Other more serious criticisms are that interpretive approaches do not go far enough, and that it merely provides a description from the perspective of the participants, and "ignores the fact that there are certain external features of social reality that are very influential in shaping that reality" (Candy, 1989).

A critical approach to research is one that "seeks explicitly to identify and criticise dysfunctions, incongruities, and contradictions in people's life experiences" (Candy, 1989). This frequently involves those being researched as co-researchers. Both critical and interpretive approaches place emphasis on the shared values and interests of the researcher and the researched (Groundwater-Smith, 1986). It is acknowledged that researchers who share common experiences with the researched can bring, a "theoretical sensitivity" to the research process. This in turn guides the researcher to a "wealth of provisional suggestions for making comparisons" and for "finding variations" (Strauss, 1987).

That the researcher for this study is an adoptive parent, was well known to most of the participants. The researcher had been a guest speaker at previous seminars or workshops that participants had attended, as part of the Preparation for Adoptive Parenthood Education Programme. This meant that participants were aware of a common bond of shared life experiences. Several participants directly approached the researcher during and after the workshop to ask questions and seek advice on adoption matters.
Evaluation of Health Promotion Programmes

Evaluation of health promotion tends to help in identifying how programme objectives are being met and whether learning objectives are realised (Edleman and Mandel, 1986). There are three levels at which health education programmes can be evaluated. Green et al (1979) says these are in terms of process, in terms of impact and in terms of outcome. Evaluation is often seen by health educators "as being a mysterious and difficult task" (Howat et al, 1987). The purpose of evaluating health education programmes is to help others to learn from it (Hawe et al, 1990). Evaluation is defined as being the "process of which we judge the worth or value of something" (Suchman, cited in Hawe et al, 1990:7). Hawe et al (1990:7) has found that evaluation is

more than making observations and collecting data. Evaluation involves two processes (1) observations and measurements, (2) comparisons of what you have observed with some criterion or standard of what you... would consider as an indicator of good performance.

This view is supported by Howet et al (1987) who suggest that "evaluation can be regarded as the comparison of an object of interest against a standard of acceptability". Evaluation of health education programmes are necessary to ascertain that the programme is not making the situation worse and to provide information about the progress of the programme. It is recommended that those attending educational courses should be active participants in the evaluation (Candy, 1990). There is no correct or incorrect way to evaluate programmes. Hawe et al (1990) says the choice of quantitative or qualitative methodological approaches depend upon, the sort of questions the evaluation is trying to answer, and the stage of development of the programme. Many evaluations combine both methodological approaches. Knowles (1986:136) wrote that "evaluation requires getting inside the skulls of the participants and inside the social
systems in which they are performing, and fining out what is happening in their way of thinking, feeling and doing”. He claims that the only way to do this is through the use of qualitative methods. In Knowles’ opinion, qualitative methods get the whole picture of the real life effects of a programme. Furthermore, he iterates that combining qualitative and quantitative data results in much useful information being gained.

The method of evaluation used in this study is process evaluation. This type of evaluation covers all aspects of the process of the programme (Hawe et al, 1990, Green et al, 1979). Process evaluation includes,

1. session content,
2. attendance and
3. what people think about the programme.

Process evaluation asks "What is it?" and "How does it work?" (Judd et al, 1991). However, Howat et al (1987) says that process evaluation in health education should:

1. Include measures of the quality of the programme.
2. Include measures of the quality of the instruction.
3. Provide information on performance for feedback.
4. Have participants actively involved in the evaluation process.

Data from process evaluation generally should give an indication of "which parts of the programme were appropriate" and "show which aspects can be improved on" (Howat et al, 1987).

Process evaluation can be summarised into the following points. It:

1. Uses qualitative techniques such as participant observation.
2. Is more likely to use description rather than statistics to make a point.
(3) Provides feedback on how participants react to a programme.

(4) Describes the programme in action and how it works.

(5) Informs of any improvements that need to be made to the programme.

**Client Satisfaction as a Criterion in Evaluation**

Bush and Gordon (cited in Judd et al, 1991) advocate client participation in evaluation of social programmes. They make three points about using client satisfaction. First, the client has more information about past and present needs, and has a greater stake in having the right programme to meet their needs. Second, clients who can contribute to the programme are more pleased with the programme. Third, client satisfaction relates to real choice and this choice must be an informed choice within the programme.

Judd et al (1991:342) expresses that for client satisfaction to be useful as an evaluation criterion it must not be just a "simple judgement of whether the programme makes the client feel good". Furthermore, Judd et al, feel that it is "fair and reasonable to include clients as judges of the services they receive". However, if clients are not fully informed about the programme, they may be poor judges of the programme (Judd et al, 1991). M'Cord (1978) has cast doubts on the validity of client participation, because of client subjectiveness. Other researchers, have confirmed M'Cord's findings and agree with him that sometimes clients give inflated testimonials, when evaluating programmes (M'Dill et al, 1969). There are difficulties in using client satisfaction ratings. Many surveys have generated high ratings of satisfaction in areas where it is commonly known people are dissatisfied (Gutek, cited in Judd et al, 1991). Gutek indicates that personal reports of satisfaction often do not mesh with what participants
believe other people's satisfaction must be. He suggests that one reason for distrusting satisfaction ratings is simply that "people seem to be satisfied with anything that social scientists ask them about" (cited in Judd et al, 1991:342).

While this is suggestive that using client satisfaction is not always reliable as a means of evaluation, Hawe, et al, (1990:61) suggests that this can be overcome by

1. looking at what to measure, and
2. to design ways to measure.

While the use of satisfaction ratings of clients is subjective Gutek, is not in favour of taking a "drastic approach to the problem of using client satisfaction rating - abandoning the attempt entirely" (cited in Judd et al, 1991:343). This puts the evaluator in a dilemma: If we want to take into account client's viewpoints about satisfaction with a programme, and we are aware that these will not always agree with objective indicators, how can we evaluate any programme from the viewpoint of the client? Subjective ratings such as satisfaction measure something quite different from objective indicators, but the two may have a relationship with each other. It is for this reason that Gutek concludes:

That people live a subjective world as well as an objective one. Satisfaction may not take the place of objective indicators, but neither can objective indicators take the place of subjective indicators such as satisfaction.


Evaluation means making judgments about whether programmes are good for participants and this requires a different set of criteria or indicators of success (Jeffs and Smith, 1990).
Hypotheses

Prospective adoptive parents attending the workshops offered by the adoptive parent organisations as part of the Preparation for Adoptive Parenthood Education programme are generally satisfied with the content and environment of the workshops.

Research Question

To what extent are couples intending to adopt a child satisfied with the workshops offered by the adoptive parent organisations as part of the Preparation for Adoptive Parenthood Education Programme?

In regards to satisfaction with the workshops, reference is made to Noller and Taylor (1989) who are convinced that client satisfaction with a parent education programme is a good indication of its usefulness and worth, and Hawe, Deliny and Hall (1991) who recommend that evaluation of programmes should have as the main question: "Are the participants satisfied?".

Sub Questions

1. To what extent are participants generally satisfied with the workshop offered by Australia for Children Society?
2. To what extent are participants generally satisfied with the workshop offered by the Adoptive Parents Association?
3. Are there differences in degree of satisfaction with the workshops between participants attending the Australia for Children workshop and those attending the Adoptive Parents Association workshop?
4. Are there differences between males and females in satisfaction with the workshops?

5. Are there differences between husbands and wives in a couple in satisfaction with the workshops?

6. Are there differences between sets of couples in satisfaction with the workshops?

7. Does differences in satisfaction relate to socio-demographic characteristics of the participants?

8. Do the workshops provide a secure and comfortable environment from the viewpoint of the participants?

9. Do participants feel that they can ask and have questions answered about adoption at the workshops?

10. Do participants feel that the workshops give them an opportunity to make links with other couples in a similar situation?

11. What teaching strategies are employed by the two adoptive parent organisations in the workshops?

12. What are the expectations held by the participants about the workshops?

13. Do the workshops meet the expectations of the participants?

14. What degree of participation can be observed at the workshops?

15. To what degree do workshop presenters encourage participant discussion during the workshops?

16. What improvements do participants suggest can be made to the workshops?

17. Are there alternative strategies that could be used by one or both adoptive parent organisations that are used by other organisations?
Variables Impacting on the Research Questions

A number of variables were identified as having an impact on the research questions. Firstly, each of the participants had a personal history which affected the way they viewed the workshops. Such histories may have included previous knowledge about adoption, in that they may have been adopted themselves or had an adopted sibling. Other ways of being effected by adoption are, by being related to someone who is adopted or having relinquished a child to adoption or just knowing someone who is adopted. Though these are important issues, they are so sensitive that it was considered threatening to include them as part of the research questions.

Many of the participants of the workshops were infertile, and some of them may have not yet dealt with the issues of loss and grief of having a biological child denied to them. Some of the couples told the researcher they were still undertaking reproductive technology treatment. Such couples expressed their feelings of stress and pain. These stresses and pain could have had an influence on the couple’s level of satisfaction with the workshops. Infertile couples may have been distressed at attending the Australia for Children Society workshop alongside couples with biological children. This resentment may even have extended to other infertile couples who were applying for a second or even a third child.

Couples who already have a biological child/children may have been influenced on their level of satisfaction with the Australia for Children Society workshop because of their motivation for adoption. They may have wanted to replace a deceased child or to have a "normal child" if they have a handicapped child. They may have had humanitarian reasons for adopting thinking they could rescue a child. Another
motivation could have been to achieve a child of a particular sex or even ethnic origin because they look "cute". If the workshop did not give them the information they wanted to hear they may have been disappointed.

