

**AN EXPLORATION OF THE CHALLENGES FACED BY
PROSPECTIVE ADOPTIVE PARENTS IN THE ETHEKWINI
REGION**

This work is submitted in fulfilment of the requirements for the Masters in Health
Sciences Degree at the Durban University of Technology

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Date:

DECLARATION

I, Roxanne Groger, declare that this dissertation originates from my own work, except where otherwise referenced. All the sources used or quoted have been cited and acknowledged. This dissertation has not been previously submitted to any tertiary educational institution.

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ABSTRACT

In South Africa, adoption has become an increasing necessity due to the high number of vulnerable and orphaned children due to the burden of HIV/AIDS and the breakdown of the traditional family. Some of these children have access to family or community care and can be fostered or adopted by adults they know. Others however, need to be fostered or adopted by strangers. Many adoptable children are children of colour and due to various social issues, many parents who adopt are White. Therefore, transracial adoptions are more common in South Africa than same-race adoptions.

Whilst many parents face challenges related to parenthood adoptive parents have additional challenges. These challenges start before adoptive parents apply to adopt, through to the time of meeting the prospective adoptee, waiting for the final paperwork to be completed, and the post-placement transition to new family life. Whilst much research has been done on the post-adoption stage, there is little research exploring the challenges and support prospective adoptive parents encounter during the adoption process. This highlights the need for the current research study, especially as it seeks to include a diversity of parents without the narrow focus on transracial adoption.

A qualitative approach was used to explore and describe the psychosocial challenges and experiences of sixteen adoptive parents. Semi-structured interviews were conducted to gain insight into participants' reasons for choosing adoption, their fears and anxieties related to the process and being adoptive parents, meeting the prospective adoptee, and their experiences of formal and informal support. The participants included single, married and cohabiting parents, same-sex and heterosexual couples, White and Indian parents. All but one adoption was transracial.

Using thematic analysis, five themes and sixteen sub-themes emerged from the data. A personal desire for parenthood was found to be the primary motivating factor in pursuing adoption. Throughout the adoption journey, there were many challenges and experiences, both positive and negative. The application process was found to be significantly more stressful for some than for others. The period of visiting the prospective adoptee and waiting to take them home was difficult as some struggled to bond with the child, and some felt unprepared for the physical and emotional demands of becoming a parent. Throughout the process, participants had mixed experiences

with the social workers and participants' families. However, many received support from being connected with other adoptive families. Post-placement challenges included adapting to becoming parents, concerns about informing the child about their history and dealing with government departments while waiting for the formal process to be completed.

Participants felt they needed much more support from social workers, participants' families, the adoption community, government departments, and society throughout most of the adoption process. The lack of support they experienced exacerbated the fears and anxieties they experienced at different points in the process. Offering prospective adoptive parents adequate support to reduce fears, prepare them for parenthood and adoption, and assistance during challenging periods would enable them to be equipped and focus more of their energy and attention on their adoptive child and newly formed family.

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DEDICATION

This work is dedicated to all those prospective adoptive parents on the adoption rollercoaster. You are not alone.

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ACRONYMS

RCS – Residential Care Setting

PIE – Person-In-Environment

FASD – Foetal Alcohol Spectrum Disorder

IVF – In vitro fertilisation

SACSSP – South African Council of Social Service Professions

CHAPTER ONE: INTRODUCTION

“Not only do adoptive parents have to adapt to the psychological and practical needs of their child, but they may have faced a considerable number of challenges and specific pressures in creating their family through adoption”

Anthony, Paine and Shelton (2019: 2).

1.1 INTRODUCTION

Adoption occurs when a child is permanently placed with an adult other than the biological mother. A child has to be declared adoptable by a social worker and the court according to Chapter 15 of the Children’s Act 38 of 2005. Whether a child is being adopted by a step-parent, an extended family member, a foster parent, an unrelated person, or the father of a child born out of wedlock, one of the main factors in considering adoption is if it is in the child’s best interests. According to the Children’s Act 38 of 2005 one of the factors to consider in relation to the best interests of the child is “the need for a child to be brought up within a stable family environment and, where this is not possible in an environment resembling as closely as possible a caring family environment” (South Africa 2006: 34). The Children’s Act 38 of 2005 is clear that adoption offers this environment and is considered more favourable than foster care as it provides a permanent placement for the child “by connecting children to other safe and nurturing family relationships intended to last a lifetime” (South Africa 2006: 112).

In the South African context, adoptions have become more necessary due to the number of children in child-headed households and the high rate of abandonment of children by biological parents, who either left them to be cared for by extended family and friends or by the State (Hall *et al.* 2018: 134-135). However, not all vulnerable or orphaned children have extended family or access to community care, thereby making fostering or adoption of unrelated children important (Carter and Breda 2016: 210; Tanga and Nyasha 2017: 231).

The General Household Survey that was done between 2017-2018 revealed that KwaZulu-Natal had the highest number of orphaned children in the country (Hall *et al.*

2018: 134; Stats SA 2018: 7). However, according to Vorster (2019a: para. 6 line 20), it also had the lowest adoption rate, as evidenced by the fact that only eight adoptions took place in the province in 2016. Nationally, the trend for low adoption numbers can be traced back to 2008, when the number of total adoptions dropped from 2289 to 1368 between 2007 and 2008 (Mokomane, Rochat and The Directorate 2012: 348). Subsequently, there were 1669 adoptions in 2013, 1448 adoptions in 2014, and 1349 in 2016. Research conducted by the National Adoption Coalition found that only 1186 national adoptions were recorded in 2017 (Hall *et al.* 2018: 74; Vorster 2019a: para. 3 lines 1-5). Rochat *et al.* (2016: 120) stated that “[low] adoption rates are influenced by an absence of subsidies, poor access to quality adoptive services and a lack of information about adoption”.

A South African study done by Gerrand and Stevens (2019: 49) revealed that “tensions surround adoption policy and practice and perceptions and experiences of adoption”. One reason people do not adopt is the lack of an adoption grant or subsidy making fostering the preferred form of alternative care, as it offers financial assistance (Rochat *et al.* 2016: 121; Breshears 2018: 23). This was also noted in the United States of America by The Donaldson Adoption Institute (2016: 18). They discovered that many found adoption to be expensive, thus, leaving only a few people with the means to adopt and others, even though they were willing, could not (The Donaldson Adoption Institute 2016: 18). Another reason people chose not to adopt is that an extended family raising a child, referred to as kinship care, has also been culturally favoured, and many believe that the formal adoption administration and the process is unnecessary (Mokomane, Rochat and The Directorate 2012: 351; Doubell 2014: 141-142; Rochat *et al.* 2016: 121; Luyt and Swartz 2021: 15).

There has been a decline in the number of same-race adoptions in South Africa. In 2010 there were 898 Black adoptive families, whereas in 2018 there were only 54 Black prospective adoptive families (Gerrand and Stevens 2019: 42). Added to this is the view that transracial adoption is harmful and not in “the best interest of the child” (Tanga and Nyasha 2017: 232). This view is prevalent among the Black community (Tanga and Nyasha 2017: 234). Same-race adoptions are preferred over transracial and inter-country to preserve the child’s heritage (Gerrand and Stevens 2019: 41). Article 20 of the United Nations Convention on the Rights of the Child is about children

needing alternative care such as adoption. They stated that it is desirable that maintenance of “a child’s ethnic, religious, cultural and linguistic background” be considered in their upbringing (United Nations 1990: 6). Most abandoned babies are Black, and most adoptable children are Black or Coloured (Mokomane, Rochat and The Directorate 2012: 353; Doubell 2014: 127). Moreover, most prospective adoptive parents are White (Doubell 2014: 119-120; Romanini 2017: 16; Tanga and Nyasha 2017: 237). The need for transracial adoption arises because of the “mismatch of supply and demand” (Doubell 2014: 140-141).

Children who have been abandoned or moved to institutional or foster care exhibit significant developmental setbacks, including insecure future attachments (Baxter 2001: 281; Doubell 2014: 84). Therefore, people wanting to adopt these vulnerable children, be it into an unrelated family or an extended family, need adequate support and preparation on how to raise and support them as they develop (Francis 2007: 268; Bryan, Flaherty and Saunders 2010: 92, 108; Roche 2019: 2).

These concerns provide the context for the current study, which revealed the reasons behind the low rate of adoptions occurring in South Africa. Throughout the rest of the chapter, the following sections will be covered: the background of the study, problem statement, the aim of the study, objectives of the study, research questions, the significance of the study, definitions of concepts, theoretical framework, an overview of the research methodology, the structure of the dissertation and the conclusion.

1.2 BACKGROUND OF THE STUDY

This next section details the background to the study and focuses on understanding the challenges prospective adoptive parents face and, therefore, what support is needed. The information included is related to both international and local findings in respect of parents’ experiences.

It is not only the prospective adoptive child who faces setbacks, but prospective adoptive parents also come face-to-face with different issues and hindrances related to adoption (Bird, Peterson and Miller 2002: 215; McKay, Ross and Goldberg 2010: 140). These include fear of not being able to form an attachment with the child; lacking confidence in their parenting abilities; the uncertainty of how to handle disabilities or

emotional setbacks their child may have; family or marital disruptions; and encountering various forms of discrimination (Tigervall and Hübinette 2010: 490; Denby, Alford and Ayala 2011: 1552; Harrison-Stewart, Fox and Millar 2018: 2; Zeleke, Koester and Lock 2018: 1434; Onayemi 2019: 270).

Other hindrances to people not adopting, include being unable to obtain birth certificates, departmental delays in producing the necessary paperwork, undocumented children, complex processes in declaring a child adoptable, government officials delaying the process, the lengthy and costly pre-adoption screening process, discord in the Department of Social Development, and fragmentation among practices in different provinces (Behari-Ram 2016: 30; Gerrand and Stevens 2019: 74; Vorster 2019b: para. 4 lines 1-35). These are some of the issues that may add to parental stress and fears in the pre-adoption phase (Santos-Nunes *et al.* 2018: 11). They formed the context and rationale for the current study.

The challenges and issues adoptive parents faced emerged from the various recommendations they offered to future adoptive parents. 'Experienced' adoptive parents remarked that prospective adoptive parents should seriously consider and engage with all that adopting a child entails (Firmin *et al.* 2017: 66). These included, in addition to the hindrances mentioned above, the need to assimilate the child into the family, understanding that there are differences between adopted and biological children, and having support networks who may not fully embrace or know how to support the newly formed family (Firmin *et al.* 2017: 61). South African adoptive parents' recommendations, which highlighted their challenges and experiences, were as follows:

- "Do not shy away from counselling about childlessness and your relationship;"
- "Do not wait too long before you adopt;"
- "Physical matching of adoptive couple and biological parent(s) will help in the child's growing up years;"
- "Be open about adoption with others without dramatising it;"

- “Talk openly with your children about their adoption when the issue comes up or there is an appropriate moment;”
- “Work hard on the family relationship and bonding;”
- “Use the correct adoption channels and do not take short cuts. Make use of accredited social workers and organisations;”
- “Have the story about the adoption in your head. Don’t stumble over your words and create an atmosphere of ‘this is a no-go area’;”
- “Prepare yourself for parenthood and accept advice and assistance from family and friends;”
- “Accept the child for what he/she is and strive for maximum development of potential” (van Delft and van Delft 2008: 350-351).

It is imperative to know the various experiences and challenges these parents face. It is equally important to know their experience of available and utilised support. This makes the current study a valuable one. In a previous research study, Doubell (2014: 90) commented that South African legislation pertaining to support services in South Africa is ambiguous. Specifically, Doubell (2014: 90) stated that the “Children’s Act 38 of 2005 does not give any indication that post-adoption support services are a necessity. Section 250 and 251 of the Children’s Act simply indicate who is allowed to provide adoption services. Due to this lack of legislative guidance, social workers and organisations therefore need to take it upon themselves to formulate comprehensive support programmes if they are to ensure the success of many of the adoptions they manage”. The current study seeks to explore whether adoptive parents had adequate preparation and support, as it has been noted that pre-, peri- and post-adoptive training sessions, whether conducted individually or in a group setting, online or in-person, are beneficial (Miller *et al.* 2017: 54; Gerrand and Stevens 2019: 52).

Furthermore, transracial adoptions constitute a large number of adoptions in South Africa. Having considered which factors contribute to successful adoptions, the findings from South African studies (Doubell 2014: 163; Pieterse 2019: 144; Luyt and Swartz 2021: 17) showed that there was a need for adequate preparation and

establishing of realistic expectations of what transracial adoption entails, and more specifically, how to deal with race issues.

To pre-empt or prepare parents for what challenges they may face, pre-adoption services and support groups for all prospective adoptive parents are necessary. The current study will assist adoption agencies and adoption social workers to design structures and measures to assist families in dealing with potential future issues. It will also guide them in knowing what resources should be made available to prospective adoptive parents, including literature, support groups, conferences, and professional services.

1.3 PROBLEM STATEMENT

The current study's introduction and background set a backdrop that showed that adoption is necessary yet complex and that prospective and adoptive parents face many challenges that require adequate support at various stages in the adoption process (Doubell 2014: 85). Research studies related to pre-adoption services and prospective adoptive parents' experiences are limited (Mokomane and Rochat 2012: 347; Luyt and Swartz 2021: 19). The current study seeks to fill this gap.

No prior study related to this research problem has been conducted in the Province of KwaZulu-Natal, South Africa. There have been, however, studies conducted in other provinces. In 2006, due to the limited information available on transracial adoption, Finlay (2006: 1) conducted a study in Gauteng that explored parental challenges specific to transracial adoption. Participants included same-sex, heterosexual and single parents in the study (Finlay 2006: 13). Seven themes emerged from interviews with 21 parents (Finlay 2006: 13). The findings were concerned with parents' experiences from the time they decided to adopt until the completion of the process. They included challenges with the administrative process, unsatisfactory or no support during the application process and the period of adjustment to becoming a family as well as encountering racism from other family members. Their current and anticipated challenges have included language, behavioural issues, answering questions around race or cultural issues, finding biological parents, as well as feeling ill-equipped to communicate honestly with their children about the adoption (Finlay 2006: 84-87).

Romanini (2017: 31, 44) conducted a study with three participating couples in Gauteng. These participants were White couples, as the researcher believed that more research had been done on individual parents and not on couple's experiences which was the gap they sought to fill (Romanini 2017: 2, 31). Their study also focused on the parents' transracial adoption experiences from the time they decided to adopt until the post-adoption period (Romanini 2017: 2, 28). Six themes emerged from their research which have similarities with the current study's objectives. They include the reasons parents chose to adopt; their positive and negative experiences of the social workers and the administration process; the plethora of formal and informal support they received, and the anticipated challenges related to race and how to prepare children for encountering future issues (Romanini 2017: 48, 51-52, 56-63, 65-71).