Both fertile and infertile couples may have felt a resentment towards having to attend the workshops, as this is not the "normal" way one prepares for a child to join the family. Another variable could have been satisfaction or dissatisfaction with the previous workshops or seminars run by the Adoptions Branch or the professional agencies. Participants may have been influenced by media attention on adoption. Even the announcement of the impending adoption legislation changes could have impacted on the level of satisfaction with the workshops.

Other factors may have included the occupation of the participants. Professionals working in health and teaching may have viewed the workshops in terms of satisfaction quite differently from other participants. The expectations of participants may have not been met by the workshops. However, they still may have been satisfied with the presentation, yet left with unfilled expectations. Participants may have been concerned that anything they did or said at the workshops would be reported back to the Adoptions Branch and that this would have the effect of jeopardising their chances of a favourable assessment. Couples seeking parenthood through adoption are extremely vulnerable. This vulnerability may have impinged on the way they viewed any form of education or preparation for adoptive parenthood.

The degree of support that the participants were receiving from family, friends and their community was also of vital importance. Whether they had support from these
people could have possibly affected the way they viewed satisfaction with the workshops. If they and their support network feels that adoption is second best, rather than second choice this would have overflowed into their satisfaction with the workshops. While support from relatives and friends are of importance, of far greater importance was the support of the participant's spouse in the decision to adopt. If couples had been in conflict with each other over adoption, or even other issues not related to adoption this could have influenced their views about the workshop. Males may have rated satisfaction with the workshop differently to females because of gender influences. One partner of the marriage may not be as committed to the idea of adoption, but was going along to make their partner happy. Couples who are in conflict may have rated satisfaction with the workshop quite differently from those who were supportive of adoption of a child and were in agreement that this was the way they wanted a child to join their family.

Each of the forementioned variables has an inter-relationship. It was possible that many of the participants had to some degree been affected by these issues. They were issues that they may have taken with them into the workshops and thus influenced the way in which they rated satisfaction with the workshops.

**Concepts for Research Design**

There are five central concepts for this particular study. They are based on the researcher's experience in working with adoptive parent organisations and on theories concerning support groups as peer tutors within the health promotion field (Caplan, 1976., Baris!, 1971., Lurie and Shulman, 1983., Reisman, 1990).
(1) Prospective adoptive parents required specialised preparation for their future role as adoptive parents. Their needs for information cannot be met through the traditional preparation classes offered by health professionals to couples expecting a biological child.

(2) Adoptive parent organisations are an expression of the democratic ideal of consumer participation and acceptance of responsibility for the development of appropriate and new programmes in the health promotion field.

(3) Adoptive parent organisations are organisations of peers who can provide mutual support and aid as well as practical information on preparation for parenting by adoption. They are also involved in consciousness raising concerning the specific nature of adoptive parenting. This may be undertaken by members of the organisation or they may utilise professionals for the benefit of the programme. The group’s workshops should not be viewed as competing with professionals or existing programmes. Rather, they are complementary to such programmes.

(4) Adoptive parent organisations counteract the isolation and alienation of prospective adoptive parents by dissemination of information via the workshops and the provision of ongoing services.

(5) Adoptive parent organisations make it possible for prospective adoptive parents to acquire appropriate skills and resources to enable them to better parent a child by adoption. Through the adoptive parent organisation’s workshops prospective adoptive parents are able to get in touch with their own ability to make choices about adoptive parenting. They are also able to develop networks with other prospective adoptive
parents and with experienced adoptive parents from the adoptive parent organisations.

Sample

The population for this study consisted of the entire group attending either the Australia for Children Society (AFC) or the Adoptive Parents Association (APA) workshops. Only one workshop of each organisation was understudy, because of the scheduling of the workshops and the time constraints of the study.

The AFC workshop group consisted of 16 males and 21 females of which 5 females were without their spouses. All were referred to AFC after attending The Reality of Non-Biological Parenting Seminar at Adoption Research and Counselling Services (ARCS). In this group 58.8% were childless, 13.2% had previously adopted a child from overseas and 28% had biological children. Ages ranged from 25 to 42 with a mean age of 35.5 years. Occupational status was equal between professional and non-professional (46.6% each). A small number (6.8%) indicated that they were full-time mothers at home. A significant number (37%) were born overseas. Seventy-six percent had at least one parent born overseas, while 61% had both parents born overseas. Just over half (52%) indicated a preference for adopting a healthy infant from overseas. Very few (6.6%) indicated a wish to adopt a child over the age of three years.

The APA group was attended by 17 males and 17 females of which one male and one female were without their spouse. Ages ranged from 26-41 with a mean age of 32.9 years. Sixty-two percent were involved in skilled trades, while 38% were professionals. All of those in attendance were childless. Again a significant proportion
were born overseas. Seventy-six percent had at least one parent born overseas, while 61% had both parents born overseas. Sixty-four percent wanted to adopt a healthy overseas infant under the age of three years, 21% wanted to adopt an infant and 15% preferred to adopt a locally born child.

Instrument

An observation check sheet (see Appendix A) was designed to record interactions between PAPs and between PAPs and workshop presenters. The 5 items on the checksheet were generated from interviews with the workshop organisers and after consultation with the research supervisor.

Four questionnaires were designed, two for each workshop, namely the workshop questionnaire and the post-workshop questionnaire (see Appendix B, C, E & F). For each workshop the first questionnaire was administered at the completion of the workshop and comprised of 25 items. Just over one third of the items used Likert Scales and some multiple choice questions to rate satisfaction with the content and the environment of the workshop. In the AFC Workshop Questionnaire items 1 to 11 and item 15 formed the satisfaction scale. (See Appendix B). PAPs were given a score dependant upon the box ticked. The total of scores for each item then became the PAP’s satisfaction score. The APA workshop Satisfaction Scale was the scores on items 1 to 12 (see Appendix C). The remaining items for both the AFC and APA workshop questionnaires sought opinions about the workshop and socio-demographic information.

In the post-workshop questionnaire, mailed to PAPs approximately one month after the workshop, some of the items were based on the need to assess the use and
usefulness of the reading material handed out at the workshops. Other items were generated from issues arising from the interim data analysis of the workshop questionnaire and input from a social worker experienced in adoption. (See Appendix E and F).

Both the workshop and post-workshop questionnaires were marked in pairs and placed together in an envelope to ensure a linking of husband and wives questionnaires.

Procedure

The methods used in this study combined elements of qualitative and quantitative approaches. The workshop questionnaires were pre-trialled on 4 experienced adoptive parents and 4 non-adoptive parents. Only a few minor changes to the order of items and the wording of some items was necessary.

At the commencement of each workshop the researcher explained the purpose of her presence and of the study. Assurance was given of confidentiality and it was clearly indicated that there was no obligation to participate in the research.

Notes were made of the setting of the workshop environment, the teaching strategies and other details of presenters. During the presentations the observation check sheet was used to record interactions occurring within the workshop between PAPs and between PAPs and workshop presenters. When an interaction was observed, a tick was recorded for the category of interaction.
At the completion of each workshop, the workshop questionnaire was administered. Participants were informed that they did not have to answer any questions they did not feel comfortable with. About a month later the post-workshop questionnaire was mailed to the PAPs by the adoptive parent organisations. Some interviews were held with the workshop organisers to verify and clarify some workshop questionnaire data.

The data from the observations, the observations checksheet and the questionnaires were analysed by the computer statistical package Minitab using the t-tests and ANOVA procedures. Data was also arranged into themes and interpreted into broader issues.
CHAPTER FIVE: RESULTS OBSERVATIONS

AUSTRALIA FOR CHILDREN SOCIETY (AFC) WORKSHOP

The Setting: AFC

Prospective adoptive parents interested in adopting a child from overseas are referred to AFC after attendance at the "Reality of Non-Biological Parenting" seminar, offered by Adoption Research and Counselling Service. The workshop was held in the seminar room of Agnes Walsh House at King Edward Memorial Hospital for Women, the main gynaecological and obstetric centre for Western Australia. The hospital provides preparation for parenthood education as part of its services to expectant parents, and encourages community groups to use its facilities. The workshop took place on a Saturday afternoon and lasted for four hours. On the Monday evening prior to the workshop prospective adoptive parents (PAPs) had been invited to attend a pre-workshop information evening. This consisted of receiving information on the types of children available for adoption and of the situation in the countries with whom the Department for Community Development has adoption agreements.

The workshop consisted of six parts, namely;

1. Medical and Health issues in Overseas Adoption. (30 mins)
2. Cultural and Ethnic Issues. (50 mins)
3. Small group discussions. (45 mins)
4. Afternoon refreshment break. (40 mins)
5. Psychological Issues in Overseas Adoptions. (30 mins)
Around the seminar room, there were displays of artefacts and literature from various cultural and ethnic groups. The seating was arranged in formal lecture style. PAPs were free to choose their own seats. As they entered the workshop PAPs were welcomed and given a package of reading materials. They were invited to help themselves to refreshments. During the wait for the workshop to commence, a video on adopting children from overseas was playing. Very few people could be observed watching the video.

The Workshop Presentations: AFC

For the workshop presentations, Australia for Children (AFC) used a combination of experienced adoptive parent presenters and health professionals. Three adoptive parents facilitated the workshop by introducing presenters and stimulating discussion where required. These same adoptive parent facilitators, along with three other adoptive parents, acted as discussion leaders for small group discussion.