A further study conducted by Gerrand and Stevens (2019: 42) in Tshwane and Johannesburg, explored the decisions, perceptions, and experiences of Black parents regarding the adoption process. The participants included eight adoptive parents, two prospective adoptive parents in the assessment phase, eight women who chose not to continue with the process after the orientation, and seven social workers based in Gauteng and one in KwaZulu-Natal (Gerrand and Stevens 2019: 44-45). The findings showed that orientation conducted in a group setting provided much-needed support (Gerrand and Stevens 2019: 45). Many parents felt that the application process was expensive, and that the various medical assessments were unnecessary (Gerrand and Stevens 2019: 47-48). Overall, there was much anxiety surrounding the application process and the researcher identified aspects of the process which prevented people from adopting (Gerrand and Stevens 2019: 50-51).

It is evident from these three studies that the experiences of adoptive parents varied, even though they were all conducted in the same province. Although the first two studies sought to explore transracial adoption challenges, the themes that emerged uncovered a different set of challenges and experiences. The third study's aim was different but still produced valuable information on parents' experiences of the adoption process. This demonstrates the need for more research to be done in order to uncover a broader and richer understanding of various adoptive parents' experiences.

Consequently, there is a need for the current research study which will add to the store of knowledge as it seeks to include a diversity of parents (same-sex, heterosexual and single) without the narrow focus on transracial adoption. Additionally, because the current study seeks to explore parents' experiences specifically during the pre-adoption phase, it will provide a richer understanding of this period.

1.4 AIM OF THE STUDY

This study aims to explore the psychosocial challenges prospective adoptive parents face in the eThekweni region.

1.5 OBJECTIVES OF THE STUDY

The five objectives of the study are:

- To explore the reasons why prospective adoptive parents choose adoption.
- To enquire about prospective parents' fears and anxieties.
- To explore their experiences when they first meet their prospective adoptive child.
- To understand what support exists for prospective adoptive parents.
- To make recommendations that may enhance the adoption process.

1.6 RESEARCH QUESTIONS

The questions the current research seeks to answer are:

- What are the reasons prospective adoptive parents choose to adopt?
- What are the fears and anxieties that prospective parents face?
- What are prospective adoptive parents' experiences during the initial meeting stages?
- What support exists for prospective adoptive parents?
- What recommendations can be made that may enhance the adoption process?

1.7 SIGNIFICANCE OF THE STUDY

In order to best support families through the adoption process, an understanding of their experiences and needs is paramount (McAndrew and Malley-Keighran 2017: 100; Miller *et al.* 2017: 44; Lewis 2018: 39-40; Meakings *et al.* 2018: 71). This study aims to understand the parents' experiences during their adoption journey.

There is a large gap in South African research that explores prospective adoptive parents' experiences, the challenges they face at various stages of the adoption process, and structures for pre-adoption support services, particularly in KwaZulu-Natal. Research done on these elements, coupled with the parents' recommendations, will give valuable insight into how adoption agencies and adoption social workers can better facilitate adoptions in KwaZulu-Natal. Findings should also assist the Department of Social Development by shedding light on why the adoption rate has decreased (in total numbers and per race group), why the number of children without permanent placement is so high, and what they can do to ensure that children and families are supported for the sake of building up the nation.

1.8 DEFINITIONS OF CONCEPTS

This section provides definitions of adoption-related concepts used in this study. It includes explaining racial categories, adoption, transracial adoption, the adoptive parent, prospective adoptive parent, and the adoptee.

1.8.1 Racial categories used in this study

Gerrand and Stevens (2019: 41) pointed out that historically Black was a term attributed to any group of people who were “systematically disadvantaged during the apartheid era in South Africa, namely Black African, Coloured and Indian categories of people”. Their study clarified that their term Black referred exclusively to the Black African population. The current study's references to a person's population group will be specified as per South African race categories, i.e. Black, Coloured, Indian, White (Tanga and Nyasha 2017: 233).

1.8.2 Adoption

The Children's Act 38 of 2005 stated that "[a] child is adopted if the child has been placed in the permanent care of a person in terms of a court order that had the effects contemplated in section 242" (South Africa 2006: 112).

Through adoption, biological parents' rights are terminated, and adoptive parents are legally recognised as full and legitimate parents of an adoptee (Lee *et al.* 2018: 63; Teska 2018: 1; Adoption 2019b). The adoptee is also considered a full, permanent member of the adoptive family (Teska 2018: 1; Pilcher, Hooley and Coffey 2020: 568).

1.8.3 Transracial adoption

Transracial adoption is defined as "adoption by a family of a different race from the child" (Teska 2018: 3). The adoptive parents can be of a different race from the adopted child and also differ in birth culture or heritage which they each bring into the new adoptive family unit. Another term used in the literature is cross-racial adoption (Tanga and Nyasha 2017: 231).

1.8.4 Adoptive parent

An adoptive parent is defined as "a person who has adopted a child in terms of any law" (South Africa 2006: 18). Those who can adopt a child include "family members, step-parents or any other persons who are not related to a child who comply with the requirements of the Act" (Hall *et al.* 2018: 54) as listed in section 231 in the Children's Act 38 of 2005.

1.8.5 Prospective adoptive parent

The literature presents a multitude of definitions of prospective adoptive parents. For the purpose of this study, a prospective adoptive parent included: (i) a person who was legally fostering a child and wanted to adopt; (ii) a person caring for a child whom they wished to adopt; (iii) a person who wanted to adopt a step-child; (iv) a person caring for a child for whom they had applied to adopt; (v) a person who is the appointed legal guardian of a child, in the event of the death of the parent, and wished to adopt the child; (vi) a person interested in adoption (with an unrelated child) but had not yet entered the application and assessment stage of the adoption process; (vii) a person

who had applied for adoption (of an unrelated child) but had not met their prospective adoptive child; (viii) a person who had applied for adoption and met their prospective adoptive child; (ix) a person who had applied for adoption and had their prospective adoptive child living with them; (x) a person who, after completing the assessment and application stage of the adoption process, did not go through with the adoption (South Africa 2006: 48, 112; Mokomane, Rochat and The Directorate 2012: 350; Doubell 2014: 47; Rochat *et al.* 2016: 121; Hall *et al.* 2018: 54).

1.8.6 Adoptee

The Children's Act 38 of 2005 defined an adopted child as "a child adopted by a person in terms of any law" (South Africa 2006: 16). Writers have used the term 'adoptee' when referring to an adopted child (Zelege, Koester and Lock 2018: 1428). The terms prospective adoptee and prospective adoptive child refer to the child who has been matched with the prospective adoptive parents. These terms are used interchangeably throughout this study.

1.8.7 Residential Care Setting

The term Residential Care Setting (RCS) will be used to describe the environments where the prospective adoptive children reside before moving in with the prospective adoptive parents. Using this term in this study is appropriate as it "[includes] orphanages, children's homes, and institutional care" (Roche 2019:1). It will also be used to include children living with foster parents and crisis parents.

1.9 THEORETICAL FRAMEWORK

Collins and Stockton (2018: 2) described a theoretical framework as "the use of a theory (or theories) in a study that simultaneously conveys the deepest values of the researcher(s) and provides a clearly articulated signpost or lens for how the study will process new knowledge". Thus, the Person-In-Environment (PIE) model stemming from the ecological theory was used as the conceptual framework guiding the current research study.

The ecological theory, which understands the person within their environment, was developed by Urie Bronfenbrenner and was a notable framework used in adoption and

social work literature (Weiss-Gal 2008: 65; Wood 2012; Shelton 2018: 32-37; Petrenko *et al.* 2019: 88). Ecological theory “recognises that individuals are shaped by, and also shape, contexts at multiple intersecting levels. These levels include the microsystem (immediate systems including home, school), mesosystem (interactions between microsystem contexts), exosystem (social structures shaping environments including adoption and child welfare systems), and macrosystem (culture-shaping contexts at all levels including values about family and racial inequality)” (Frost and Goldberg 2020: 88). This theory was often used concerning the adoptee, the influence of adoption on them, the interaction with their environment, and the impact the adoptive parent has on them and their relationship (Kim 2017: 171; McConnachie *et al.* 2019: 112). Additionally, it was used to understand the whole adoptive family’s adjustment to adoption (Liao 2016: 132) and specifically as a framework for preparing adoptive parents (Teska 2018: 6) and their transition to parenthood (Wapner 2000: 12).

From ecological theory, the Person-In-Environment (PIE) model was developed. The PIE model seeks to view the person and their behaviours within the context of their environment (Weiss-Gal 2008: 65). In the current study, the ‘person’ is the prospective adoptive parent. Their environment can be understood through systems (microsystem, mesosystem, exosystem and macrosystem). Interactions between the individual and the systems and between each system creates the person (Weiss-Gal 2008: 65). The availability and existence of a person’s characteristics, including personal resources, will determine how they approach various challenges and experiences in the environment (Weiss-Gal 2008: 65).

Using the ecological theory, in the current study, prospective adoptive parents’ challenges during the adoption process stem from interactions with all the systems: microsystem (their family, friends, the child), mesosystem (child’s previous life experiences), exosystem (the social workers and adoption agency) and macrosystem (society’s views, race issues, policies). Furthermore, Shelton (2018: 32) used a version of Bronfenbrenner’s ecological model and adapted it in their phenomenological study that explored “parent experiences that influence positive adoption outcomes”, focusing on the role support structures play in successful adoptions. In explaining the application of the adapted model, Shelton (2018: 15) stated that “[i]ndividuals experience a microsystem (family, peers, school, and work) and a mesosystem (the

interaction of microsystem groups) that work in tandem to develop the individual's experience with close relationships (Bronfenbrenner, 1979). Additionally, the exosystem (community and agency influences) and macrosystem (societal and cultural experiences) affect the individual's experience and are related to overall [adoption] outcomes (Bronfenbrenner, 1979)". This model, however, is limited in that it seeks to explore the person's behaviour only within the systems (Piel *et al.* 2017: 1036) and does not explore the individual at the centre, more specifically the impact of the systems on their psychological well-being (Padmasiri and Kailasapathy 2020: 70).

Therefore, the relevance of the PIE model made it ideal to guide the current study. The current study's objectives are related to the prospective adoptive parents, the person in the environment. The PIE model helps to view and understand (i) the reasons parents adopt, (ii) their fears and anxieties, (iii) their experiences during the meeting stage, and (iv) the available support; these are all influenced by their individual characteristics as well as the systems. The impact of the systems relating to one another and the parent reveal the various potential challenges they face, which uncover how their well-being is impacted. Understanding this will lead to the fifth objective of making recommendations to improve the adoption process. The recommendations on how the systems can work differently would produce insight valuable to ensuing parents' well-being.

The ecological theory helps explore the various internal and external factors that contribute to prospective adoptive parents' psychosocial challenges. The PIE model is suitable because it conceptualises how the various systems impact the prospective adoptive parent's wellbeing. Exploring the personal resources prospective adoptive parents have or lack, such as personal characteristics and support networks, will assist in knowing how to minimise their stressors (personal and social) and maximise their strengths (support) for better well-being (Weiss-Gal 2008: 72; Padmasiri and Kailasapathy 2020: 76).

With the guiding theoretical framework in place, an overview of the research methodology followed by the structure of the research project will be outlined.

1.10 OVERVIEW OF THE RESEARCH METHODOLOGY

A qualitative research methodology, which used an exploratory, descriptive design, was utilised to guide the current study. Gatekeeper permission was obtained from the Durban Adoptive Families social media group administrators. Non-probability methods of purposive and snowballing sampling were used to recruit participants. An initial sample of twelve adoptive families, who live in the eThekweni region, were recruited to participate, and a further four were recruited to ensure data saturation was met. Data was collected through semi-structured interviews, using an interview schedule as the data collection instrument. Both face-to-face and video conferencing interviews were conducted, based on participants' preferences, owing to the national lockdown. The data collected was analysed using a process of thematic analysis. Throughout the research, ethical considerations were upheld and ethical clearance was obtained.

1.11 STRUCTURE OF THE RESEARCH PROJECT

Chapter 1: Introduction	The context and background of the study are discussed. The research problem, aim and objectives are also listed.
Chapter 2: Literature Review	An overview of the literature on the topic is covered.
Chapter 3: Research Methodology	This chapter focusses on the research design, population, sample, data collection process and analysis, rigour and trustworthiness, ethical considerations, and limitations of the study.
Chapter 4: Data Analysis and Findings	This chapter presents the findings of the data collected and an analysis thereof.
Chapter 5: Conclusions and Recommendations	The final chapter presents the major findings, conclusions reached, findings in relation to the

literature review, and recommendations for practice and for further research.

1.12 CONCLUSION

This chapter gave a broad overview of the current research study. The context for the study, particularly adoptions in South Africa, was presented. The background of the study and problem statement revealed the gap and need for conducting this research. The significance of the study was explored, and the guiding theoretical framework was explained. Lastly, an overview of the research methodology was presented, and the structure of the research report presented.

CHAPTER TWO: LITERATURE REVIEW

“Adoption is intended to create a permanent, life-long connection between parents and children. In reality, life after adoption can involve difficulties in child and family adjustment, which in some cases can lead to dissolution (Coakley & Berrick, 2008). Effectively preparing adoptive parents for this life-changing event is important to its success (Brodzinsky, 2008; Smith, 2010). However, little is known about parents’ own perspectives on what types of information, services, and supports best prepare them for adoption”

Lee et al. (2018: 63).

2.1 INTRODUCTION

A literature review aims to investigate, evaluate, and synthesise information, especially that of research and published works, by experts in a given field, to provide a context for a study topic (Bless and Higson-Smith 2000: 19-20; Delpont, Fouché and Schurink 2011: 302). The literature review accomplishes this by including strengths, weaknesses, concepts, ideas, significant themes, issues of debate and gaps in the reviewed research (Bless and Higson-Smith 2000: 19-20).

There are three sections in this chapter. The first section explains how the researcher sourced literature and provides an overview of the literature in the global and local context. The second section explores the definitions and conceptual issues found in the adoption literature. The last major section provides an in-depth review of the literature surrounding the research topic and linked to the research objectives.

2.2 SOURCING LITERATURE: THE JOURNEY AND THE RESULTS

This section aims to provide a context for the placement of this study in adoption literature. This will be achieved by explaining how the researcher sourced the literature and provides an overview of the existing literature in the global and local context.

2.2.1 Sourcing literature: the journey

The starting point for sourcing literature for this study was the research objectives and research questions. From the initial investigation into and reading of current literature,

it was discovered that there is a limited amount published on the topic of parents' experiences in the pre-adoption phase (Meakings et al. 2018: 59; Rogers 2018: 290). As the study progressed, more specific topics and keywords were used to source relevant literature. This showed that the literature review is a continuous process because, "as the research evolves and new issues emerge, additional reviews of the literature will be required" (Delpont and Fouché 2011: 133). There is still a minimal amount of literature directly related to the topic (Canzi *et al.* 2019: 2), especially within the South African context (Gerrand and Stevens 2019: 42). Much of the prior research was done in other countries that focused on that country's specific adoption issues and needs, informed by their context, policies, and practices. Their adoption issues, however, were different from the adoption issues and needs in the South African context, which most often include race issues (Rochat *et al.* 2016: 112; Gerrand and Stevens 2019: 41).

When searching for literature, Google Scholar and Summon (Durban University of Technology's library) were used. These directed the researcher to various trusted databases: ProQuest, Sage Journals, Wiley Online Library Journal, Taylor and Francis Online Journal, EBSCOhost, Springer Link, and JSTOR Journals. Subsequently, relevant journal articles were accessed from online journals such as Social Work/Maatskaplike Werk, Adoption Quarterly, Child and Family Social Work, Adoption & Fostering, and Children and Youth Services Review.

The following keywords and phrases were used in various combinations when sourcing literature: 'adoption', 'attachment', 'prospective adoption', 'adoption challenges', 'psychosocial challenges for parents', 'psychosocial challenges for adoptive parents', 'psychosocial challenges for prospective adoptive parents', 'preparation for adoption', 'anxieties pre-adoption', 'transition', 'pre-adoptive stressors', 'social worker', 'support', 'South Africa', and 'adoption and theoretical framework'.

Overall, a few recent articles were uncovered when searching for articles directly related to the psychosocial challenges prospective adoptive parents faced in the South African context. Existing global and local literature focused more on various aspects of adoption in general than on issues related specifically to the pre-adoption phase, which the current study was seeking to explore. Literature related to pre-adoption

explored a variety of specific topics such as the reasons people adopt (Gerrand 2017; Sohr-Preston *et al.* 2017: 92), evaluation of training programs (Bergsund *et al.* 2018: 282), meeting their child (Foli *et al.* 2017: 490; Lewis 2018: 40-42), and openness and contact with biological parents (Brodzinsky and Goldberg 2016: 9; Farr, Ravvina and Grotevant 2018: 132). Other adoption literature most often explored post-adoption issues such as child and parent attachment, adjustment and relationship (McAndrew and Malley-Keighran 2017: 89; McConnachie *et al.* 2019: 110; Skandrani, Harf and Hussein 2019: 1), the transition to parenthood (Lewis 2018: 38), support networks (Rebollo and González 2019: 527), society and family's views on adoption (Stuckenbruck and Roby 2017: 1442; Weistra and Luke 2017b: 228), and dealing with children with 'special needs' (Miller, Montclos and Sorge 2016: 309). Overall, the various studies often included recommendations for support and change in policy and practice (The Donaldson Adoption Institute 2016: 15; Petrenko *et al.* 2019: 4).

Interestingly, several unpublished theses studied various aspects of adoption from European, American, United Kingdom and South African universities. Topics ranged from adoptees' experiences, parents' pre-adoption experiences, adoptive parents' challenges and coping skills, adoptive parents' experiences of different types of therapy, ethical guidelines for adoption social workers, and inter-country and transracial adoption (Kausi 2014; Thabane 2015; Behari-Ram 2016; Eriksson 2016b; Parsons 2016; Gerrand 2017; Romanini 2017; Wingfield 2017; Anthony 2018; Ben-Nun 2018; Jackson 2018; Ferreira 2019; Pieterse 2019; Stasko 2019; Marengu 2020).

Other information related to adoption was sourced from relevant authors' reference lists and using the Google search engine, which directed the researcher to adoption organisations' websites, adoption-related blogs, and other published and unpublished works. These provided information on adoption in various countries' contexts and practical information aimed at adoptive parents (Hall and Wright 2011; The Donaldson Adoption Institute 2016; Hall *et al.* 2018; Adoption 2019a; Meulen 2019; Vorster 2019b; Child Welfare Information Gateway 2020; Child Welfare Durban & District 2021).

2.2.2 Sourcing literature: the results

This sub-section aims to present and engage with existing literature concerning adoption. This will be accomplished by showing what was found both internationally and locally, therefore providing a context for the current study and revealing the gap it will fill.

2.2.2.1 Global Context: Themes in International Adoption Literature

Although there was adoption literature in both the global and South African context, there was a stark contrast in the major themes or research topics. Globally, there was an abundance of research concerning issues related to the adoptee (Zelege, Koester and Lock 2018: 1428). There was also much literature exploring experiences and issues related to inter-country adoptions (Zelege, Koester and Lock 2018: 1428; Rebollo and González 2019: 525; Skandrani, Harf and Hussein 2019: 1; Finet *et al.* 2020: 453). Studies conducted more recently in the United States of America and the United Kingdom saw an increase in the amount of literature which either focused on the experience of or included same-sex adoptive couples and comparisons of experiences and family life with heterosexual couples (Erich, Leung and Kindle 2005: 43; Jennings *et al.* 2014: 205; Brodzinsky and Goldberg 2016: 9; McConnachie *et al.* 2019: 110; Wyman Battalen *et al.* 2019: 235; Frost and Goldberg 2020: 85).

Brodzinsky is a significant author in the field of adoption (Brodzinsky and Huffman 1988). He is based in the United States of America and his work has often been cited and drawn upon in subsequent research studies related to adoption (Anthony, Paine and Shelton 2019: 12; McConnachie *et al.* 2019: 119; Rebollo and González 2019: 527; Finet *et al.* 2020: 454). His work covers a multitude of current adoption-related topics and issues; those which are relevant to the current study include parents' perceptions of adoption preparation, transition to adoptive parenthood, the adjustment in the family, and contact with biological families (Brodzinsky 1987: 30; Brodzinsky and Huffman 1988: 267; Brodzinsky and Goldberg 2016: 9; Lee *et al.* 2018: 63; Wyman Battalen *et al.* 2019: 235).

2.2.2.2 Local context: South African adoption literature

Transracial adoption is one of the major themes and topics in current South African literature, both in published and unpublished works (Francis 2007: 261; Ferreira 2009; Romanini 2017; Breshears 2018: 22; Luyt and Swartz 2021). This is because most adoptions are of unrelated children and transracial (Doubell 2014: 4-5). Doubell's (2014: 4-5) explanation for this is the combination of South Africa's history impacting Black children, who are the majority considered 'in need of care and protection' (South Africa 2006: 96), coupled with various barriers to same-race adoption.

Relevant themes sourced from research studies included exploring parent and child attachment (Corrie 2003: 4; Behari-Ram 2016: 7), family routines when adjusting to parenthood (Goede 2012: 4), and challenges faced in transracial adoption (Jackson 2018: 4). Further studies explored society's, families' and social workers' perceptions and views of adoption, specifically transracial and the adoption process (Mokomane, Rochat and The Directorate 2012: 355; Doubell 2014: 9; Tanga and Nyasha 2017: 231; Gerrand and Stevens 2019: 45). Additionally, a study on parental views on the outcome of the adoption (van Delft and van Delft 2008: 336) and another challenging the misconceptions related to transracial adoption were sourced (Francis 2007: 268).

2.2.2.3 The context for the current study

The focus of adoption literature and practice has shifted. Historically adoption was found to meet parents' needs of wanting a child (Brodzinsky 1987: 25). The recent shift focused on what is best for children and meeting their needs within adoptive families (Brodzinsky 1987: 25; Wood 2012: 1; Rogers 2018: 295).

With the focus being on children and their best interests, consideration needs to be given to children who have pre-existing issues with attachment or behaviour, and how adoptive parenting can either support the adoptee in overcoming setbacks or hamper them (McConnachie *et al.* 2019: 112; Finet *et al.* 2020: 456). To have healthy adoptive families, parents need to know what adoptive parenting entails (Lee *et al.* 2018: 63). Ill-prepared and unsupported parents cannot help their child attach, adjust, and thrive (Miller, Montclos and Sorge 2016: 310; Mohanty, Ahn and Chokkanathan 2017: 10; Teska 2018: 3).

It is evident from the literature that adoptive and prospective adoptive parents do face challenges because of inadequate preparation and a lack of support (Miller *et al.* 2017: 43; Bergsund *et al.* 2018: 282; Lee *et al.* 2018: 69; Meakings *et al.* 2018: 59; Wyman Battalen *et al.* 2019: 251). The current study explores the specific challenges South African prospective adoptive parents face, which will add to the existing literature pool. It has been noted, globally and locally, that research on parents' experiences during the pre-adoption stages is scarce (Miller *et al.* 2017: 44; Breshears 2018: 22; Gerrand and Stevens 2019: 42). These stages include pre-approval, the expectations (and changes thereof) of parents (Dance and Farmer 2014: 102), the approval and waiting period (Rogers 2018: 295), and transition to parenthood (Lewis 2018: 39). This highlights the gap, which the current study seeks to fill. To better support adoptees, adoptive parents need to be prepared and continually supported. Acquiring a general view of South African prospective adopters' experiences of pre-adoption stages will assist in this.

2.3 DEFINITIONS AND CONCEPTUAL ISSUES IN ADOPTION LITERATURE

This sub-section aims to explore the definitions and conceptual issues found in the literature. The sub-sections herein include (i) explaining the types of adoption, (ii) describing the various forms of adoption, (iii) exploring the term 'special needs', and (iv) defining psychosocial challenges.

2.3.1 Types of adoption

The types of adoption are linked with (i) who can adopt: either a family member, an unrelated adult or a foster parent; (ii) the country in which the adoption occurs; and (iii) whether the adoptive parent and adoptee share the same race or not. Mokomane, Rochat and The Directorate (2012: 350) found that the South African National Adoption Register categorised adoptions into four types namely, biological, family, foster including 'stranger', and step. In comparison, Doubell (2014: 47) identified three sets of two types of adoptions namely, related and foster adoption; national and inter-country; same-race and transracial. Definitions of each are offered below using a combination of the categories from the two authors.

2.3.1.1 Biological

Biological adoptions in the South African context occur most often when “the biological father of a child born out of wedlock” wishes to claim paternity (South Africa 2006: 112) and acquire parental rights and responsibilities (South Africa 2006: 40, 44). No studies were found concerning biological adoptions when searching with the abovementioned keywords.

2.3.1.2 Family or related

South African legislation considers a relative, caring for a child by court order, a foster parent (South Africa 2008: 72). This can also be referred to as kinship care, a term used in the African context and in South Africa as referring to a type of informal fostering (Thabane 2015: 24; Rochat *et al.* 2016: 121; Msebenzi 2017: 1-2). In the African context, kinship adoption is when a child is adopted by a member of their extended family (Stuckenbruck and Roby 2017: 1440).

2.3.1.3 Stranger or unrelated

The term ‘stranger adoption’ or ‘unrelated adoption’ is referred to in cases where a child is matched with an unknown and unrelated parent either in the same country or from another country (Dhami, Mandel and Sothmann 2007: 168; Gerrand 2017: 1; Finet *et al.* 2020: 457). Foster adoptions in the United States of America are not considered unrelated as the child knows the foster parent (Anthony, Paine and Shelton 2019: 2). However, South African adoption agencies often practise unrelated or stranger adoption whether the parents start out as foster parents or not (Mokomane, Rochat and The Directorate 2012: 350).

2.3.1.4 Step-parent

“This happens where a child is adopted by the spouse or civil union partner of a biological parent” (Ferreira 2009: 2-3). A limited number of research studies on adoption and step-parents was found (Corrie 2003: 5), but this practice does occur in South Africa as provision is made for it in Section 231 of the Children’s Act 38 of 2005 (South Africa 2006: 112).

2.3.1.5 Domestic or national adoption

This term refers to an adoptive parent who adopts a child from the same country of origin (United Nations 1990: 6; African Commission on Human and People's Rights 2019: 9). The terms 'national adoption' and 'domestic adoption' can be used interchangeably (Stuckenbruck and Roby 2017: 1440; Gerrand and Stevens 2019: 41).

2.3.1.6 Inter-country adoption

The term inter-country can be used interchangeably with international or transnational adoption (Zelege, Koester and Lock 2018: 1428). This type of adoption is when prospective adoptive parents adopt a child from a country different from the child's country of origin (United Nations 1990: 6; African Commission on Human and People's Rights 2019: 9).

2.3.1.7 Transracial adoption or cross-racial adoption

"Transracial adoption, also known as cross-racial adoption, refers to the adoption of children of one racial background by families of another racial background" (Francis 2007: 262). Most South African literature was centred around this type of adoption (Doubell 2014: 18; Tanga and Nyasha 2017: 231), and inter-country adoption studies often included aspects related to transracial adoption (Lee *et al.* 2018: 64).

2.3.1.8 Same-race adoption

Based on the above definition for transracial adoption, the definition of same-race adoption is when an adoptee is part of the same race population group as the parents (Breshears 2018: 23; Gerrand and Stevens 2019: 42).

2.3.2 Adoption forms

The following section explains that adoptions can either be open or closed. Doubell (2014: 48) explained that "[t]he form of adoption is dependent on the type of contact that exists between the birth and adoptive families after the adoption has taken place".

2.3.2.1 Open or disclosed

An adoption is considered open or disclosed when there is some form of contact, communication or information shared between birth and adoptive families (Farr, Ravvina and Grotevant 2018: 133; Teska 2018: 4). This contact can either be directly between the birth and adoptive families or through a third party such as the social worker or adoption agency acting as the mediator (Farr, Ravvina and Grotevant 2018: 134; Teska 2018: 4).

'Birth families' could include anyone from the biological family, not only the parents (Doubell 2014: 49). Once the social worker, birth and adoptive families decide on the degree of anonymity and contact (van Delft and van Delft 2008: 344), a post-adoptive agreement is often put in place explaining the boundaries and terms that are in line with the best interests of the child (Doubell 2014: 49).

Recent literature uses the term 'openness' in two ways: (i) structural openness such as contact with the birth family and (ii) communicative openness is when a child is aware their adoption story either in part or in full (Pilcher, Hooley and Coffey 2020: 569). Openness in adoption is a more recent practice as the trend has been to move away from secrecy for the adoptee's sake (Pilcher, Hooley and Coffey 2020: 569).

2.3.2.2 Closed

An adoption is considered closed, undisclosed or confidential when no identifying information is shared, nor contact made by either adoptive or birth families (Doubell 2014: 48; Farr, Ravvina and Grotevant 2018: 134; Teska 2018: 4).