The first presenter was an Asian female paediatrician involved with a special clinic, within a major teaching hospital, which provides services to families adopting children from overseas. The paediatrician was a colleague of the usual presenter and had not previously spoken at the workshops. Her topic was "Medical Issues and Health Issues in Overseas Adoption". The presentation was in a formal lecture style and for the most part of the presentation she was obscured from the PAPs behind an overhead transparency projector. She used no visual aids and included the use of medical terminology rather than layman's terms ie parasites instead of worms. There was no encouragement of questions during the presentation and just two interactions were
recorded at the end of the presentation. At the end of the presentation, she left the workshop, preventing further interaction taking place.

The second presenter was an adoptive mother, undertaking undergraduate studies in psychology and culture. She is personally experienced with cultural issues as a migrant and a parent of several children from different cultural and ethnic backgrounds. Her topic was "Cultural and Ethnic Issues". During her presentation she was supported by her young adult Creole, Mauritian son, who spoke about his experiences of being an older child adopted into a culturally and ethnically different family. There were many interactions from the beginning of the presentation, as the presenter sought contributions from the PAPs, which were recorded on a white board. These contributions were discussed by the presenter and by the PAPs. The presenter drew heavily on her experiences in adoption and cultural issues. The use of humour to illustrate various issues about adoption and cultural issues had participants actively responding. For instance, to illustrate how one not only adopts a child but adopts that child’s culture, she dressed herself in various items ranging from Dutch clogs, through to a grass skirt and a Korean jacket. From the high number of interactions that took place during this presentation, the researcher estimated that 50% of the time participants were either asking questions or making contributions.

Following the second presenter, the PAPs were divided into small groups to discuss issues related to overseas adoption. Husbands and wives were not placed in the same group and where possible PAPs were placed in similar groups i.e. first time childless. Each group was led by an experienced adoptive parent. No record was kept of observed interactions in these groups. However, a time record showed that the group
discussion took twice as long as the time allotted to it. At the completion of the group discussion afternoon tea was served.

During the afternoon tea the PAPs were able to taste a wide variety of food from different cultures. PAPs were observed to interact frequently and animatedly with each other and with the experienced adoptive parents present. The observation check sheet showed that about one third of the PAPs took the opportunity to view the displays.

The workshop reconvened with the third presenter, a family counsellor, who works as an adoption counsellor within a non-government agency and regularly speaks at the AFC workshops. Her topic was "Psychological Issues in Overseas Adoption". She used a formal lecture style for her presentation and used overhead transparencies during her presentation. No questions or discussion was encouraged. Only two questions were asked by PAPs. No interactions between PAPs was observed. The presenter left the workshop immediately after her presentation.

Following the family counsellor a video was shown. This video was made by AFC and highlighted the psychological issues for overseas adopted children and their non adopted siblings. This led to a short discussion chaired by two of the adoptive parent facilitators. This discussion lasted only five minutes due to time constraint and the presence of many children who were part of the conclusion of the workshop.

The children and their parents had been invited to attend the concluding part of the workshop to give PAPs the opportunity to speak to experienced adoptive parents of overseas adopted children. The families were introduced to the PAPs by their first
names and a brief family description, including the country of origin of their overseas adopted child. There were ten parents, however the number of children could not be ascertained as they never stood still long enough to be counted. PAPs were invited to mingle freely with the families. They were observed to engage themselves in discussion with the introduced families. This completed the formal sessions of the workshop. However, a number of PAPs lingered on for sometime after the workshop had finished and could be observed engaged in discussion with experienced adoptive parents and other PAPs.

THE ADOPTIVE PARENTS ASSOCIATION (APA)

WORKSHOP

The Setting: APA

The APA workshop was held in the same venue as the AFC workshop. PAPs are referred to APA after they have attended the "Reality of Non-Biological Parenting" seminar offered by Adoption Research and Counselling services. The workshop was held on a Saturday afternoon and ran from 1 to 5 pm. The workshop consisted of seven parts, namely:

1. The Joys and Challenges of Adoptive Parenthood. (30 mins)
2. Discussing Adoption with Family and Friends. (30 mins)
3. Preparing Physically and Psychologically for Adoptive Parenthood. (50 min)
4. Afternoon refreshment break. (40 mins)
5. Finding a Parenting Style. (50 mins)
6. Nurturing the Marriage Relationship. (15 mins)
7. Gaining Experience with Children. (15 mins)
The seminar room had displays of literature and audio-visual tapes on adoption and related issues. The seating was arranged informally into an almost closed circle with small, low tables scattered inside the circle. As couples entered the workshop they were welcomed, given a folder with reading materials, and were encouraged to help themselves to refreshments whenever they felt like it.

**The Workshop Presentation: APA**

APA used three experienced adoptive parents, one of whom acted as facilitator. At the start of the workshop, the facilitator and the other two presenters introduced themselves and their backgrounds. PAPs were then invited to introduce themselves to the group. This was observed to result in at times quite humorous interactions between PAPs when similarities, in areas of residence, occupation, pets, etc. were recognised.

After the introductions, the facilitator, who has had many years experience in infertility and adoption counselling, gave the session on the "Joys and Challenges of Adoptive Parenthood". Audio tapes were used as part of the presentation. From the beginning she involved PAPs in the discussion. Over half of the PAPs were observed to interact with each other and with the presenter.

The second presenter is experienced in adoption issues but has limited experience in working with groups. Although she read from notes PAPs were encouraged to interact by way of direct questioning and solving hypothetical situations. Again about 50% of PAPs were interacting, but it is unclear if these were the same PAPs who interacted in the previous session.
The facilitator presented the third session. "Preparing Physically and Psychologically for Adoptive Parenthood". PAPs were invited to contribute to the discussion and almost all PAPs did. PAPs were asked to complete a self assessment form of their current health status. This again generated interactions, especially amongst husbands and wives. PAPs were encouraged to use the self assessment to identify unhealthy habits and consider a healthier life style. This was followed by an afternoon tea of healthy food choices.

During the afternoon tea PAPs were observed to interact frequently and animatedly, with the exception of two couples. These were subsequently introduced to other PAPs by the facilitator. About a third of the group looked at the display of books and tapes.

The workshop reconvened with the session on "Finding a Parenting Style". The presenter, an undergraduate in psychology, used both academic studies and personal experiences. Almost half of the PAPs were observed to contribute. The discussion on parenting styles flowed over to small group discussion. PAPs had been divided into groups, however, no husbands and wives were in the same group. Each group was led by one of the workshop presenters. No observations were recorded during this part of the workshop but a record of time showed that one discussion group finished considerably earlier than the other groups.

The next two sessions were presented by the facilitator. Firstly, "Nurturing the Marriage Relationship" was discussed. Little interaction was observed. The facilitator had told the PAPs that the workshop was over time and this may have contributed to
less interaction taking place. Second, was a discussion on "Gaining Experience with Children". Again little interaction took place.

This completed the workshop, however several couples were observed continuing discussions with other PAPs and the workshop presenters for sometime afterwards.
CHAPTER SIX: RESULTS WORKSHOP QUESTIONNAIRE

AUSTRALIA FOR CHILDREN SOCIETY (AFC) QUESTIONNAIRE

There was a high response rate (85%) to the questionnaire. It was suggested by the workshop organisers that the remaining 15% who did not respond were second time adopters. The organisers made the observation that some of these had expressed to them resentment that they had to attend the workshop to have their application processed. This resentment may have flowed over into not wanting to participate in the research.

Scores on the Satisfaction Scale AFC Workshop

The average scores on the Satisfaction Scale was 35.5 out of a possible score of 45. Scores ranged from 21 to 45 ($SD = 5.5$). Females tended to score slightly higher ($M = 36.5$) than males ($M = 34.9$). While there was no significant differences between the scores of husbands and wives ($t = 1.93$, $df = 12$, $p = 0.05$), analysis of variance (ANOVA) indicated a significant difference in levels of satisfaction between individual sets of couples (see Table 1).

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>Variance Estimate</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>36.73</td>
<td>12</td>
<td>3.06</td>
<td>6.05</td>
<td>0.01</td>
</tr>
<tr>
<td>Within</td>
<td>151.25</td>
<td>299</td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>187.98</td>
<td>311</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pooled SD</td>
<td>0.71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The $F$ score is significantly higher than what would be expected at $p = 0.01$. Further analysis of the ANOVA results found the difference to be scored by the very high score of one couple and the very low score of four other couples.
Satisfaction with AFC Workshop Content

There was a high level of satisfaction (95.7%) with the overall content of the workshop (see Table 2).

Table 2 - Satisfaction with AFC workshop content in % of PAPS

<table>
<thead>
<tr>
<th>Workshop session</th>
<th>Very satisfied</th>
<th>Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Health</td>
<td>16.5</td>
<td>59.5</td>
</tr>
<tr>
<td>Cultural/Ethnic</td>
<td>46.0</td>
<td>54.0</td>
</tr>
<tr>
<td>Psychological</td>
<td>20.0</td>
<td>66.5</td>
</tr>
<tr>
<td>Overall</td>
<td>26.7</td>
<td>70.0</td>
</tr>
</tbody>
</table>

Cultural and ethnic issues received the highest level of satisfaction (100%) (see Table 2). The following quote from one PAP, a male health professional, was a fairly accurate summarisation of comments about this presentation:

I particularly enjoyed the contribution of the lady presenting cross cultural issues. This highlighted the need to recognise our own biases and develop an acceptance of other’s differences and to work towards a mutual agreement. This area could have been the focus of the entire afternoon.