Because 'openness' in adoption is two-fold, an adoptive family can have a closed adoption, but still have 'communicative openness' with the child as is evident from the current research's findings (van Delft and van Delft 2008: 343-344).

2.3.3 Special needs

The term 'special needs' appeared mainly in international literature when referring to types of adoptable children. Special needs groups within the United States of America's foster care system and 'harder-to-place children' in the United Kingdom include: "sibling groups, older children, children with disabilities, children of colour, and

children with mental health issues” (Denby, Alford and Ayala 2011: 1543; Rogers 2018: 290); known or suspected medical, physical, emotional disabilities, genetic risks, ethnicity, prenatal exposures (Miller, Montclos and Sorge 2016: 309). This multifaceted definition is used throughout the current study unless otherwise specified.

2.3.4 Psychosocial challenges

By viewing a person holistically, they can be understood through various dimensions: their mental or cognitive, physical, psychological and emotional, social (including family and culture) and spiritual components (Graybeal 2001: 235; Loughry and Eyber 2003: 1; Bullington and Fagerberg 2013: 493).

The term ‘psychosocial’ refers to the relationship between a person’s psychological and social factors (Loughry and Eyber 2003: 1). Psychological factors include the cognitive and emotional aspects (Loughry and Eyber 2003: 1), which in the current study are manifested in fears, anxieties and stressors. Social relationships cover a broad sphere including partner, child, extended family, friends, social workers and other specialists, and society at large. The interplay between these is seen both in the experience of the person as well as in how they relate to those around them (Loughry and Eyber 2003: 1-2).

This sub-section explored the definitions and conceptual issues found in the adoption literature. The following subsections provide an in-depth review of the literature surrounding the research topic and linked to the research objectives.

2.4 REASONS PEOPLE CHOOSE TO ADOPT

Information on the various reasons people choose to adopt can be found within the literature review but is rarely a main feature/topic. This reveals a gap, as it has not received the attention it could have, because it is often a secondary feature in the literature. Overall, international and local findings (van Delft and van Delft 2008: 36; Denby, Alford and Ayala 2011: 1547; Bethmann and Kvasnicka 2012: 1; Dance and Farmer 2014: 104; Jennings *et al.* 2014: 218, 220; Onayemi 2019: 271) show that there are similar reasons for adoption across continents.

A discussion of what was found will be presented under two sub-sections adapted from Denby, Alford and Ayala's (2011: 1547) study. Two themes emerged from their inquiry into motivations for adoption, namely, "(a) situational/personal experiences; and (b) concern for the well-being of children" (Denby, Alford and Ayala 2011: 1547). These two themes will be used to categorise what was found in the literature.

2.4.1 Parent's situational/personal experience

These experiences include i) reproductive-related experiences such as infertility, being past child-bearing age, childlessness, having biological children but not being able to conceive again; ii) finance-related experiences such as not being able to afford to use a private agency; iii) other such as marital status and sexual orientation (Denby, Alford and Ayala 2011: 1547-1548). The first two reasons were predominantly found amongst heterosexual couples (McConnachie *et al.* 2019: 119). All of these reasons were centred around the desire to build a family and become parents (van Delft and van Delft 2008: 340).

With reference to people adopting because of sexual orientation, Jennings *et al.* (2014: 205, 210) conducted a study in the United Kingdom which compared the reasons for choosing the adoption route and experiences before adoption between "[41] two-parent gay adoptive families, 40 two-parent lesbian adoptive families, and 49 two-parent heterosexual adoptive families...". The results revealed that parenthood was a given for most heterosexual couples, but considering adoption was a 'final' route after trying various methods to conceive a biological child (Jennings *et al.* 2014: 218). These results support the findings of many researchers that infertility is the primary reason parents chose adoption to build their family (Bryan, Flaherty and Saunders 2010: 99; Bethmann and Kvasnicka 2012: 1; Bhaskar *et al.* 2014: 504; Dance and Farmer 2014: 104; Doubell 2014: 57-58, 66; Mohanty, Ahn and Chokkanathan 2017: 2; Sohr-Preston *et al.* 2017: 92; Stuckenbruck and Roby 2017: 1443; Wang *et al.* 2020: 12).

Compared to heterosexual couples, many same-sex couples in Jennings *et al.* (2014: 215)'s study, had not initially considered parenthood owing to "a heterosexist environment" in which they grew up. Only once the legislation changed allowing for both partners to be considered legal parents did it prompt many same-sex couples in the study to consider adoption (Jennings *et al.* 2014: 216-217). Other factors that

caused same-sex parents, specifically gay couples, to adopt rather than use a surrogate, was the cost involved with surrogacy. The theme of 'moral reasoning' was one that some of all types of couples shared for why they did not pursue biological alternatives such as surrogacy, IVF or assisted conception, as they felt it unethical or were uncomfortable with those processes (Jennings *et al.* 2014: 219). Several same-sex parents said they did not feel the need to find such alternatives as adoption was the "most logical" route to parenthood (Jennings *et al.* 2014: 220).

Similarly in the United Kingdom, McConnachie *et al.* (2019: 119) found that compared to heterosexual couples, most of the gay fathers had never desired nor considered an alternative route to parenthood, making adoption their first choice. Another reason why the majority of same-sex parents in Jennings *et al.*'s (2014: 220) study took the adoption route first was that parents wanted to be equal parents. They did not want a situation where only one of them shared genes with the child. Parents had also expressed knowing of families where the donor or surrogate was a co-parent which brought about many challenges and issues; to avoid this, adoption was the preferred option (Jennings *et al.* 2014: 221). Adoption allowed parents to have complete autonomy in their parenting. Although the study shed light on the similar and different experiences of prospective adoptive parents' reasons for adoption, it is limited to international findings as research on same-sex adoption is more prevalent in international settings than in South Africa (Erich, Leung and Kindle 2005: 44; Romanini 2017: 106).

In the African context, adoption is a sensitive topic with many arguments for and against, owing to social and cultural expectations and stigmas (Mokomane, Rochat and The Directorate 2012: 355; Stuckenbruck and Roby 2017: 1442; Onayemi 2019: 269). In a study conducted in Nigeria, it was found that the reasons which motivated adoption included meeting the parent's emotional need for company either because they were single, divorced, widowed or experiencing the 'empty nest syndrome' (Onayemi 2019: 267-268). The empty nest syndrome was also mentioned as a motivating factor for adoption in the United States of America which found that parents whose biological children had grown up and moved out wanted to fill the void through adoption (Bryan, Flaherty and Saunders 2010: 99; Teska 2018: 1). Another reason was as a way of managing infertility and therefore securing the marital relationship.

This was because husbands were often encouraged to take another wife in order to produce an offspring (Stuckenbruck and Roby 2017: 1442; Onayemi 2019: 270-271). Adoption, can therefore, fill the family void and bring about a harmonious marriage (Stuckenbruck and Roby 2017: 1442; Onayemi 2019: 270-271). Kinship care is considered standard practice in the African context in which a child is taken in by an extended family member but is not formally adopted (Stuckenbruck and Roby 2017: 1440). The practice of kinship adoption is rare and often only occurs for practical reasons as seen in Stuckenbruck and Roby's (2017: 1443) study, where formalising the adoption meant the child could be placed on the related adult's company-covered healthcare insurance, therefore saving costs.

Another reason found in African adoption literature is to have a child run errands, perform tasks, and be left an inheritance (Gerrand 2017: 20; Stuckenbruck and Roby 2017: 1444). Whether these are only issues found in the African context or not is unclear. A paper by German researchers, Bethmann and Kvasnicka (2012: 7-8) stated that there is still a tendency in some parts of the world to adopt children for popularity gains and as a means to secure labour and generate income. If this occurs in Africa, it is in violation of Article 15 of the African Charter on the Rights and Welfare of the Child which states that children should be protected from any form of child labour (African Commission on Human and People's Rights 2019: 6).

One study focused on investigating the reasons for and experiences of adopting a second child in the United States of America (Frost and Goldberg 2020: 85). Motivations included the desire to expand the family, a desire for their first child to have a sibling, and wanting to keep biological ties between siblings (Frost and Goldberg 2020: 93, 95). Another study sought to explore parents' choice to adopt attributed to theological reasons and spiritual motivations, such as a "perceived biblical mandate, perspective of ministry, concepts of spiritual adoption, views towards God's blessings" (Firmin *et al.* 2017: 61).

2.4.2 A concern for the well-being of children

The prospective adoptive parents saw the realities of these vulnerable children through media campaigns, having worked or been involved in the foster care system as a worker, volunteer or foster parent, or having personally known someone who was

brought up in the foster care system or had been adopted (Denby, Alford and Ayala 2011: 1547-1548; Dance and Farmer 2014: 104; Doubell 2014: 57-58, 66; Teska 2018: 1). A reason mentioned mostly in international literature was that foster parents had formed bonds with their foster children and wanted to become a permanent family (Bryan, Flaherty and Saunders 2010: 98). The interviews by Dance and Farmer (2014: 104) and Camara (2014: 67) also revealed another reason parents chose to adopt. This was a pre-existing desire regardless of their ability to conceive biological children.

The theme of 'concern for children's well-being' was motivated by altruism (Teska 2018: 1). Krusiewicz and Wood (2001: 795-796) found that rescuing children from adverse circumstances was a theme that motivated 17 out of the 18 adoptive parents. The adverse circumstances were related to the reasons biological parents gave children up for adoption, which included factors such as the parents being too young, not being able to provide appropriate care for their child, or wanting the child to have a better life (Krusiewicz and Wood 2001: 796). Offering stability and security to children not living with their birth family was a further philanthropic reason for adoption (Bryan, Flaherty and Saunders 2010: 99). Additionally, Bethmann and Kvasnicka (2012: 7-8) found that prospective adoptive parents adopted because they had an emotional attachment to a child's circumstances and future. This was a theme that occurred across continents as it, together with parents feeling a sense of social responsibility, were also found as motivating factors of six adoptive parents in Kenya (Stuckenbruck and Roby 2017: 1443).

South African adoption literature is mainly focused on transracial adoption where children are placed with unrelated/'stranger' parents who are of a different race, ethnicity, or culture (Mokomane, Rochat and The Directorate 2012: 354; Luyt and Swartz 2021: 4). Some of the reasons parents wanted to adopt, as stated in the research project done by Doubell (2014: 57-58, 66), include issues of infertility, single people desiring to be parents, and people having exposure to adoption. With regard to transracial adoption, it included the desire to reduce racism through integration and a desire to give children, who would otherwise be trapped in the system, a permanent home. These reasons were found in other South African studies by Camara (2014: 60-67) and Breshears (2018: 33). Although the purpose of Doubell's (2014: 151) inquiry into why parents adopt was to better understand how organisations can

improve their recruitment strategies, the data supports what is seen in previous and similar literature. The reasons for adopting were categorised under four headings: (a) desire to be a parent which included limitations to having biological children, to increase their family size (Firmin *et al.* 2017: 61), and a desire to adopt; (b) philanthropic/altruistic reasons because of a previous connection to a child, a desire to provide a home to a child in need of one, and in the hopes that transracial adoption would reduce racism; (c) prior exposure to adoption where the adoptive parent was either adopted themselves or had a family member who was adopted and otherwise seeing friends successfully adopt; and (d) related adoptions by the biological father, step or extended family adoptions (Doubell 2014: 149).

2.5 THE EXPERIENCES OF PROSPECTIVE ADOPTIVE PARENTS

In this section the literature related to parents' emotional and social experiences throughout three stages: (i) pre-adoption, which includes parent's decision to adopt and the application process; (ii) peri-adoption, which includes the time after the adoption application has been submitted through to meeting and bonding with the prospective adoptee; (iii) and post-placement, which refers to the time when the child lives with the prospective adoptive parents but before the adoption has been finalised. These will be used as the subheadings following an introduction to the section.

The transition to parenthood comes with a set of challenges; the transition to adoptive parenthood adds further challenges (Brodzinsky 1987: 30; van Delft and van Delft 2008: 351; Teska 2018: 3; Frost and Goldberg 2020: 87). Becoming parents is regarded as a stressful life event due to changes in the marital relationship, adjusting to new and additional roles and responsibilities, time demands, unmet expectations, child's characteristics, the addition of another child and the impact of various family dynamics (Frost and Goldberg 2020: 86, 88, 101). Additionally, adoptive parents' challenges include facing potential grief due to infertility, the unpredictability of the timing of the various decisions involved and the administration required in the adoption process, the adoptee's pre-adoption experience impacting attachment and the parent-child relationship, and decisions regarding contact with birth families (van Delft and van Delft 2008: 345; Child Welfare Information Gateway 2015: 4-8; Frost and Goldberg 2020: 87-88).

Child Welfare Information Gateway (2020: para. 3 line 1-2) is “[a] service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services...”. They provide access to information, tools and resources related to the healthy development of children and their families (Child Welfare Information Gateway 2020: para. 2 line 1-4). They had a wealth of information and resources related to the topic of adoption. Their factsheet for families series published an article that explored the emotional themes and feelings adoptive parents may experience during the different stages of the adoption process (Child Welfare Information Gateway 2015: 1). They listed topics that prospective adoptive parents may need to engage on which can cause stress. These were the type of adoption to pursue, which agency to go with, what to do and expect during the post-placement stage, the various waiting periods, and the home study which can feel invasive and bring up emotional issues parents may not have been aware of (Child Welfare Information Gateway 2015: 4). All of these can be stressors and cause anxiety or bring about challenges. Additionally, the transition into parenthood, whether this occurs before the adoption is finalised (i.e. the post-adoption period) or while awaiting finalisation, can include post-placement and will be accompanied by its own challenges and difficulties (Child Welfare Information Gateway 2015: 4).

Following this, it is necessary to note that most of the current study's objectives are related and interlinked. In inquiring about fears and anxieties (objective two), there may be specific ones related to the administration and process of adoption, which may differ from experiences during the meeting and post-placement stages (objective three). It may also be that the need for and experience of support or lack thereof (objective four) evokes specific fears and anxieties (objective two) at different stages along the adoption journey. It was also evident from the literature that these themes are interrelated; therefore, this section's structure will be divided into categories linked to the pre-adoption phase namely pre-adoption, peri-adoption and post-placement (Zelege, Koester and Lock 2018: 1432). This structure will help to establish what literature exists on parents' experiences at different times of the adoption journey. Within these pre-adoption phase categories, the information will be organised under headings relating to the prospective adoptive parents' emotions (fears, anxieties, and stressors), and social aspects (concerning the child; adoption agency, social worker, and specialists; and society in general). The psychosocial experiences of prospective

adoptive parents' formal (e.g. training) and informal (family and friends) support networks will be covered in the following section as they relate to the fourth objective of the current study.