Medical and health issues received the highest level of dissatisfaction (25%) (see Table 2). This came mainly from PAPs who identified themselves as health professionals, although the following comment made by a PAP, who referred to herself as a housewife, best described the general reason for dissatisfaction. "Some of the medical issues were not as clear as I would have liked in terms of procedures eg, what sort of screening takes place before they [the overseas adopted children] come here?" She further commented, "I also think people were a bit scared to ask questions - I do not know how this can be overcome".
Those who were dissatisfied with the session on psychological issues (13.5%) (see Table 2) expressed comments such as "I did not like the input from a non-adoptive parent in the professional role" (Male PAP, health professional). "The professional presenters put too much emphasis on what can go wrong medically and psychologically" (Female PAP, health professional). A male PAP wrote that the professionals were not "convincing" and that this had made him dissatisfied with their presentations.

Satisfaction with AFC Workshop Environment

All PAPs were satisfied with the friendly atmosphere of the workshop (see Table 3). One male health professional commented that it was "vastly better" than other workshops organised by professionals. A few of the PAPs expressed dissatisfaction with the time allowed for discussion with other PAPs (13%). This is in variance with the observations recorded (see chapter 4, page 61) that PAPs spent 50 minutes in small group discussion and were observed during the refreshment break to be involved in discussion with other PAPs. The dissatisfaction ratings of 11% (see Table 3) to questions being asked and answered and 14% (see Table 3) to being able to talk individually to workshop presenters may relate to the professional presenters leaving the workshop on completion of their presentation (see chapter 4). The opportunity to meet with experienced adoptive parents rated highly (94%). Several PAPs made comments that they enjoyed meeting "Happy adoptive families". One female PAP, a health professional, made the comment that for her, meeting the experienced adoptive parents with their children made this the "best workshop so far".
Usefulness of AFC Workshop

All except one PAP found the workshop helpful in making a decision as to whether adopting a child from overseas was the way they wanted a child to join their family (see Table 4). The same number found the workshop was helpful in assisting them to understand the issues involved in adopting a child from overseas and would recommend the workshop to other prospective adoptive parents (see Table 4).

<table>
<thead>
<tr>
<th>Decision making</th>
<th>Helpful</th>
<th>Not helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding issues</td>
<td>96.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Recommend workshop</td>
<td>96.7</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Recommendations by PAPs for Improvements to AFC Workshop

While PAPs indicated a generally high level of satisfaction with the workshop, there were some areas that PAPs indicated could be improved. These improvements included suggestions that adoptive parents should replace the non-adoptive parent professional presenters. As one female PAP put it, "There should be more input to the workshop by adoptive parents. We have heard from the professionals and would like..."
to hear more from the adoptive parent's viewpoint". Another suggested she could learn more about "practicalities from an adoptive parent, than from a professional who had not experienced adoption as an adoptive parent". A small number (9.6%) suggested that some of the material covered was repeated from previous workshops they had attended. One male PAP stated that the groups who provide the preparation for adoptive parenthood programmes "should get together and get their act together" so that the workshop content was not "continually repeated". In particular it was suggested that there was an overlap of the psychological issues. Other recommendations made for improvements were:

1. Workshop presenters to make more use of visual and other teaching aids.
2. That there be more than one session of small group discussion.
3. That the information evening and the workshop be combined.
4. That more adoptive parents and adopted children to be speakers.

**Socio-demographic Profile of Dissatisfied AFC Workshop PAPs**

The small number of PAPs who expressed dissatisfaction with the overall workshop, tended to be childless, tertiary educated professionals (excluding health professionals) living in the metropolitan area, near the upper limits of adopting any child (45 years of age).

**Summary: Australia for Children Workshop**

Some important feelings of PAPs about the workshop can be summed up by the following statements,

It was delightful to see happy adoptive families in spite of the constant reminders that it would not be easy.
(Female PAP).
I think most prospective adoptive parents are concerned about whether they may be perceived as inadequate, we need a benchmark.

(Male PAP).

ADOPTIVE PARENTS ASSOCIATION (APA) WORKSHOP

There was an excellent response rate (100%) to the APA workshop questionnaire.

Scores on the Satisfaction Scale APA Workshop

The mean scores of PAPs on the Satisfaction Scale was 34 out of a possible 45. The range was 25-44 (SD 4.29). Females tended to score marginally higher (M = 34.5) than males (M = 33.5). Although there was no significant difference between male and female scores (t = 1.51, df = 15, p = 0.05), an ANOVA between sets of couples indicated a significant difference (see Table 5).

Table 5 - Analysis of variance of satisfaction between sets of couples (ANOVA)

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>Variance Estimate</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>45.06</td>
<td>15</td>
<td>3.01</td>
<td>6.05</td>
<td>0.01</td>
</tr>
<tr>
<td>Within</td>
<td>182.75</td>
<td>348</td>
<td>0.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>227.83</td>
<td>363</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pooled SD</td>
<td>0.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The F score is significantly higher than would be expected at p 0.01. As with the PAPs scores in the AFC workshop, the difference was mainly caused by the very high scores of one couple and the very low scores of five couples.
Satisfaction with APA Workshop Content

Overall the data indicated a high level (90%) of satisfaction with all sessions of the APA workshop (see Table 6). The highest rate of dissatisfaction was with "Nurturing the Marriage Relationship". The highest level (97%) was given to "Gaining Experience with Children".

Table 6 - Satisfaction with APA workshop content in % of PAPs

<table>
<thead>
<tr>
<th>Workshop session</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking with Family/Friends</td>
<td>3</td>
<td>90</td>
<td>7</td>
</tr>
<tr>
<td>Preparing physical and psychological</td>
<td>20</td>
<td>70</td>
<td>10</td>
</tr>
<tr>
<td>Parenting style</td>
<td>15</td>
<td>75</td>
<td>10</td>
</tr>
<tr>
<td>Nurturing marriage</td>
<td>15</td>
<td>70</td>
<td>15</td>
</tr>
<tr>
<td>Gaining experience with children</td>
<td>20</td>
<td>77</td>
<td>3</td>
</tr>
<tr>
<td>Overall content</td>
<td>10</td>
<td>87</td>
<td>3</td>
</tr>
</tbody>
</table>

Several PAPs made comments about the informal style of presentation. In particular comments were made such as (name of presenter) "has a good communication style. She lets you know she is not perfect, but trying (Female PAP). Another PAP (male) found one of the presenters to be "very easy to listen to". Yet another male PAP found that the informal style of the presentations put him at ease "because of the use of presenters' personal experiences and easy going manner". However, one female PAP complained that the presenter who read from notes caused her to "turn off". The following comments best describe the feelings of PAPs about the workshop content:

The topics covered a wide variety and interesting range of topics and were conducted in an informal and friendly atmosphere.

(Female PAP)

I liked the raising of important issues to contemplate.

(Male PAP)

I liked the workshop because it made you think about things taken for granted.

(Male PAP)
Satisfaction with APA Workshop Environment

As with the AFC workshop there was a very high level (97%) of satisfaction with the APA workshop environment (see Table 7). Males in particular made comments on the friendly relaxed atmosphere. Almost 90% of PAPs felt that they could ask and have questions answered. Over 80% felt there was sufficient time for discussion with other PAPs. However, one fifth of the PAPs felt there was not sufficient time to talk individually to the workshop presenters (see Table 7).

Table 7 - Satisfaction with APA workshop environment in % of PAPs

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendly Atmosphere</td>
<td>32</td>
<td>65</td>
<td>3</td>
</tr>
<tr>
<td>Questions asked and answered</td>
<td>27</td>
<td>61</td>
<td>12</td>
</tr>
<tr>
<td>Discussion with other couples</td>
<td>6</td>
<td>78</td>
<td>16</td>
</tr>
<tr>
<td>Talk to workshop presenters</td>
<td>6</td>
<td>74</td>
<td>20</td>
</tr>
</tbody>
</table>

The percentage of PAPs who found there was insufficient time for discussion with other couples at the workshop is at variance with the observations made in Chapter 4, page 65.

One male PAP made the comment that he liked the APA workshop because it was "relaxed" and that he did not "feel pressured to respond" if he did not wish to do so. Another wrote that the "concept [of the workshop] is a good idea. The atmosphere was great". This she attributed to the way in which the presenters had conducted themselves.
Usefulness of APA Workshop

Over 80% of PAPs found the workshop helpful in assisting them to understand how to prepare for adoptive parenthood (see Table 8). At least 85% said they would recommend the workshop to other prospective adoptive parents. With one couple the wife would recommend the workshop, while the husband would not. One of those PAPs who would not recommend the workshop, nevertheless rated the workshop content and environment at a high level of satisfaction.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop helpful?</td>
<td>82</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Would recommend?</td>
<td>85</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

PAPs Expectations of APA Workshop

Just over one quarter of the PAPs at the APA workshop had no expectations about the workshop. Another quarter expected to gain information on raising adopted children. A small number (9%) saw it as another step towards adopting a child. Other expectations of PAPs were listed as, "meeting other couples going through the process" and "hoping to find out how near we are in our hopes to give a baby a loving home". Others wrote that they expected the workshop to be as "outlined in their invitation". One wrote that she had "honestly expected the workshop to be more formal and boring". She expressed delight that her expectations had not been met, with her comment of "thank goodness". The majority of PAPs had their expectations met. Those who did not, found that this was positive rather than negative.
Recommendations for Changes to APA Workshop by PAPs

Only a few wanted changes to the workshop. Their suggestions were,

(1) better time management,
(2) better use of audio visual aids, and
(3) for presenters not to read from notes.