2.5.1 Pre-adoption stage

This section aims to explore prospective adoptive parents' expectations, and the general challenges and experiences parents had during the pre-adoption stage. This stage includes (i) the decision to adopt a child, (ii) the psychological, social and emotional preparation (Zelege, Koester and Lock 2018: 1433), and (iii) the administrative process (Gerrand and Stevens 2019: 44). The two sub-headings emotional challenges and social challenges will be used to categorise and review the relevant literature.

2.5.1.1 Emotional challenges

Grief and loss are often associated with parents who choose to adopt due to infertility, which is related to the desire to be parents (Anthony, Paine and Shelton 2019: 2). If parents do not address the infertility issues, consequent psychological challenges will impact adjustment and cohesion within the whole family (Brodzinsky 1987: 31; Wang *et al.* 2020: 4).

A key theme encountered was parents' concerns about their decision to adopt and parenthood. Some parents were concerned about the impact the adoption would have on the couple's relationship, and others just felt scared at the prospect of "imminent parenthood" and "an impending sense of responsibility" (Tasker and Wood 2016: 527). The fear of the unknown and feeling of uncertainty were so great that even seemingly small and practical or daily decisions seemed overwhelming and risky (Tasker and Wood 2016: 527).

First-time adoptive parents had anxieties about being first-time parents and the adoption process, whereas those adopting a second time felt calmer as there was no urgency to attain parenthood (Frost and Goldberg 2020: 101). Parenting stress levels were also associated with their perception of being a competent parent – their self-efficacy (Anthony, Paine and Shelton 2019: 9; Finet *et al.* 2020: 456). For first-time parents the whole process was fraught with anxiety due to concerns about whether

agencies considered them 'good enough' prospective parents. This was not the case for parents who adopted a second time, as they were “not threatened by the outcome of the adoption process” because they had already successfully adopted (Frost and Goldberg 2020: 100). In this same study, a few parents did report feeling overwhelmed at the onset of a second application as their previous experience had proven to be a stressful one (Frost and Goldberg 2020: 100).

Concerning the process, some parents did have positive experiences (Dance and Farmer 2014: 105). However, the majority of the parents described it as “intense, difficult and emotional” (Dance and Farmer 2014: 105), while others felt it was complicated and intimidating (Stuckenbruck and Roby 2017: 1445), and that the process was a competition between applicants (Rogers 2018: 294). There were anxieties and uncertainty around the timing of the process, evaluation period, and waiting to be matched (Brodzinsky 1987: 31-32; Anthony, Paine and Shelton 2019: 2). Additionally, there was a feeling of being mistreated due to adoptive families’ personal or family characteristics, such as already having a biological child (Rogers 2018: 294).

Likewise, same-sex couples often encountered discrimination throughout the process owing to being a sexual minority group which enhanced the stress of the process (The Donaldson Adoption Institute 2016: 13; Moyer and Goldberg 2017: 13; Farr, Ravvina and Grotevant 2018: 144; Wyman Battalen *et al.* 2019: 236). Parents of sexual minority groups feared that their children would experience the same discrimination based on their parents' sexual orientation (Wyman Battalen *et al.* 2019: 249).

South African authors van Delft and van Delft (2008: 340) summarised parents’ pre-adoption challenges. The screening process was described as irritating, painful, and emotionally draining, although some parents noted that it was good for their growth. Parents highlighted “the unavoidable stress that accompanies the long waiting period after being accepted as prospective adoptive parents; too much repetition of questions and issues around infertility, marital relationships and adoption per se; feelings of aggression towards the social worker and Die Ondersteuningsraad¹ for not being

¹ This is the name of “a registered welfare organisation run by the Nederduitsch Hervormde Kerk” (Delft and Delft 2008:337).

accepted as adoptive parents simply on the grounds of testimonials from people such as church pastors and other referees” (van Delft and van Delft 2008: 340).

Related to paperwork and the United Kingdom's 'home study' period, some of the big frustrations were associated with “errors and inaccuracies in the paperwork and insufficient time to make changes when [case] workers had left things too close to deadlines” (Dance and Farmer 2014: 106). Parents also had frustrations with delays at different times in the process, which in some cases meant that parents were willing and ready to receive a child and there was a child ready to be adopted, but the approval required by the panel was delaying the match between child and parent (Dance and Farmer 2014: 107). These findings are not uncommon. There are similar frustrations of prospective adoptive parents in the United States of America (Foli *et al.* 2017: 486) and South Africa (Rochat *et al.* 2016: 124; Gerrand 2017: 190). Parents' other frustrations were that the process was uncertain and slow (Foli *et al.* 2017: 486). Owing to the uncertainty and difficulty of the process and time frames, parents felt a lack of control over their lives (Foli *et al.* 2017: 486, 488; Rogers 2018: 294). These process frustrations added stress to an already stressful life experienced by most of the parents, and in some cases triggered depressive symptoms (Foli *et al.* 2017: 489).

Parents' expectations of the pre-adoption process and possible mismatch to the reality can also be a potential stressor. Studies found there were many misconceptions and little knowledge about the reality of the process and stages (Brodzinsky 1987: 32; Denby, Alford and Ayala 2011: 1548-1549). When the process was unclear, a few parents did their own research into what the process entailed and others obtained the information from their previous experience or the experience of others (Denby, Alford and Ayala 2011: 1548). When the reality of adoption and the situation diverged from what parents expected, parenting stress was intensified, and the ability to cope was threatened (Brodzinsky 1987: 30; Miller, Montclos and Sorge 2016: 314; Moyer and Goldberg 2017: 12; Santos-Nunes *et al.* 2018: 13, 15). These misconceptions were helpful to understand the views and expectations parents have in the pre-adoption phase. In their study conducted in the United States of America, Denby, Alford and Ayala (2011: 1549) found that most parents “thought the process would be faster or progress more smoothly than it actually did for them. They expected more training and guidance along the way regarding the stages involved and more explanations as to

why it took so long. They often expected certain things like more visits with the prospective adoptee prior to placement, more education with specific directions, and in general, more structure for the entire process”. However, a mismatch of the expectations and the reality was not always experienced (Moyer and Goldberg 2017: 15).

The Donaldson Adoption Institute (2016: 18) discovered that many respondents found adoption to be expensive; therefore, affording some the means to adopt while others chose not to pursue adoption due to affordability concerns. Their study found that “75% of the adoption community believes that money and privilege distort adoption” (The Donaldson Adoption Institute 2016: 18). Adoptive parents' concern over the cost of the adoption process is also relevant in the South African context (Gerrand and Stevens 2019: 47). High costs associated with the adoption process and specifically the assessment phase in South Africa caused much debate and stress for prospective adoptive parents (Gerrand and Stevens 2019: 48).

Financial strain was a theme that seemed to appear in most of the stages of the adoption journey (Meakings *et al.* 2018: 69). In a Welsh study, some parents even delayed the final adoption order's timing because they were concerned that the financial support they had been receiving would be withdrawn once the adoption was complete (Meakings *et al.* 2018: 70). Another study found that parents in Kenya perceived adoption to be for the wealthy only as the costs were too high (Stuckenbruck and Roby 2017: 1444).

The theme of ‘waiting’ was linked to a strong desire or desperation for parenthood (Tasker and Wood 2016: 525). This theme was unfounded among adoptive parents adopting a second time, who felt more relaxed because they already had a child (Frost and Goldberg 2020: 100). In adopting an additional child who was biologically related to an already adopted child, parents faced uncertainty about whether to pursue the adoption or not (Frost and Goldberg 2020: 95). The uncertainty was due to 'bad timing', the unexpectedness of it, as well as financial constraints (Frost and Goldberg 2020: 95). However, parents who valued maintaining biological ties reshuffled their expectations and circumstances to adopt the sibling (Frost and Goldberg 2020: 95).

Dance and Farmer (2014: 107) sought to use the information found regarding the parents' experiences during the preparation and assessment phases to investigate if the parents had changed their views on the child's characteristics they wished to adopt. Although their study did not directly answer the current study's questions and objectives, it brought to light some anxieties parents face regarding what they first expected and how and why those expectations changed. Similarly, Moyer and Goldberg (2017: 19) found that often, parents adopting through public child welfare were matched with children different from the parent's pre-adoptive preferences because of availability. Parents changed the desired characteristics of children to what was available to ensure a quicker and successful match rather than retain original preferences (Dance and Farmer 2014: 108; Rogers 2018: 230).

A few parents desired to adopt siblings, but when it was unsuccessful, they realised they would not have been able to cope with more than one child (Dance and Farmer 2014: 108). One couple was eager to adopt a young baby and were told by their agency that their best chance of getting a young child was to adopt a sibling group (Dance and Farmer 2014: 109). Presumably, they started preparing emotionally and physically for more than one child, only to later hear the complete opposite from their worker's manager (Dance and Farmer 2014: 109). It appears that parents' applications are categorised based on how many children they want. If they stated on their form that they wanted two siblings, then they would have to wait until that option 'becomes available' and therefore would not be considered for other options such as one child or three siblings (Dance and Farmer 2014: 109). Consequently, this meant that if parents were unsure about specific characteristics such as age, gender, the disability that they would consider, they could be missing out on being matched. Some parents who attend 'profiling evenings', where they give prospective adoptive parents information about an individual child, can choose based on the information provided (Dance and Farmer 2014: 110). A sense of being criticised and judged by others was experienced and felt by parents who decided not to change their preferences, due to perceptions of what they felt they could and could not handle (Rogers 2018: 293).

In Denby, Alford and Ayala's (2011: 1551) interviews with the three families who discontinued the adoption process, they "suggested that they were pushed to narrow down their search parameters too much and they should have been given the

opportunity to consider children who only partially fit their list of acceptable characteristics” Other factors which caused parents to either consider discontinuing or to discontinue included inefficient social workers, lost paperwork, personality conflicts with the social workers, the vague, lengthy and time-consuming process, and not knowing what was going on owing to a lack of communication and an unclear process (Denby, Alford and Ayala 2011: 1550-1551).

It is evident from previous research studies that prospective adoptive parents had to navigate a myriad of emotional challenges. The following sub-section will explore the various social challenges adoptive parents encountered.

2.5.1.2 Social challenges

This sub-section aims to explore challenges and experiences (i) concerning the prospective adoptee, (ii) of the adoption agency, social worker, and other specialists, and (iii) of society's views on adoption.

2.5.1.2.1 Adoptee

One of the only pre-adoptive stressors concerning the child was regarding transracial adoption. At the onset of the process, parents who know they will be adopting a child of a different race or culture have a growing concern for their child's potential encounters with society regarding their different race as they grow older and understand contextual race issues (Breshears 2018: 33).

2.5.1.2.2 Adoption agency, social worker, and other specialists

Gerrand and Stevens (2019: 47) conducted a research study in Gauteng which found that a majority of the 18 parent participants said the assessment stage is extensive, costly and unnecessary, especially the medical and psychological assessments. However, the eight social worker participants agreed that the assessments were necessary to ensure that parents are psychologically and physically healthy and ready to take on a child and to continue to promote the child's best interests (Gerrand and Stevens 2019: 47-48). Failure of the adoption officials to ensure the adoptive parents' readiness can result in parents returning or rejecting the potential adoptive child (Onayemi 2019: 268).

Many prospective adoptive parents felt that professionals involved in the adoption assessment phase (social workers, medical practitioners, psychologists) were unprofessional, disrespectful, and disregarded the parents' feelings and state of vulnerability in the process and throughout the various tests (Rogers 2018: 295; Gerrand and Stevens 2019: 49-50). Parents felt especially concerned and anxious when the social worker involved with their case either did not specialise in adoption or did not agree with unrelated or stranger adoptions, these often being transracial adoptions in South Africa (Doubell 2014: 109-110,157; Tanga and Nyasha 2017: 234; Gerrand and Stevens 2019: 49, 51). Additionally, Mokomane, RoCHAT and The Directorate (2012: 355) found that it was not uncommon to have social workers with prejudicial attitudes towards specific groups of prospective adoptive parents, such as single, same-sex couples, and low-income earners. These discriminatory attitudes towards minority groups were also found globally (Sohr-Preston *et al.* 2017: 99). Despite this attitude, studies have reported that men, and particularly gay men, are suitable parents and should be more readily considered adoptive parents (McConnachie *et al.* 2019: 121).

Parents felt dissatisfied with the social workers' lack of transparency with parents in the matching and pre-placement stages (Lee *et al.* 2018: 69; Rogers 2018: 294). Parents experienced a lack of communication from social workers and felt that they were always too busy, making parents feel as though they were a burden (Lee *et al.* 2018: 69).

Poor communication by social workers in general and related administrative and procedural errors heightened levels of frustration and anxiety in parents (Meakings *et al.* 2018: 70). Administrative and procedural errors included delays, lost paperwork, paperwork not being filed by social workers and court officials (Meakings *et al.* 2018: 70; Anthony, Paine and Shelton 2019: 2). These occurred both before the application for the adoption order had been submitted and even after submission causing adoption hearings to be delayed (Meakings *et al.* 2018: 70). Parents commented that these delays caused them to be emotionally exhausted (Meakings *et al.* 2018: 71).

Families adopting again felt better equipped to handle the various phases of the process because of their positive experience the first time. A few second-time adopters adopted through the same organisation or social worker (Frost and Goldberg 2020:

96). However, those who chose to use another agency or social worker did so due to previous negative experiences and practical factors such as desiring a short waiting time and lower cost (Frost and Goldberg 2020: 96). This is evidenced by one participant who changed agencies because she was worried that she would be 'deprioritised' as it would be her second adoption (Frost and Goldberg 2020).

2.5.1.2.3 Society

Adoptive families often encountered stigmatisation linked to infertility (Brodzinsky 1987: 32; Mohanty, Ahn and Chokkanathan 2017: 3; Weistra and Luke 2017b: 229, 237-238; Wang *et al.* 2020: 2). There is a stigma attached to being 'childless' in Africa, which motivated parents to adopt, but there are additional stigmas attached to adoption (Stuckenbruck and Roby 2017: 1442).

This section reflected that the pre-adoption stage brought on a variety of challenges and experiences for prospective adoptive parents. Once parents had been through this stage, doing the assessments and completing their adoption application, they entered the next stage, waiting to be matched and then meeting their prospective adoptive child (Zelege, Koester and Lock 2018: 1433).

2.5.2 Peri-adoption stage

It is essential to clarify the scope of objective three which stated that the current study seeks to explore prospective adoptive parents' experiences when they first meet their prospective adoptive child. At the outset, the current study sought to explore the parents' initial experiences when meeting or seeing their child for the first time. As the research progressed, both the literature and the interviews revealed that the 'meeting' should be considered a broader phase, although different in various countries. For the sake of this study, the 'meeting' will include hearing about the child and their story, seeing a picture of the child, talking to the child's biological parent, seeing the child for the first time, and the initial time spent bonding and interacting with the child.

Therefore, the peri-adoption stage includes the matching and meeting periods (Zelege, Koester and Lock 2018: 1433). As this meeting phase is extended and forms part of the pre-adoptive phase, more insight will be gained into the parents' various

psychosocial experiences. The two sub-headings emotional challenges and social challenges will be used to categorise and review the relevant literature.

2.5.2.1 Emotional challenges

Parents felt frustrated at the lengthy waiting period to be matched with a child (Rogers 2018: 291). Parents were hearing the (United Kingdom) media talk about the many children needing adoption, yet they were waiting months and sometimes years to be matched with a child (Rogers 2018: 292). In a study looking at various social media posts from prospective adopters waiting to be matched, many posts revealed the emotional strain waiting has on a parent (Rogers 2018: 294). Feelings of desperation, isolation, and being “heartbroken” were expressed, as well as wanting to give up or sharing a sense that their lives had to be put on hold (Rogers 2018: 294).

After the excitement around meeting their child for the first time, Firmin *et al.* (2017: 64) found that among the 21 families interviewed “it was common for families to feel as though their home dynamics temporarily were in chaos”.

This stage brought on mixed emotional experiences for prospective adoptive parents. The next sub-section will explore various social challenges experienced.

2.5.2.2 Social challenges

This sub-section aims to explore challenges and experiences (i) concerning the prospective adoptee and meeting them, (ii) relating to the social worker, and (iii) of potential societal discrimination.

2.5.2.2.1 Adoptee

Upon first meeting their child, a theme evident from Krusiewicz and Wood's (2001: 794) study of 18 American adoptive parents' entrance stories was that “respondents described themselves as being compellingly drawn to particular children”. From this 'compelling connection', a subtheme labelled 'love at first sight' emerged where parents described, upon their first meeting, an immediate connection and love for the child they would later decide to adopt (Krusiewicz and Wood 2001: 794).

Parents and their support networks familiar with international adoption were more concerned about child-related issues such as their history, health, development and language (Zelege, Koester and Lock 2018: 1434). On the other hand, parents were remarkably anxious about if and how the extended family, friends, and community would accept the child when international adoption was unfamiliar (Zelege, Koester and Lock 2018: 1434).

Owing to a lack of information, specifically medical, that often accompanies abandoned children (Doubell 2014: 120-121), parents carry concerns about their adoptive child's health, medical conditions and development, which can cause much anxiety and worry (Meakings *et al.* 2018: 64). Examples of developmental issues include speech and language delay (cognitive development), poor motor skills, regressive behaviour, and limited social development (Meakings *et al.* 2018: 64; Rebollo and González 2019: 531). Interestingly, the authors in a French study found that when adoptees' pre-adoption experience included trauma, whether health-related or emotional, parents were in denial of the impact these experiences had on both the child and the parents (Skandrani, Harf and Hussein 2019: 2, 5-6). Parents also found it difficult to talk about the child's history with them (Skandrani, Harf and Hussein 2019: 6).

For some parents in Moyer and Goldberg's study (2017: 17), disappointment set in once they met and decided to adopt a child older than they had hoped to adopt. These parents' disappointment was expressed in that they had longed to be part of shaping the child and their memories from a young age (Moyer and Goldberg 2017: 17).

2.5.2.2.2 Social worker

Lewis (2018: 38) conducted a study in the United Kingdom, which explored "the experiences of adoptive parents during adoption transitions". This period involved much interaction with the social worker. The authors defined the transition period as "the time between when a match with a child is made until the number of months after placement" (Lewis 2018: 38). Social worker's empathy and support, or lack thereof had an impact on the prospective adoptive parent's anxiety during the transition. Mixed feelings about this stage emerged from participants, ranging from feeling rushed by the social worker into making a decision and feeling like the meeting period was drawn

out (Lewis 2018: 45). Additionally, parents felt uncomfortable and under scrutiny during the meeting phase as they were always under the social worker's watch (Lewis 2018: 41). This perceived scrutiny led a few parents to worry about whether they would secure the adoption order (Lewis 2018: 41).

In the United Kingdom, a formal plan between the prospective adoptive parent and the social worker is negotiated, establishing expectations during the meeting period (Lewis 2018: 40). It outlines when and how prospective adoptive parents are introduced to and can start regularly seeing and visiting their prospective adoptive child (Lewis 2018: 40). The meeting where this is done is called the placement planning meeting, and with participants from Lewis' (2018: 40) study often occurred right before the prospective adoptive parents met the prospective adoptee. Parents from the study felt as though the social worker's placement plans were too rigid in that they did not allow flexibility based on either the parents or the child's desires or needs (Lewis 2018: 40).

2.5.2.2.3 Societal discrimination

Owing to parents' fear of discrimination and desire to keep the adoption a secret, some social workers matched prospective adoptive parents with a child who looked like one or both parents (Stuckenbruck and Roby 2017: 1444; Weistra and Luke 2017b: 229). The only other time this theme of matching by race came up in the literature was in a study done in the United States of America, which explored the reasons and experiences of 30 couples adopting a second time (Frost and Goldberg 2020: 85, 97). In this study, some parents reported that they wanted their second adoptive child to have a similar physical appearance to the first adoptive child (Frost and Goldberg 2020: 97). They believed this would help support identity development and combat social stigma (Frost and Goldberg 2020: 97).

This section explored the various emotional and social challenges prospective adoptive parents faced in the peri-adoption stage. The following sections review the literature related to prospective adoptive parents' challenges and experiences from the time when the prospective adoptee begins living with them until the adoption is finalised.

2.5.3 Post-placement stage

The post-placement stage occurs once the prospective adoptive parents have been matched and acquainted with the adoptee and wish to pursue the adoption of the prospective adoptee. Most information on challenges in the post-placement stage appeared in post-adoption research studies, whereas studies exploring the transition of the placement of the child have been scant (Lewis 2018: 39). In the South African context, the post-placement period includes the prospective adoptee moving in with the prospective adoptive family and waiting for the adoption to be finalised (Doubell 2014: 135). The period after the adoption has been finalised and legalised is considered the post-adoption phase (Zelege, Koester and Lock 2018: 1434). The post-adoption phase is not the current study's focus; however, information on the challenges adoptive parents face in this phase may prove to be relevant.

When searching for studies that explored parents' adoption journeys, specifically on the way they were affected psychologically and socially, very few had a primary focus on parents' pre-adoption experiences (Tasker and Wood 2016: 520-521; Meakings *et al.* 2018: 71). Even fewer included post-placement experiences as part of a pre-adoption stage as this combination is more specific to the South African context. The literature on the transition to parenthood, which sometimes included post-placement studies, was found in post-adoption studies (Tasker and Wood 2016: 520-521; Anthony, Paine and Shelton 2019: 2). Post-adoption literature is therefore relevant to the current study. Unlike pre-adoption, there was a plethora of literature related to post-adoption experiences and support needs (Child Welfare Information Gateway 2015: 10-11; Meakings *et al.* 2018: 59; Meulen 2019: 24). Knowing what prospective adoptive parents experience, on a psychosocial level, during the post-placement and post-adoption phases will assist people and systems associated with adoptive families to know how best to support them throughout their adoption journey (McAndrew and Malley-Keighran 2017: 90; Miller *et al.* 2017: 43).

The following sections will review literature related to the emotional and social challenges parents faced once the child was placed with them.

2.5.3.1 Emotional challenges

This phase covers real-life parenting as the child now lives with the prospective adoptive family, and there are no longer social workers or foster parents watching. Adapting to a new life situation that includes routine changes and financial implications was deemed meaningful despite being demanding (van Delft and van Delft 2008: 341).

Feelings about becoming a family varied among participants in a South African study (van Delft and van Delft 2008: 340-341). The majority of the couples in this study experienced their initial bonding and 'being a family' to be quick (van Delft and van Delft 2008: 340). Those parents who reported a more stressful and lengthier process of 'being a family' attributed it to the child's ill-health, which required unpredicted lifestyle changes (van Delft and van Delft 2008: 341). The majority of the parents reported experiencing an easy slotting into their 'mother' and 'father' roles (van Delft and van Delft 2008: 340). Those who did not experience it immediately, attributed it to the child's lack of response to the parent and a mismatch in expectation where parents expected to feel 'motherliness' or 'fatherliness' immediately; instead, it took a while to experience it. One mother even reported that she had to make a conscious effort to allow herself to experience her new role as a mother (van Delft and van Delft 2008: 341).

McKay, Ross and Goldberg (2010: 127) summarised eleven research studies and stated that in general, "data suggest[s] that the initial transition into parenthood is stressful for the vast majority of new parents" (McKay, Ross and Goldberg 2010: 140). This was echoed by other authors (Child Welfare Information Gateway 2015: 4). Parents reported anticipating challenges throughout the various stages of adoption, but when met with reality, it proved to be even more of challenging (Firmin *et al.* 2017: 63).

Additional stressors became evident in the post-placement analyses undertaken by Tasker and Wood (2016: 528) in the United Kingdom. They interviewed six couples before placement and, again, six months post-placement (Tasker and Wood 2016: 520). The findings showed that additional stressors surfaced due to unpredictable challenges with the child's developmental issues and the changes in the family

dynamics (Tasker and Wood 2016: 529). Additionally, most parents felt they were unprepared for adoptive parenting (Tasker and Wood 2016: 530). Even so, their findings revealed that the post-placement adjustment was better for some parents than they had expected (Tasker and Wood 2016: 528). Parents who were met with the unexpected needs of their children reported increased stress within the family (Miller, Montclos and Sorge 2016: 314; Moyer and Goldberg 2017: 16). In contrast to this were the findings of a study done in Italy, where 56 married couples reported having lower stress levels than expected and having experienced a type of “honeymoon period” post-placement (Canzi *et al.* 2017: 817). A natural concern for parents was adjusting to a new normal in the home post-placement. Realities of parenting and its responsibility was an additional burden to already exhausted parents (Foli *et al.* 2017: 489). These parents suffered fatigue from sleeplessness, as it took time for the children to adjust to a new home and life (Foli *et al.* 2017: 489). Furthermore, children with negative pre-adoptive experiences increased the stress levels and physical strain on the parents (Anthony, Paine and Shelton 2019: 9).

During the first year of a child placed with gay adoptive fathers, parents reported experiencing less stress and showed a lower occurrence of depression than what was found among heterosexual mothers and fathers (McConnachie *et al.* 2019: 119). This finding was also made by Anthony, Paine and Shelton (2019: 9) in the United Kingdom, in which 82% of their participants were heterosexual couples. Their results “indicated higher rates of clinical symptoms of depression...and anxiety...compared to the general population...” (Anthony, Paine and Shelton 2019: 9). Furthermore, post-adoption depression “is linked with discrepancies between the realities of the parenting experience and expectations parents held of themselves, the bond they would have with the child, and family and social life. Parental depression is linked with negative parenting behaviours and negative effects in children” (Teska 2018: 7). When post-placement and post-adoption support is lacking, the risk of parental post-adoption depression is increased (Miller, Montclos and Sorge 2016: 314).

In open adoptions, some adoptive parents had concerns regarding making contact with birth and adoptive families, van Delft and van Delft (2008: 345) stated that “couples are divided on the issue of future contact with a biological parent”. Unexpected contact brought a sense of feeling unsettled and a concern over how

much and how often to involve their child in the communication and contact with birth parents (Meakings *et al.* 2018: 68). This was raised as an issue in a study conducted by Meakings *et al.* (2018: 68) in Wales with 40 adoptive parents. Birth parents challenging the adoption application was a pertinent issue in the United Kingdom adoption community (Meakings *et al.* 2018: 75; Anthony, Paine and Shelton 2019: 2). Overall, participants in Meakings *et al.*'s (2018: 68) study were willing and keen to pursue contact or communication with birth families.

Moreover, in the United States of America and Canada, Brodzinsky and Goldberg (2016: 9) conducted a study looking at the openness and contact adoptive families had with their children's birth families. Participants included 671 heterosexual parents, 111 lesbian parents and 98 gay parents who completed the survey (Brodzinsky and Goldberg 2016: 11). Even though the sample was relatively large, the authors acknowledged that the sample did not intend to represent all adoptive families, nor was the survey able to "capture the true complexity of openness in adoption" (Brodzinsky and Goldberg 2016: 16-17). From their findings, the only stated reason parents were concerned about meeting birth families was because of the birth family's lifestyle and the circumstances surrounding the child being given up for adoption or removed from the birth family and the impact this may have on the adoptive family (Brodzinsky and Goldberg 2016: 15). Further detail into why these parents were concerned with tracking birth families down or ending contact with birth families was not discussed. A similar study in the United States of America, comparing the experiences of different family types with birth families, found no difference in desire to keep contact with birth families between the different family types, as contact was considered a norm (Farr, Ravvina and Grotevant 2018: 141).

Additionally, parents in Kenya reported feeling worried about a future confrontation with birth families as they were not sure that the consent process was legitimate (Stuckenbruck and Roby 2017: 1444). Parents considering adopting again felt reserved and hesitant as they were concerned that there would be a difference in the type of contact and openness experienced with their first adoption (Frost and Goldberg 2020: 99).

This sub-section explored parents' emotional challenges and the implications of the realities of adding a child to the family and adoptive parenting. The following sub-section explores the social challenges parents faced.

2.5.3.2 Social challenges

This sub-section explores the various post-placement challenges and experiences parents had with the adoptee, the social worker, and society.

2.5.3.2.1 Adoptee

Children presenting with developmental setbacks, attachment disorders, or behavioural issues may trigger many negative feelings in the parents. Parents experienced feelings such as a sense of failure, blame, feeling unable to parent their child, and self-critical thinking (Harrison-Stewart, Fox and Millar 2018: 171). Many parents wanted reassurance that their child's distress was due to adjusting to a new family, and some wanted strategies to manage the adjustment phase (Meakings *et al.* 2018: 63).

A South African study using narrative research done by Behari-Ram (2016: 97) with five transracial adoptive mothers, who described how the initial phases of bonding with their child were a struggle as there was mistrust on the child's behalf. Not bonding well with their child caused anxiety and concern for parents (Stuckenbruck and Roby 2017: 1444; Meakings *et al.* 2018: 65). In line with international findings, Behari-Ram (2016: 30) stated that parents were not always prepared nor equipped to handle their adoptive child's attachment issues, but through various actions such as "identifying and attending to the needs of the child, delighting in the child, creating a predictable and stable environment", children will be able to form healthy attachments. Parents had expectations of children's attachment and physical affections; they hoped that children would attach well and show healthy contact and affection. In some cases, these hopes were unfulfilled as children either avoided physical contact with the adoptive parents or showed a preference and an excessive demand for the parents' attention (Meakings *et al.* 2018: 65).