One male PAP summed up the general feeling with, "Leave it the way it is".

COMPARISON OF THE DIFFERENCES BETWEEN THE AFC AND APA WORKSHOP GROUPS

There are some differences between the two workshops. The AFC workshop group was slightly older in age than the APA group. The AFC group had more professionals than did the APA group. While all of the APA group were childless only 58% of the AFC group were. The APA group had a higher proportion of couples wanting to adopt an infant than did the AFC group. Both groups were similar in the proportions of PAPs born overseas or who had at least one parent born overseas.

Both groups had a similar mean on the Satisfaction Scale and had similar SD's. Both groups had similar t scores and the analysis of variance (ANOVA) produced similar F scores and Pooled SD's. There were small but consistent differences between the groups. The AFC group consistently recorded higher satisfaction levels than the APA group (except in one case where scores were equal) (see Table 9).
Table 9 - Differences Between the Workshops % of satisfied PAPs

<table>
<thead>
<tr>
<th></th>
<th>AFC Group</th>
<th>APA Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall content</td>
<td>96.7</td>
<td>90.0</td>
</tr>
<tr>
<td>Friendly atmosphere</td>
<td>97.0</td>
<td>97.0</td>
</tr>
<tr>
<td>Questions asked and answered</td>
<td>89.0</td>
<td>88.0</td>
</tr>
<tr>
<td>Discussions with other couples</td>
<td>87.0</td>
<td>84.0</td>
</tr>
<tr>
<td>Talk to workshop presenters</td>
<td>86.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Workshop helpful</td>
<td>96.7</td>
<td>82.0</td>
</tr>
<tr>
<td>Recommend workshop</td>
<td>96.7</td>
<td>85.0</td>
</tr>
</tbody>
</table>

Summary

The socio-demographic profiles of those who expressed dissatisfaction with either of the workshops were similar. It was verified that those who expressed dissatisfaction had not attended both workshops and were not the same people. While presentation and content differed in both groups results tend to indicate that from the perspective of the PAPs the adoptive parent organisation workshops are highly satisfactory as part of the Preparation for Adoptive Parenthood Education Programme.
CHAPTER SEVEN: RESULTS POST WORKSHOP

QUESTIONNAIRE

AUSTRALIA FOR CHILDREN SOCIETY (AFC) POST WORKSHOP QUESTIONNAIRE

Reading Material AFC Workshop

There was a low response rate (33.3%) to the mailed questionnaire. Five males and five females (5 couples) responded. Of these 60% had read all the reading material provided at the AFC workshop. Those who had read only part of the material were male and complained that there was too much reading material, however, all found the reading material was helpful. The particular information that was found to be helpful fell into three categories,

(1) information on overseas adoption,
(2) case studies, and
(3) cultural and ethnic issues.

One male indicated he did not like the information on health issues, but did not explain why.

Expectations of AFC Workshop

All respondents indicated that their expectations of the workshop had been that they would receive information in more depth about overseas adoption than they had at previous workshops. All had their expectations met.
Changes to AFC Workshop To Make It More Enjoyable

Seventy percent of the respondents indicated that the workshop would have been more enjoyable for them if the following changes had been made:

1. Professional presenters were supported by experienced adoptive parent.
2. Small group discussions were held more than once.
3. Fewer couples were invited to attend the workshop.
4. The adoptive parents and their children spoke at the mid-point rather than at the conclusion of the workshop.
5. Opportunities were included to hear from adults and adolescents adopted from overseas.

Repeated Information at AFC Workshop

While 40% of respondents felt that some of the information given at the AFC Workshop was a repeat of other workshops, they were not able to identify any specific information that was repeated.

Summary: AFC Post Workshop Questionnaire

The response rate was low so it is not possible to make firm conclusions from this data. However, the data made available has identified,

1. what type of reading material was useful,
2. the need to review the necessity of all the reading material, and
3. the need to make changes to the workshop format to make it more enjoyable.
ADOPTIVE PARENTS ASSOCIATION (APA) POST WORKSHOP QUESTIONNAIRE

Reading Material APA Workshop

There was a moderate response rate (41%) to the mailed questionnaire. Seven males and seven females (as couples) responded. Of these 79% had read all the take home reading material provided at the workshop. The remaining 21% (2 males and 1 female) had only read part of the material because there was too much. All agreed that the reading material was very helpful to them. Particularly useful articles cited were those on infertility, along with personal accounts of preparing for adoptive parenthood. One female did not like the reading material on talking to family and friends about adoption but, did not give any explanation. Another female recommended that more Australian written material should be used.

Repeated Information at APA Workshop

One fifth felt that the workshop had repeated information from workshops run by professionals. One female was able to identify that it was from the "Reality of Non-Biological Parenting" seminar organised by Adoption Research and Counselling Services. However, she did not see this as a disadvantage because the APA workshop "was more enjoyable" and "the informal atmosphere promoted discussion".

Other Comments Made About APA Workshop

Males wrote that in particular the opportunity provided by the informal style of the workshop promoted discussion. This was best expressed by one male who wrote "Healthy afternoon tea was good tucker and gave couples a chance to mingle". One
female questioned having to attend workshops. After the APA workshop she felt prompted to contact the Adoptions Branch about the likelihood of being assessed for suitability to adopt. She stated that as a result of her contacting them "We have been told basically we don't have a hope in hell. Why are we asked to seminars if this is the case?".

Summary: APA Post Workshop Questionnaire

As the response rate was moderate, generalisations can not be made. However, the data has identified that there is a need,

(1) to review the necessity of the reading material, and

(2) to have a longer workshop with more time given to small group discussion.

Males in particular have reconfirmed that they found that the informal style of the workshop is what made it enjoyable for them.
CHAPTER EIGHT: DISCUSSION

Hawe et al (1991) suggested that when evaluating an education programme one of the main questions asked should be "Are the participants satisfied?" In this study satisfaction with the workshops offered by Australia for Children Society (AFC) and the Adoptive Parents Association (APA) were measured. The results of the study indicate a high level of satisfaction with both AFC’s and APA’s workshops in terms of content as well as workshop environment. Noller and Taylor (1987) state that client perceptions of satisfaction with parent education programmes indicate the worth and usefulness of the programme. It can be argued that the high satisfaction ratings of the workshops indicate their worth and usefulness, and that both AFC and APA provided a safe and secure environment. This suggests that learning was very much promoted as implied by Penderhuges (1983).

Satisfaction, Peer Tutors and Positive Role Models

From the comments made in the workshop questionnaires Prospective Adoptive Parents (PAPs) indicated they were highly satisfied with the adoptive parent presenters. Peer tutors play an important role in passing on knowledge and skills in the group (Ehly and Laresen, 1980). Which is significant because PAPs lack role models for adoptive parenting (Levy-Shiff et al, 1991). PAPs satisfaction with both the adoptive parent presenters and the adoptive parent organisations presentations suggests, that the adoptive parent presenters and the adoptive parent organisations have become positive role models for the PAPs. This could well be conducive to PAPs sustaining concepts taught in the workshops as propounded by social learning theorist Bandura (1977). One of the benefits PAPs said they gained was that adoptive parent presenters provided them with
information about "real life" adoptive parenting through the use of "personal experiences". This is exactly what Rosenbaum (1973) predicted would be one of the important outcomes of peer tutoring.

**Peer Tutoring Reduces PAPs Anxiety, Apathy, Hostility and Resistance to Learning**

Other benefits of peer tutoring as given by Candy (1990) include: reduction of anxiety, apathy, hostility and resistance to learning. The results of observations made at both workshops showed a high level of interaction between PAPs and the adoptive parent presenters indicating a reduced level of anxiety and apathy in the PAPs. Comments made in the workshop questionnaires suggest the presence of hostility and resistance towards professional presenters. This was not an expected outcome of the study. However, it has been discovered by Toseland et al (1989) that, when professionals lead a support group session, the participants exhibit resistance towards learning from the professional. This they attributed in part to the formal strategies used by professionals. Adults should be instructed in a manner that allows for them to be seen and treated as being capable of self direction (Knowles, 1986).

**Informal Teaching Strategies Lead to High Levels of Satisfaction**

The informal approach to instruction by the adoptive parent presenters led to high levels of satisfaction with their performance as peer tutors. Knowles theory of self direction in adult learning suggests that adoptive parent presenters should be tapping into the experience of PAPs. This in fact happened through the adoptive parent presenters use of small group discussion, problem solving activities and seeking contributions from PAPs, as was observed during the workshops. This could be because
adoptive parent presenters were viewed by the PAPs more as helpers than instructors (Tough, 1971). Comments made by PAPs about individual adoptive parent presenters and the researcher’s own observations suggest that the adoptive parent presenters fit very closely Tough’s (1971) composite of what makes an ideal teacher. Colletti (1987) maintains that adults remember more about the instructor than they do about the course and predicted that the teacher’s personality would have an influence on the learner’s acceptance of the concepts being taught.