In general, there were concerns about their child's future and if there would be adequate support if adoption and development related issues arose (Meakings *et al.*

2018: 68; Rebollo and González 2019: 531). Some parents mentioned concerns over unintentionally re-traumatising or triggering reactions linked to a child's pre-adoptive traumatic history (Skandrani, Harf and Hussein 2019: 8).

Children's experiences of pre-adoption trauma can impact the child's behaviour and, therefore, can lead to feelings of rejection experienced by the parents or by the child (Skandrani, Harf and Hussein 2019: 7). Feeling unprepared for facing a child's history and its impact on the child was a concern for parents and could lead to grief and depression (Lee *et al.* 2018: 68; Teska 2018: 3).

Parents of children with pre-existing health conditions such as Foetal Alcohol Spectrum Disorder (FASD) may have additional concerns about their safety and concern for the child's future (Petrenko *et al.* 2019: 11). They also felt a need to protect their child and themselves against the stigma attached to the disorder. Accompanying this were emotions such as fear, anger and frustration, and a negative impact on the family relationships and dynamics (Petrenko *et al.* 2019: 14).

Findings from a study by Tasker and Wood (2016: 530) in the United Kingdom revealed that parents were feeling concerned and stressed that they were not doing well as parents to their particular children and that they were not prepared for their child's various behaviours and significantly how extended family reacted to these behaviours. A reason the authors gave for parents unpreparedness for their children's behaviours was related to the child's previous family history of maltreatment and abuse (Tasker and Wood 2016: 531). Another reason was that the adoptive parents did not think through and consider the implications and effect their child's history would have on the child's holistic development (Tasker and Wood 2016: 531).

Another study, conducted in the United States of America with 24 adoptive families, explored the experiences of parents who placed their child in a residential treatment centre because of a mental illness (Hanna, Boyce and Mulligan 2017: 201). In this study parents were not prepared or had not expected the various behaviours exhibited by their children. Parents became fearful over the safety of their life and their children's lives (Hanna, Boyce and Mulligan 2017: 204-205). Parents also felt ill-equipped to handle and cope with their children's behaviours which added stress; a lack of support

exacerbated these feelings (Hanna, Boyce and Mulligan 2017: 204-205; Anthony, Paine and Shelton 2019: 3).

Mental and physical health disorders and disabilities may also add to parent's fears and anxieties. Parents in Kim's (2017: 174) study found it a challenge to parent their children with a disability because they did not expect it to be as trying as it was, and therefore they were not adequately prepared for the reality of it, both coping with the child as well as the impact it had on them as parents. Many parents said their relationship with each other became strained as well as relationships with friends and family, to the point that they became isolated from society (Kim 2017: 174). Additionally, they had to decide to place their child in a facility regarded as 'out-of-home care', multiple times, which brought about feelings of guilt and relief (Kim 2017: 174).

There are further unique stressors attributed to adoptive families where children have developmental disabilities (Petrenko *et al.* 2019: 24). In families where children have a disability, parents reported feeling confused, overwhelmed, and exhausted attempting to deal with their child's disability and behaviour (Teska 2018: 7; Petrenko *et al.* 2019: 12). The lack of finances available for obtaining quality support to aid parents of children with disorders or disabilities caused much stress for parents (Moyer and Goldberg 2017: 16; Petrenko *et al.* 2019: 16-17).

Entrance stories are narratives and stories told about coming to be part of a family. Children who are adopted and the families who adopt them have a complicated story. As important as it is for any child to know their story, especially for identity formation, the 'how' and 'why' are even more important for an adoptive child (Krusiewicz and Wood 2001: 786). A limitation of Krusiewicz and Wood's (2001: 790) research study, conducted in the United States of America, was that it looked only at the parents' versions of their child's entrance story. This was in line with looking at parents' fears and challenges, as revealed in the narratives, but excluded the child's perspective (Krusiewicz and Wood 2001: 786). At the onset of the research, the authors stated that they were hoping to learn what the 18 parent participants told their children about the entrance into the family, but their findings gave them insight into what the parents told themselves about the adoption (Krusiewicz and Wood 2001: 797). Parents did not want the child to feel unwanted or rejected; accordingly, they often constructed loving

and caring reasons why the biological parents could not keep them (Krusiewicz and Wood 2001: 792-793).

Telling the child their story was found to evoke much fear, anxiety and ambivalent feelings among parents (Brodzinsky 1987: 33; Mohanty, Ahn and Chokkanathan 2017: 3). Mohanty, Ahn and Chokkanathan (2017: 7) found that among 86 adoptive parents in India, some parents wanted to tell the children the truth to ensure being the first ones to tell the child, as well as hoping it would build a stronger relationship. One of the potential fears was that the child would reject them as their parents and the potential negative impact the truth would have on the child. Therefore, parents felt that not telling their child was a way to protect them (Mohanty, Ahn and Chokkanathan 2017: 7-8). However, not telling the child still left the parents with anxiety and stress as they were worried someone else might disclose the truth to the child (Mohanty, Ahn and Chokkanathan 2017: 9). In deciding what to tell, parents tried to make sense of their children's reason for becoming adoptable; consequently, in some interviews with adoptive parents, birth families were spoken about negatively (Tasker and Wood 2016: 527). As such, some parents' reason for changing adoptees' birth name was a felt need to protect the child from searching online and tracking down biological family members, especially when those family members were perceived as antagonistic (Pilcher, Hooley and Coffey 2020: 572).

In families with more than one child, parents struggled to manage unhealthy relational dynamics, jealousy, aggression, and control between siblings in a newly formed adoptive family (Meakings *et al.* 2018: 56). This added to parental and family stressors. Parents struggled to navigate (i) relational issues in sibling adoptions, (ii) relational issues between the 'new' adoptee and the already existing child in the family, and (iii) the preparation for and adjustment of an already existing child to an additional sibling (Meakings *et al.* 2018: 66). What made it challenging was "integrating children with very different experiences into their family system..." (Frost and Goldberg 2020: 102). However, some parents reported that the realities of adopting a second child were better than they had expected (Frost and Goldberg 2020: 101).

2.5.3.2.2 Adoption agency and social worker

Interaction between prospective parents and individuals and organisations directly involved in the adoption process also gave rise to several challenges. Feelings of frustration and weariness surrounded a lack of communication from social workers who said they would provide a 'life-story book' to the family but never did (Meakings *et al.* 2018: 67). This 'life-story book' was something parents considered an essential and useful tool for the child and family to adapt to the newly formed family (Meakings *et al.* 2018: 67).

Parents expressed a need to talk through their initial post-placement experiences and wanted advice on how to deal with their concerns (Meakings *et al.* 2018: 63). Furthermore, they were displeased with not knowing where to get support and access to resources post-placement (Lee *et al.* 2018: 69).

In the United Kingdom, social workers advised parents to avoid contact with extended family and friends during the child's initial placement (Lewis 2018: 42; Meakings *et al.* 2018: 66). Meakings *et al.* (2018: 66) suggested that social workers' reasons for this were to encourage healthy attachment and family cohesion to develop in the initial stages (Meakings *et al.* 2018: 66). However, parents felt that this period necessitated support from their family and friends. Some parents said they ignored and disregarded the advice as they had a deep need for support from those closest to them during that stressful time, as many recounted emerging post-placement depression (Lee *et al.* 2018: 68; Lewis 2018: 42; Meakings *et al.* 2018: 66).

2.5.3.2.3 Societal attitudes and beliefs

Parents in Krusiewicz and Wood's (2001: 796) study believed their social context in the United States of America "does not affirm adoption as a desirable, valid, legitimate way to bring children into families". Thus, parents' stories of how their family came to be included affirming their family's legitimacy even though it was not the standard, traditional or expected way (Krusiewicz and Wood 2001: 796). The attitude of outsiders viewing adoptive families as illegitimate or second-rate is a common perception among adopters (Teska 2018: 3). Furthermore, in the African context, "[due] to the fear of the discrimination targeting them and their adopted child, many

adoptive parents resort to moving residence in tandem with adoption placement, so that no one will know their child is adopted” (Stuckenbruck and Roby 2017: 1444).

One of the factors contributing to adoptive family isolation is societies’ misconceptions about adoption, causing parents to feel pressured to live up to an unrealistic expectation of perfection, which caused distress (Camara 2014: 62; Weistra and Luke 2017b: 234). Feeling psychologically distressed is the result of perceived societal pressure to be perfect and the desire to ‘fix’ problems the child may have (Weistra and Luke 2017b: 235). Stigmas are attached to children who display 'unsocial' or 'unintelligible' behaviours off the back of a disability (Petrenko *et al.* 2019: 14). Initially, some parents felt uncomfortable or self-conscious in their new parenting role, when around or interacting with other parents, and felt that they were being watched or judged (van Delft and van Delft 2008: 343).

In transracial adoption, encountering comments by outsiders was common. When the comments were related to transracial issues and their child, parents varied in their responses as either being a 'protector' or 'educator' (Breshears 2018: 24). Breshears’ (2018: 22) study in South Africa focused on the transracial adoptive parents' various encounters and their different responses. The stigma attached to transracial adoption could be because it looks different or that it is not culturally accepted (Breshears 2018: 34). In contrast, in communities or cities where adoption is familiar, there was less stigmatisation experienced by adoptive families (Breshears 2018: 34). In this post-adoption study, parents were asked to report on people's responses to their transracial family (Breshears 2018: 22). Parents’ reports were based on their perception that outsiders comment on their family or stare because of their transracial adoption (Breshears 2018: 29). The community and society seem to treat children who do not look like their parents differently and negatively (Frost and Goldberg 2020: 103).

This section covered post-placement challenges including adoptee-related issues such as developmental setbacks, a lack of support by adoption agencies and social workers, and discriminatory attitudes of society. In light of the numerous challenges faced by prospective adoptive parents at different points of the adoption process, the following section aims to explore the types of support that exist for these parents.

2.6 EXISTING SUPPORT FOR PROSPECTIVE ADOPTIVE PARENTS

“Preparing AP’s [adoptive parents] is an ongoing process that begins when prospective AP’s initiate the adoption process and continues through finalization of the adoption”

Teska (2018: 1).

Successful adoptive family life is ensured by having support before, during, and after adoption (Dhami, Mandel and Sothmann 2007: 170). Parents’ experiences of support were varied across the literature. This section is threefold: (i) it will show from the literature what support exists for prospective adoptive parents, (ii) parents’ experiences of the support, (iii) and what support parents felt was lacking.

What surfaced from the literature was that generally, support was categorised into formal support, including institutional support, and informal support, which included social networks (Rebollo and González 2019: 528). Formal and informal support can “cover various day-to-day aspects of care” in pre-adoption stages such as “emotional support, informational assistance, and specific aid” and in the post-adoption or post-placement stages such as “practical assistance, emotional support or advice, and recognition” (Rebollo and González 2019: 528). The literature will be reviewed under the following two sub-headings namely, formal and informal support.

2.6.1 Formal support

In this sub-section, formal support refers to services offered by professionals or specialists, financial aid, support from the social worker and adoption agency, training and workshops for the pre-adoption and post-placement stages, and organised support groups. This sub-section aims to explore parents’ experiences of various formal support structures.

Petrenko *et al.* (2019: 16) stated that some parents, in their study of 24 foster and adoptive parents of children and adults with FASD, were willing and eager to use any services available to support their child’s and family’s needs. Moyer and Goldberg (2017: 17) found that 13% of their parent participants who got formal support to address their child’s unexpected and special needs said it helped to diminish their

stress levels. On the other hand, even when support existed, access was limited, and the quality was insufficient and inadequate to meet specific needs (Moyer and Goldberg 2017: 16; Petrenko *et al.* 2019: 18). These needs included adoptee-related mental, behavioural and developmental difficulties, and the finances to access professionals (Moyer and Goldberg 2017: 16; Petrenko *et al.* 2019: 18). Financial support for adoptive families is an area to consider, although none exist in South Africa. Financial grants and subsidies are currently a contentious issue in South Africa with no clarity for the future generally considered. In countries where financial support was offered at different phases of the adoption, such as in Wales, it was done on a discretionary basis and not consistently (Meakings *et al.* 2018: 69).

The existing adoption literature, both academic and non-academic, portrays a reality that countries like the United States of America offer much needed, good quality and a broad network of adoption services and support throughout the country (Miller *et al.* 2017: 42). However, this is not entirely accurate, as found in a research study done by The Donaldson Adoption Institute (2016). Their research found that 17 states have some form of adoption programs, whereas 13 other states have none (The Donaldson Adoption Institute 2016: 6). Of the 17, each state offered its own type of services and requirements for adoption, which meant that different families received different forms and quality of support (The Donaldson Adoption Institute 2016: 6). They did, however, find that “half of all the states require 27 hours of pre-adoptive training for prospective parents...[and] 10 hours of pre-adoptive education for both Hague and non-Hague countries” in cases where adoption has taken place in inter-country adoptions (The Donaldson Adoption Institute 2016: 6). The discrepancy between the requirement and reality shows that inadequate preparation for prospective adoptive parents and families is a global problem and a gap for the current study to fill.

More specifically, the ‘waiting’ phase, the time between applying to adopt and being matched with a child, requires additional support to prepare and support parents, especially if the agency or parents know that their prospective adoptive child may have cognitive or physical challenges (Miller, Montclos and Sorge 2016: 312). Also, the post-placement period, while waiting for the adoption process to be finalised, requires support. Child Welfare Information Gateway (2015: 9) listed ways that adoptive

parents in the United States of America felt supported post-placement: by respite care, support groups, adoption-competent counsellors/therapists offering therapeutic services, adoption subsidies to assist parents who have adopted a child with special needs from the welfare system, and educational advocates who assist parents of children with special needs to help them succeed in the school system. These can be applied in the South African context during the post-placement stage pending finalisation.

This subsection is divided into further sub-sections covering the support offered by the social worker and adoption agency, the importance of support groups, experiences of training and preparation sessions, and the availability of and interactions with specialists.