The use of informal teaching strategies by the adoptive parent presenters was appropriate. Those who use informal strategies do so because they have an appreciation of the social systems through which PAPs must operate to achieve their dream of adoptive parenthood (Jeffs and Smith 1990). Furthermore, the adoptive parent presenters provided information on adoptive parenting that was outside the formal systems of the Preparation for Adoptive Parenthood Education Programme in line with suggestions by Jarvis (1987). It can be argued that the approach taken to teaching the PAPs by adoptive parent presenters was guided by what Jeffs and Smith (1990) said was an understanding of what is good rather than correct teaching. The adoptive parent presenters drew upon their repertoire of experience in adoption, whilst at the same time used academic theories and ideas for support. This suggests that AFC and APA are following an eclectic approach to their workshops, which is an appropriate approach to parenting education (Rodd and Holland, 1987).

**Differences in Satisfaction Ratings Between AFC and APA**

While both AFC and APA were rated highly in satisfaction levels by PAPs there were small but consistent differences between the satisfaction rating of the groups. This
can be attributed to several factors. Firstly PAPs enjoyed having encounters with experienced adoptive parents (Dubios, 1987). The AFC workshop had many more experienced adoptive parents in attendance. This gave the PAPs a greater opportunity to have personal conversations with an experienced adoptive parent. Secondly, the APA workshop included topics of a personal and sensitive nature. These topics, such as infertility, marital intimacy and examination of one's own upbringing, may for some PAPs be issues they are not comfortable discussing in a group situation. Thirdly, the APA group consisted only of childless couples. Attending the workshop was possibly a reminder to them of their involuntary childlessness. They also had a growing realisation that the possibility of having a child placed with them was very remote. That satisfaction would be lower in this group is not surprising, because infertility and its related issues are often a threat and a challenge, to the infertile couple’s abilities and to their marital relationship (Kraft et al, 1980 and Sharprio, 1982).

**Couples Scores Reflect Ability to Work Together on Common Issues**

Although the APA group had slightly lower levels of satisfaction, the difference in satisfaction between sets of husband and wives was not of any great significance. The result tends to support Molina’s (1990 b) statement that the "difficult process of infertility treatment as well as the frustrating process of adoption provides opportunities [for couples] to express their needs and wants". This process tends to lead to better communication and closeness between the couple. The almost identical scores of most sets of couples is a reflection of many PAPs being able to come to a mutual agreement of what they found satisfying with the workshops offered by AFC and APA. Furthermore, that these PAPs are working together and have the potential for a
stronger, healthier relationship with each other, and with their adopted child (Melina 1990 b). Finding agreement on common issues enhances the possibilities of positive parenting methods being used (Jenson and Kingston, 1986 and Rinn and Markle, 1977).

**Common Factors For Dissatisfaction With Workshops**

One area of commonality for PAPs attending either workshop was that a minority (10%) expressed dissatisfaction with some but not all of either workshop shares similar socio-demographic profiles. The common factors were,

1. childlessness,
2. both husband and wife having a professional occupation (but not health professionals),
3. 38-40 years of age (which excludes them for adopting a baby).

This similar socio-demographic profile suggests rather than being dissatisfied with the workshop, these couples were expressing their disappointment at the reality that they are not likely to have a baby (or even any other age child) placed with them for adoption.

**Place of Birth and Selection of Overseas Adoption as an Option**

Many PAPs at either the AFC or APA workshop indicated they were born overseas (37%). An even higher number said they had at least one parent born overseas (76%). This is a much higher percentage than the general Australian population, where only 28% of people are born overseas and 41% have at least one parent born overseas (A.B.S., 1992). At first examination it could be argued that PAPs who have personal experience with cultural or ethnic issues may have a greater motivation to adopt a child from overseas. However, it is more likely that this preference is an indication that many
PAPs are aware that their chances of adopting a locally born child are remote. The high number of PAPs in this study who are not Australian born or who have non Australian born parents may be under greater social pressure to have children. Many cultural and ethnic groups place a high value on having children, and those without children receive less recognition and acceptance as adults in society (Fawcett, 1980).

**Other Benefits for PAPs Attending AFC and APA Workshops**

AFC and APA provide more than peer tutoring. For many PAPs an important feature of the workshops was the opportunity to meet with other PAPs and with experienced adoptive parents. This assists PAPs to break out of the isolation brought about by infertility, and to build up potential family support networks (Johnston, 1984 and Tellegen and Herzog 1989). The development of support networks is an important and practical function of the adoptive parent organisations. Both AFC and APA are providing emotional support, instrument assistance through the provision of information and advice, and guidance towards what is socially acceptable and appropriate in adoptive parenting. These three elements are associated with enhanced parenting skills (Belsky, 1984). The meeting of adoptive parents and their children at the workshops provided for PAPs physical evidence that one day some of them may become adoptive parents. This assists them to make preparations towards becoming parents (Melina, 1990 a). Researchers have recognised that the support offered by adoptive parent groups is of importance to PAPs (Conklin et al, 1962 and Nelson, 1985 and Dubios, 1987, and Barth and Berry 1988). Adoption agencies should focus on supporting PAPs rather than on the selection process (Kaye 1990).
Summary

In summary, whilst AFC and APA have different approaches in their teaching strategies, both are effective as peer tutors. Adoptive parent presenters encouraged active participation within the workshops. This active participation promoted discussion and allowed PAPs to examine their own beliefs about adoptive parenting, and how it would affect their lives. At the same time the adoptive parent organisations were providing PAPs with a reference group to whom they could turn for future information and assistance (Bandura, 1977). The adoptive parent organisations are providing a vehicle for PAPs to examine adoptive parenting through the adoptive parent presenters use of personal experience and academic studies to illustrate various issues. This gives PAPs a true reflection of what adoptive parenting is about. This should assist to break down the myths that surround parenting within adoptive families (Hammer and Turner, 1990). The breaking of myths provides PAPs with a more authentic picture of the future relationship with an adopted child. However, while AFC and APA in this study have been found by the researcher to be effective as peer tutors, this may not be the case for other adoptive parent organisations. The effectiveness of both groups was reliant on the order, organisational and leadership capabilities of the tutors. These have been found by Matron (1988) to be important factors in the success of support groups.

PAPs in Western Australia are fortunate to receive a preparation programme that presents adoption to them from different perspectives. In fact it can be said that the Western Australian preparation of adoptive parenthood education programme is achieving the stated aim of the former Premier, Dr. Carmen Lawrence, to ensure that parenting education services are delivered in the best possible way.
Recommendations

The following recommendations for both AFC and APA workshops and for the preparation for adoptive parenthood education programmes are based on observations made at the workshops, the comments and suggestions made by PAPs in the workshop questionnaire and post workshop questionnaire and from interviews with the organisers of the workshops.

AFC Workshop Recommendations

1. Combine the pre-workshop evening with the workshop. This will cut back on the need to repeat information for the benefit of PAPs who were not able to attend the pre-workshop.

2. The group of adoptive parents and their children should attend at the midpoint of the workshop and depart after afternoon tea. This would minimise distractions caused by the presence of children which may impinge on PAPs needs to ask questions or to have issues clarified before the workshop concludes. It would also allow time for the workshop organisers to summarise the workshop, to cover points missed and inform PAPs of the next stage of the programme.

3. Use more adoptive parent presenters. This could be either as support to a professional or to take over the role of a professional. For instance, an adoptive parent who has used the services of the special clinic for overseas adopted children supporting the paediatrician. The family counsellor could be supported in the same way, or alternatively replaced by a group of adoptive parents speaking on their experiences in coping
with the psychological issues commonly found in overseas adopted children.

4. Small group discussions should occur more than once during the workshop. The time taken for this would not need to be longer than already allocated, and this would have the effect of having the groups focus on the key issues rather than side issues. The need of PAPs for discussion with other PAPs would be met in a more productive manner.

5. The numbers attending the workshop should be reduced to allow PAPs to have a greater opportunity to be active participants in the discussion. This may be difficult as PAPs perhaps believe that the sooner they do the AFC workshop the earlier their application will be processed and the sooner a child will be placed with them. In addition AFC do not have the resources to have more frequent workshops.

6. Include an activity at the commencement of the workshop that introduces PAPs to each other. At present there is little opportunity for interaction until the small discussion groups and the refreshment break, and the size of the group and the seating arrangements tend to inhibit interaction.

7. Delete the video playing prior to the commencement of the workshop. It seems to serve no real purpose and most PAPs did not watch it, because it is difficult to become interested in a video if you are not present from the beginning. (The video could be replaced with some easy listening music.)

8. Evaluate the take home reading material. It is not clear whether PAPs are receiving an appropriate amount of reading material.
APA Workshop Recommendations

1. There needs to be a better balance between a tight presentation and learning integration. This could be achieved by appointing a time keeper who could discreetly inform presenters to keep to their allocated time.

2. The session "Nurturing the Marriage Relationship" to become part of "Preparing Physically and Psychologically for Adoptive Parenthood". This would include it with a number of other sensitive issues such as infertility and sexuality, giving it a more diffused focus and hopefully would result in PAPs feeling more comfortable to discuss this topic.

3. Small group discussion to occur more than once. This would allow PAPs more time for discussion with other PAPs.

4. More behind-the-scenes helpers to assist the presenters in the workshop housekeeping. This would free presenters for greater interaction with PAPs during the refreshment break.

5. Evaluate the reading material distributed at the workshop.

Recommendations for Department of Community Development (DCD) Adoptions Branch

1. Decrease the rate at which PAPs are proceeding through the Preparation for Adoptive Parenthood Education Programme. At present it is possible for some PAPs to attend all workshops and seminars in a short time, leaving them with a long gap between completion of the programme and placement of the child. This could negate some of the positive effects of the programme. For overseas adoption applicants the rapid progress can
lead to a wrong impression that all the workshops are the same or that much of the information is being repeated.

2. The Adoptions Branch as the adoption agency to better monitor the progress of its clients through the programme.

3. The Adoptions Branch examine the role that both the professional and support groups have in the programme to assess if there is a better way that these groups can be utilised within the programme. It is recommended that the Adoptions Branch adopt the model offered by Susan Mann in the preparation for adoptive parenthood programme used in South Australia. (See Appendix G) This could easily be implemented with the current service providers being responsible for the same areas as currently.

Implications for Adoption Practice

The results of this study have some implications for adoption practice. The worth of adoptive parent organisations in preparing PAPs for adoptive parenthood has been recognised (Dubios, 1987 and Barth and Berry, 1989), yet few agencies in Australia use such organisations other than as providers of guest speakers within their preparation programmes. Adoption professionals should be made aware that adoptive parent organisations are a vast and in many cases untapped resource. Adoptive parents who are satisfied with the preparation that the adoption agency provides have a reduced risk of adoption disruption (Barth and Berry, 1989). Furthermore, adoptive parents involved with support groups use professional services less often (Conklin et al, 1962). PAPs that are satisfied with their preparation for adoptive parenthood by peer tutors and who use the adoptive parent organisation as a potential support network will not only
reduce the risk of an adoption disruption but also reduce their reliance on professional services. This in turn would free adoption workers for other duties and be less of a drain on finances and other resources.

Adoptive families will benefit in that parents would have received preparation and support appropriate to their needs. They will have role models on which they can base their skills as adoptive parents and can use the adoptive parent organisations for assistance and advice with their adopted child. Adopted children will benefit in that their parents will have a better understanding of their special needs. If the adoptive parents continue their links with the adoptive parent organisations, adopted children will be able to meet with and make friendships with other children who are adopted.

**Further Research**

This study is only a beginning, and the results indicate there is a need to move from an evaluation of the workshops' process to evaluate the impact of the adoptive parent organisations within the Western Australian Preparation for Adoptive Parenthood Education Programme. Until this is done the broader picture of the effectiveness of adoptive parent organisations as peer tutors will remain unknown. However, there is also a greater need to evaluate the entire programme. Such an evaluation should be undertaken by an independent researcher and not by one of the service providers.

There are two other areas of possible research. Firstly a follow up study of the PAPs who have attended the AFC and APA workshops after placement of a child. This study could seek opinions as to whether the workshops offered by AFC and APA have been found by the parents to have been helpful to the development of parenting skills.
The second is to do a comparative study of the outcomes for biological parents and adoptive parents with regards to the preparation they have received for parenthood. This type of study could possibly identify gaps in the preparation programme for adoptive parents.

Postscript

Both AFC and APA have adopted a number of the researcher's recommendations for their workshops. For AFC these include:

1. Combining the pre-workshop evening with the workshop.
2. Having an adoptive parent who has used the special clinic for overseas adopted children support the paediatrician.
3. Replacing the family counsellor with a group of adoptive parents who can discuss the psychological difficulties of their adopted children.
4. Having the group of adoptive parents and their children come at the midpoint of the workshop and depart after the afternoon tea.

The AFC workshop organisers report that these recommendations have resulted in improved workshops, and that there was an increased rate of interaction between the PAPs and the workshop presenters.

For APA the recommendations used include:

1. Appointment of a time keeper.
2. Inclusion of "Nurturing the Marriage Relationship" into the session on "Preparing Physically and Psychologically".
3. Having more behind-the-scenes assistance.
4. Having two sessions of small group discussion.
The APA workshop organisers report that their evaluation, using the researcher's Satisfaction Scale, indicated that there was no dissatisfaction expressed about the workshop content or environment.
REFERENCES


Adoption Legislative Review Committee (1990). A new approach to adoption. Laws that suit the times. Perth, Western Australia: Department for Community Services.


REFERENCES


REFERENCES


REFERENCES


REFERENCES


REFERENCES


REFERENCES


APPENDIX A

Observation Check Sheet
OBSERVATION CHECK SHEET

Name of organisation: ________________________________

Name of Session: ________________________________

Time: Start _____ Finish _____

Questions asked:
Males: ____________________________________________
Females: __________________________________________

Questions Generated:
Males: ____________________________________________
Females: __________________________________________

Contributions:
Males: ____________________________________________
Females: __________________________________________

Comments: ________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
APPENDIX B

Australia for Children Workshop
CONFIDENTIAL

AUSTRALIA FOR CHILDREN WORKSHOP

QUESTIONNAIRE
Please indicate your agreement with the following statements using the scale below and by drawing a circle around the one closest to your answer.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>

1. I was generally satisfied with the overall content of the workshop.
   SA            A     D        SD

2. I was generally satisfied with the information given about medical/health issues involved in adopting a child from overseas.
   SA            A     D        SD

3. I was generally satisfied with the information given about trans-cultural and trans-ethnic issues involved in adopting a child from overseas.
   SA            A     D        SD

4. I was generally satisfied with the information given about the psychological issues involved in adopting a child from overseas.
   SA            A     D        SD

5. I felt that the workshop had a friendly atmosphere.
   SA            A     D        SD

6. I felt there was sufficient time for questions to be asked and answered.
   SA            A     D        SD

7. I felt there was sufficient time for discussion with other couples attending the workshop.
   SA            A     D        SD

8. I felt there was sufficient opportunity for couples to individually talk to the guest speakers.
   SA            A     D        SD

9. I felt there was sufficient opportunity to meet experienced adoptive parents.
   SA            A     D        SD
Please answer the following questions by placing a tick in the appropriate box □.

10. Has this workshop been helpful to you in making a decision about adopting a child from overseas?

- Very Helpful □
- Helpful □
- Not Helpful □
- Not Sure □

11. Has this workshop been of use to you in understanding the issues involved in adopting a child from overseas?

- Yes □
- No □
- Undecided □

12. What did you like least about the workshop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. What did you like most about the workshop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. If you could make changes to the workshop what would they be?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. Would you recommend this workshop to other couples intending to adopt a child from overseas?

- Yes □
- No □
16. What age child are you considering adopting?
(You may tick more than one box)

- Up to one year of age
- Over one and up to three years of age
- Over three and up to five years of age
- Over five and up to eight years of age
- Over eight and up to twelve years of age
- Over twelve years of age

17. Which are the following types of adoption are you considering?
(You may tick more than one box)

- Local
- Overseas
- Special needs psychological
- Sibling group
- Healthy infant
- Undecided

18. Do you have any children in your family? Yes □ No □
If yes which of the following groups are your children?

- Biological
- Local adopted
- Local special needs adopted
- Inter-country adopted
- Inter-country special needs adopted
- Other

Please specify eg Fostered ___________

19. What sex are you? Male □ Female □

20. What is your age? _______ years

21. What is the postcode of your usual residence? _______

22. What is your usual occupation? ________________
23. Were you born in Australia?  Yes ☐  No ☐

24. Were both your parents born in Australia?  Yes ☐  No ☐

One parent born in Australia ☐

25. Do you have any further comments you would like to make about the workshop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. Thank you for your participation. Please place your questionnaire in envelope provided.
APPENDIX C

Adoptive Parents Association Workshop
CONFIDENTIAL

ADOPTIVE PARENTS ASSOCIATION

WORKSHOP

QUESTIONNAIRE
Please indicate your agreement with the following statements using the scale below and by drawing a circle around the one closest to your answer.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>

1. I was generally satisfied with the overall content of the workshop.
   SA A D SD

2. I was generally satisfied with the information given on talking about adoption to family and friends.
   SA A D SD

3. I was generally satisfied with the information given on health and preparation for adoptive parenthood.
   SA A D SD

4. I was generally satisfied with the information given on parenting styles.
   SA A D SD

5. I was generally satisfied with the information given on nurturing marriage relationships.
   SA A D SD

6. I was generally satisfied with the information given on gaining experience with children.
   SA A D SD

7. I felt that the workshop had a friendly atmosphere.
   SA A D SD

8. I felt that there was sufficient time for questions to be asked and answered.
   SA A D SD

9. I felt that there was sufficient time for discussion with other couples attending the workshop.
   SA A D SD

10. I felt there was sufficient time for couples to individually talk to the workshop speakers.
    SA A D SD
Please answer the following questions by placing a tick in the appropriate box.

11. Has this workshop been helpful to you in gaining a better understanding of what you can do to prepare for adoptive parenthood?
   - Very Helpful □
   - Helpful □
   - Not Helpful □
   - Not Sure □

12. Would you recommend this workshop to other couples intending to adopt?
   - Yes □
   - No □

13. What did you like most about the workshop?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

14. If you could make changes to the workshop what would they be?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

15. What were your expectations of this workshop?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

16. Were your expectations of the workshop met?
   - Yes □
   - No □
17. What age child are you considering to adopt?
   (You may tick more than one box)
   - Up to one year of age
   - Over one and up to three years of age
   - Over three and up to five years of age
   - Over eight and up to twelve years of age
   - Over twelve years of age

18. Which of the following types of adoption are you considering?
   (You may tick more than one box)
   - Local
   - Overseas
   - Special needs psychological
   - Sibling group
   - Healthy infant
   - Undecided

19. What sex are you? Male ☐ Female ☐

20. What is your age? ______ years

21. What is the postcode of your usual residence? _____

22. What is your usual occupation? _______________

23. Were you born in Australia? Yes ☐ No ☐

24. Were both your parents born in Australia?
   - Yes ☐
   - No ☐
   - Only one parent born in Australia ☐
25. Do you have any further comments you would like to make about the workshop?


25. Thank you for your participation. Please place your questionnaire in the envelope provided.
APPENDIX D

Letters to Workshop Participants
Maureen Roberts
PO Box 1111
Midland 6056
Western Australia
Phone 342 4281 (All Hours)

This letter and Questionnaire has been forwarded to you by the Australia for Children Society on my behalf. This is because you were participants in a workshop for prospective adoptive parents held at Agnes Walsh House in April 1992. Many of you filled in an evaluation questionnaire in relation to that workshop for my research into the role of adoptive parent organisations as peer tutors.

Thank you to all those who took the trouble to fill in the questionnaire. I have included a separate sheet of some of the results of that workshop for you. My research is not yet complete and the full results will be made available to you in summary form early in 1993.

Could you please fill in the post workshop questionnaire and return it in the enclosed pre-paid envelope as soon as possible. I have included separate questionnaires for husbands and wives. If you did not fill in a questionnaire at the workshop, I still would like you to fill in this questionnaire. Your cooperation in this research is much appreciated. The responses from the workshop questionnaire have already been of great value to Australia for Children Society and they will be incorporating some of your suggestions in their next workshop.

If you have any enquiries about the questionnaire or my research please do not hesitate to telephone me on the number above.

Yours sincerely,

Maureen Roberts
Fourth Year Bachelor Health Science (Health Education) Honours
Edith Cowan University
Mt Lawley Campus
This letter and questionnaire has been forwarded to you by the Adoptive Parents Association on my behalf. This is because you were participants in a workshop for prospective adoptive parents held at Agnes Walsh House in July 1992. All of you filled in the workshop evaluation questionnaire for my research into the role of adoptive parent organisations as peer tutors.

Thank you for your participation in that questionnaire. I have included a separate sheet with some of the results of the workshop for you. My research is not yet complete and the full results will be available in summary form early in 1993.

Could you please fill in the post-workshop questionnaire and return it in the enclosed pre-paid envelope as soon as possible. I have included separate questionnaires for husbands and wives. Your co-operation in this research is much appreciated. The responses from the workshop questionnaire have already been of value to the Adoptive Parents Association and they will be incorporating some of your suggestions in their next workshop.

If you have any queries about the questionnaire or my research please do not hesitate to telephone me on the above number.

Yours sincerely,

Maureen Roberts.
Fourth Year Bachelor of Science (Health Education) Honours
Edith Cowan University
Mt Lawley Campus
APPENDIX E

Australia for Children Society Post-Workshop

Questionnaire
CONFIDENTIAL

AUSTRALIA FOR CHILDREN

POST-WORKSHOP

QUESTIONNAIRE
1. Have you read the reading material provided at the workshop?
   - Yes I have read all of it
   - Yes I have read part of it
   - No I have not read it

   (If Yes go to question 3)

2. Are there any particular reasons for not reading the material provided?

   (Please go to question 8)

3. Did you find the reading material helpful in understanding about adopting a child from overseas?
   - Very Helpful
   - Helpful
   - Not Helpful
   - Not Sure

4. What part of the reading material did you like the most?

5. What part of the reading material did you like the least?

6. Do you have any suggestions for other reading material that you would have liked to have been included?
7. Did you find the amount of reading material was?
   Too Much ☐
   Too Little ☐
   Just Enough ☐

8. Which of the following could have improved the workshop for you?
   To combine the information evening and the workshop ☐
   To have a longer workshop with two refreshment breaks ☐
   To have fewer couples attend the workshop ☐
   To have adoptive parent speakers in preference to professionals ☐
   To have professional speakers supported by an adoptive parent speaker (eg. To have a Doctor speak on health issues supported by an adoptive parent speaker on their experience with health issues) ☐
   To include young adult and older teenage adoptees as speakers ☐
   To have the group of adoptive parents and their children attend the workshop at the mid point rather than the end of the workshop ☐
   To have small group discussion more than once during the workshop ☐
   To have small group discussion without a group leader ☐

9. Do you feel that some of the information given at the workshop was a repeat of information you had received at other workshops/seminars?
   Yes ☐
   No ☐

10. If yes which information do you feel was repeated?
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

11. What were your expectations of the workshop?
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
12. Were your expectations met?  

   Yes ☐  No ☐

13. Are there any further comments you wish to make about the workshop?  

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

14. Are you?  Male ☐  Female ☐

15. Are you?  Childless ☐  No have adopted ☐  No have biological child ☐

26. Would you be willing to take part in a telephone interview about the workshop?  

   Yes ☐  No ☐

17. If yes please write your first name, your phone number and best time to call you in the space below.  

   First name _______  Phone number _______  Time to call _______

18. Thank you for your participation. Please return your questionnaire with that of your husband/wife’s in the pre-paid envelope provided.
APPENDIX F

Adoptive Parents Association Post-Workshop

Questionnaire
CONFIDENTIAL

ADOPTIVE PARENTS ASSOCIATION

POST-WORKSHOP

QUESTIONNAIRE
Please place a tick in the appropriate box □

1. Have you read the material provided at the workshop?

   Yes I have read all of it □
   Yes I have read part of it □
   No I have not read it □

   (If you answered yes go to question 3).

2. Are there any particular reasons for not reading the material provided?

   __________________________________________________________

   (Please go to question 8)

3. Did you find the reading material helpful to you in understanding how to prepare for adoptive parenthood?

   Very Helpful □
   Helpful □
   Not Helpful □
   Not Sure □

4. What part of the reading material did you like the most?

   __________________________________________________________

5. What part of the reading material did you like the least?

   __________________________________________________________

6. Do you have any suggestions for other reading material you would have liked to have been included in the reading material?

   __________________________________________________________

7. Did you find the reading material was?

   Too much □
   Too Little □
   Just Enough □
8. Which of the following would have improved the workshop for you?

- [ ] To have less couples attend the workshop
- [ ] To have two refreshment breaks
- [ ] For there to have been better time management
- [ ] To have fewer topics covered in the workshop
- [ ] To have more small group discussion
- [ ] To have small group discussion without a group leader
- [ ] To include a panel of adoptive parents and their children

9. Do you feel that some of the information given at the workshop was a repeat of information received at other workshops?

- [ ] Yes
- [ ] No

10. If yes which information do you feel was repeated?

_____________________________________________________________________________________

_____________________________________________________________________________________

11. Are there any further comments you would like to make about the workshop?

_____________________________________________________________________________________

_____________________________________________________________________________________

12. Are you Male □ Female □

Thank you for your participation. Please return the questionnaire in the envelope provided.
APPENDIX G

Outline of Education for *Australians Aiding Children* Adoption Agency, South Australia
Outline of Education for Australians Aiding Children Adoption Agency

South Australia

Compiled by:
Susan Mann
R.N., D.C.H., G.D.S.S.
PURPOSE OF EDUCATION

• To help adoptive applications understand the realities of adopting a child from overseas.

• To educate adoptive parents about their child and their child's future.

• To bring together families who are adopting overseas children and encourage their ongoing friendship and support.

• To provide ongoing education and support for all families.

• To help facilitate a positive and successful adoption.

MAIN GOALS OF EACH SECTION

Pre-assessment sessions:

• To help couples explore the question: "Are we the right couple to adopt an overseas child?"

Post-assessment sessions:

• To help couples focus on what they need to know to positively facilitate the adoption of their overseas child.

Second time adoptors sessions

• To primarily discuss any concerns or issues that may have arisen once the child and his or her new family have begun their life together in Australia.

Post-placement sessions:

• To primarily discuss any concerns or issues that may have arisen once the child and his or her new family have begun their life together in Australia.

OUTLINE OF THE PRE-ASSESSMENT SESSIONS

• Practical information about the process and procedure of an overseas adoption.

• Exploration and discussion about grief and loss within adoption.

• Motives for Adoption.

• Exploration of personal social history.

• Information and discussion about the differences between the dream child and the real child.

• Discussion of any concerns or issues couples have about overseas adoption.
Information and discussion about some adjustment issues that are involved both for the couple and their family, and their new child.

**OUTLINE OF THE POST-ASSESSMENT SESSION**
- Exploration of lifelong issues concerning loss within adoption.
- Discussion of possible areas of prejudice.
- Discussion of personal and family support systems.
- Exploration of composite case histories.
- Changing roles within the family.
- Discussion of first encounter with child.
- Bonding and attachment issues.
- Parent Panel discussion.

**OUTLINE OF SECOND TIME ADOPTORS GROUP**
- Practical information about the process and procedure re adoption.
- Discussion of parental and child losses within adoption.
- Redefining the family.
- Discussion on personal energy levels.
- Information and discussion on the specific needs of siblings within the family.
- Bonding and attachment.
- School issues that may arise for the child.
- Parental panel discussion.

**OUTLINE OF THE POST-PLACEMENT SESSIONS**
- Information and discussion of the ages and stages of the adopted family.
- Behavioural issues that may arise with an adopted child.
- Affirmation of parental self esteem.
- Basic skills to assist with communicating with children.
- Discussion on the nights of the adopted child.
- Professional panel to address specific issues.