2.6.1.1 Support offered by the social worker and adoptive agency

Doubell (2014: 88-89) stated that the social worker and organisation could play a pivotal role in providing support for prospective parents, and contribute “to successful transracial adoptions”. Denby, Alford and Ayala (2011: 1547), in their interviews with nine families from the United States of America, found that many parents had pre-existing expectations of their social workers, including professionalism, empathy, love of their work, constant communication with parents, and explanations of every stage's process and details. From their findings, it seemed as though every parents' relationship with their social worker was different (Denby, Alford and Ayala 2011: 1549). Some parents had good ones which met their expectations and helped them along the process, promoting the success of the adoption; while other parents were not happy with their social worker, because they did not feel supported by them nor did they feel they could trust them, which led to some discontinuing the adoption process (Denby, Alford and Ayala 2011: 1550). This finding was similar to that found in the United Kingdom (Lewis 2018: 41). Other factors that caused parents to stop the process included issues with the adoption agency, logistics, and jurisdiction (Teska 2018: 7). In their discussion of findings made, Denby, Alford and Ayala (2011: 1552) concluded, “[t]hose prospective parents who continued the adoption process and those who suspended it report very similar negative and positive experiences concerning their interactions with the adoption agency, workers, and training program. The frustrations associated with lack of agency/worker contact and communication,

being made to feel inappropriate or unwelcomed, and receiving inadequate or inaccurate information reported by the parents in this study are very similar to those found in other studies”.

Acting on the belief that adequate support ensures successful adoptions (Doubell 2014: 85-87), one-third of the South African social workers interviewed mentioned that they provided a type of pre-adoption training, including workshops and group preparations (Doubell 2014: 134). Doubell (2014: 163) noted a lack of “standard training or preparation programme for transracially adopting parents”, therefore leaving it up to each organisation to manage themselves and even then, some do not. If parents are not adequately prepared for what they should be thinking through or what they may face, it can cause anxiety and inhibit the adoption's success. In cases where pre-adoptive training was offered, social workers felt they lacked the knowledge of what adoptive families need owing to a lack of training at an undergraduate level (Doubell 2014: 109-110); therefore, significantly impacting the type of appropriate support those parents received before, during and after adopting. In addition to adequate preparation, another factor that can contribute to the success of the adoption is the participation of parents in support groups which “provides a platform for befriending others who are on the same journey, as well as serving as a place where parents can have their questions answered by others who have gone through the same thing” (Doubell 2014: 164-165).

2.6.1.2 The importance of support groups

With challenges such as non-existent pre-adoption training or workshops, ill-trained social workers and support that does not cover enough of what adoptive parenting entails, most parents were left feeling unsupported by their adoption agency and social worker (McAndrew and Malley-Keighran 2017: 97; Miller *et al.* 2017: 41). Furthermore, prospective adoptive parents' family members either withheld or withdrew their initial support (McAndrew and Malley-Keighran 2017: 97). The result was that many parents had to seek out and set up their own support networks in order to share stories, ask for advice, and be reassured in their parenting (McAndrew and Malley-Keighran 2017: 97). Support groups, mentoring relationships and online forums throughout the process, including post-adoption, exist and are helpful to add to the families' support network (Weistra and Luke 2017b: 236). These peer support groups helped combat

parents' feelings of isolation and their struggles throughout their adoption journey (Weistra and Luke 2017b: 230; Bergsund *et al.* 2018: 286).

Bryan, Flaherty and Saunders (2010: 93) conducted a study investigating participants' perceptions of a state-wide peer mentorship and support program in the United States of America. These support programs included adoptive parents being mentored by experienced adoptive parents, attending support group meetings, and contact via telephone or email (Bryan, Flaherty and Saunders 2010: 93). From this study, it was evident that more post-adoption support was necessary, as prospective adoptive parents did not feel prepared for issues that affected children who had been abused, neglected, and had experienced multiple placements (Bryan, Flaherty and Saunders 2010: 108-110).

These support groups and sessions were places where prospective adoptive parents could connect and offer much-needed support to each other (Weistra and Luke 2017b: 230; Bergsund *et al.* 2018: 286). The desire to have people available as a present and future resource to talk to about ideas and information around adoption issues was found throughout the literature (van Delft and van Delft 2008: 342).

2.6.1.3 Experiences of training and preparation sessions

In training sessions held in a group format, parents had positive experiences even though they felt the preparation was material-heavy and emotionally draining (Dance and Farmer 2014: 105). However, some felt uncomfortable with how the group preparation meetings were run (Dance and Farmer 2014: 105) and disapproved of the emphasis on the negatives of adoption (Lee *et al.* 2018: 69). The parents appreciated hearing from other adoptive parents about the realities of the preparation process and the subsequent adoption phases (Dance and Farmer 2014: 105). They also found it beneficial to have others walking on the same road for moral support and friendship, which arose from being together in the group preparation meetings (Dance and Farmer 2014: 106).

In considering what factors can contribute to successful transracial adoption, the findings showed that social workers believe there is a need for adequate preparation and setting realistic expectations of what transracial adoption entails, explicitly dealing with South African race issues (Doubell 2014: 163) and how to culturally socialise the

adoptee (Wyman Battalen *et al.* 2019: 251). Wyman Battalen *et al.* (2019: 251) found preparation on how to socialise adoptees for transracial adoptions and same-sex parents culturally was insufficient and varied among agencies. If parents are not adequately prepared for what they should be thinking through or what they may face, especially concerning society's views, it can cause anxiety and may impact the adoption's success (Breshears 2018: 36).

Pre-placement training was described as adequately preparing parents for their adoption (Moyer and Goldberg 2017: 18). One study, by Lee *et al.* (2018: 63), which sought to explore parents' views of preparation for adoption in the United States of America was found to be significant. Eight themes emerged from this study with 917 adoptive parents (Lee *et al.* 2018: 63). Five themes highlighted what parents found helpful in the training (general information, specialist information, connection with others familiar with adoption, access to services and parenting tools and strategies), and three themes linked to areas of dissatisfaction with the training (needing more information, difficulties with the adoption agency or worker, and a lack of support and services) (Lee *et al.* 2018: 66). Regarding the information given in the preparation, parents reported receiving general information on logistics and procedures, what to expect in the process and with the child, general parenting and 'special needs' parenting sometimes explicitly related to their prospective child (Lee *et al.* 2018: 66, 68). The authors also found that information and support on openness and contact with birth families were also provided (Lee *et al.* 2018: 68). This was not the case in India, where open adoptions are uncommon, and policies and practice do not afford parents the necessary support for adoption disclosure (Mohanty, Ahn and Chokkanathan 2017: 2).

The specialised information parents received from training sessions dealt with cultural/race issues, medical issues, and trauma in their child (Lee *et al.* 2018: 67). Furthermore, in Meakings *et al.*'s (2018: 65) study in Wales, parents reported having a good understanding of attachment theory, but a few still felt a need to consult an "attachment worker" post-placement.

Many parents reported that hearing information from other adoptive families and adoptees was helpful (Lee *et al.* 2018: 68). Spending time together and going through stages together was also beneficial (Lee *et al.* 2018: 68). South African authors found

that “[m]ost of the adoptive participants and social workers highlighted the benefits of attending adoption orientation in groups” as journeying together offered encouragement and emotional support and combated feelings of isolation (Gerrand and Stevens 2019: 45-46, 51).

To help them prepare, parents mentioned accessing various resources such as workshops, conferences, and some researched independently of the adoption agency (Lee *et al.* 2018: 66). Many parents sourced external information and resources, such as reading books, online sources, support groups, and counselling, to help them think through their general questions, parenting questions and specific questions related to adopting and raising a child categorised as having special needs and developmental setbacks (Denby, Alford and Ayala 2011: 1550; Meakings *et al.* 2018: 64; Petrenko *et al.* 2019: 16).

Some parents were disappointed with the out-dated and irrelevant information given in their preparation phase (Lee *et al.* 2018: 68). They felt the information was often basic, too general and did not focus on long-term parenting and adoption-related issues (Lee *et al.* 2018: 68). They felt more prepared for the worst-case scenarios and not for daily life (Denby, Alford and Ayala 2011: 1550; Lee *et al.* 2018: 69). Others felt that preparation or adoption agencies focused more on the child than on parents’ emotional and psychological challenges (Lee *et al.* 2018: 68). Some parents felt that information and support for same-sex couples and their families, and transracial families, were lacking (Lee *et al.* 2018: 68). A few parents were not always aware of available and appropriate access to specialised services to deal with anticipated behavioural and emotional challenges (Denby, Alford and Ayala 2011: 1550; Lee *et al.* 2018: 69).

There were similar experiences shared between parents preparing for domestic adoption and those for inter-country adoption. Prospective adoptive parents applying for inter-country adoption had mandatory pre-adoptive counselling and assessments (Hague Conference on Private International Law 2008: 77). In one particular training programme done in Norway, an advantage of the training was that it provided them with a chance to meet and connect with other prospective adoptive families, which for some turned into long-term friendships and support networks (Bergsund *et al.* 2018: 285-286). The parents benefited from trainers or facilitators familiar with adoption

(Bergsund *et al.* 2018: 285-286). However, in agreement with the previous studies discussed, several disadvantages of the training were also mentioned: the size of the groups was too big, there was a long waiting period between the training and the placement or adoption, sometimes information was either out-dated or missing, especially practicalities and logistics, there were no links to additional support for both post-placement and post-adoption follow-ups, and some felt that the content was too heavily focused on worst-case scenarios and adoption problems (Bergsund *et al.* 2018: 285-286). Although these disadvantages caused some to feel uncomfortable and scared to enter the adoption process, some aspects were beneficial to others (Bergsund *et al.* 2018: 286).

2.6.1.4 Availability of and interactions with specialised services

In contrast to previously stated parents' negative views of preparation and training, several parents had positive views of their interaction with specialists. These parents reported getting help from therapists or doctors, which was especially beneficial when they had prior knowledge regarding a child's condition. Others who also accessed specialist services said they received high-quality support (Lee *et al.* 2018: 68). Additionally, in the pre-adoption and assessment stage, consulting with psychiatric and psychological specialists was highly beneficial (Miller, Montclos and Sorge 2016: 310-311). In post-placement cases where parents were met with unexpected educational, social and emotional needs of their children, receiving meaningful support from educators and therapists was vital for coping (Moyer and Goldberg 2017: 17).

There is a lack of support and services, both professional and general childcare, to assist parents and children who have specific difficulties and disorders, such as FASD (Petrenko *et al.* 2019: 16) or behavioural issues (Moyer and Goldberg 2017: 16). Petrenko *et al.* (2019: 23-24) noted that “[literature] on the experiences of parents raising children with other developmental disabilities has shown similar barriers to services and factors that negatively affect parent wellbeing, including limited access to information and services, financial barriers, restricted school and community inclusion and lack of family support”. These barriers could potentially diminish the success of the adoption. In addition, parents of children with special needs such as FASD felt they needed to educate others, such as their doctors, therapists, school teachers, and community members, about the disorder (Petrenko *et al.* 2019: 16). In

contrast, in their study investigating the experiences of prospective adoptive parents going through the process of adopting a child with special needs, Denby, Alford and Ayala (2011: 1548) found that a few parents had sourced additional counselling, which contributed to the adoption being completed and successful (Denby, Alford and Ayala 2011: 1550).

From the literature, various types of specialists were noted as beneficial to parents. These included health service providers such as paediatricians and general practitioners (Baxter 2001: 282; McKay, Ross and Goldberg 2010: 141). Specifically, in the South African context, van Delft and van Delft (2008: 344-348) found that parents involved various specialists such as: play therapists, psychologists, psychiatrists, counsellors, occupational therapists, speech therapists, and remedial teachers, in meeting their child's needs.

The above subsection covered parents' experiences of and challenges regarding the various types of formal support. It provided information on the limited support offered by the social worker and adoption agency, the importance of support groups for successful adoptions, the varied experiences of training and preparation sessions, and the availability of and interactions with specialists. The following sub-section aims to explore parents' experiences of informal support.

2.6.2 Informal support

The health of the family depends on the quality of parents' support networks rather than the quantity (Rebollo and González 2019: 533). In this sub-section, these informal support networks included the child's previous foster parents, the prospective adoptive parents' family and friends, and other adoptive families. This sub-section will explore the experiences with and challenges of these support networks respectively.

2.6.2.1 The relationship with the foster parents

When children are not in a residential centre, they are most often placed with foster parents. The quality of the relationship between prospective adoptive parents and foster parents varied throughout the literature. Some parents had positive relational experiences and subsequently became pillars of support to each other (Meakings *et*

al. 2018: 69). Some who had a negative experience attributed it to the foster parent not coping well with the child leaving their care (Meakings *et al.* 2018: 69).

2.6.2.2 Experiences of support offered by family and friends

In countries like South Africa and those in Asia where the philosophy of ‘it takes a village to raise a child’ is upheld, “informal support such as help from a spouse, members of the extended family, or friends is” deemed more important and helpful than most formal support services (Mohanty, Ahn and Chokkanathan 2017: 3).

In some families, a partner was considered a vital source of support (Rebollo and González 2019: 531), primarily when both partners were equally engaged in the adoption process and dealing with prominent issues together (Canzi *et al.* 2019: 7). Since the adoption process often added strain to a couple’s relationship, Canzi *et al.* (2019: 5) hypothesised “that the pre-adoptive period and its challenges can function somehow as a “training” process, that could enhance and promote partners’ competences and resources to face the challenges related to the adjustment to adoption”.

Other sources of informal support included extended family members, particularly grandparents, friends, church or religious group members, and work colleagues (van Delft and van Delft 2008: 342; Weistra and Luke 2017b: 237). Family and friends have been reported to offer respite care and a sounding board for when parents needed to talk about their challenges (Moyer and Goldberg 2017: 17).

Depending on their respective familiarity with the topic of adoption, family and friends varied in their responses upon hearing a person’s choice to adopt. In the van Delft and van Delft (2008: 342) study, most of the parents’ family and friends knew of their decision to adopt and had a positive attitude towards the decision. Only a few couples received negative feedback from those family and friends they had informed about their decision to adopt. Nevertheless, other family and friends did not clearly express their feelings, which left parents uncertain about how they really felt about their decision (van Delft and van Delft 2008: 342).

During the “waiting and wondering” part of the process, Denby, Alford and Ayala (2011: 1548) found that most of their nine participants had the emotional support of

their extended family and friends. This waiting period included waiting to be matched with and meet a prospective adoptee as well as waiting for the adoption to be finalised. The parents also stated that family and friends' support during the difficult times encouraged them to continue with the adoption process (Denby, Alford and Ayala 2011: 1550). This support was only mentioned and not researched in detail, but it speaks to the importance placed on it by the parents.

In same-sex families, extended family and friends' support was highlighted as very important, especially when the adoptee was of a different gender from the parents (Moyer and Goldberg 2017: 17). Likewise, in trans-race adoptions, support and advice from friends with similar ethnic backgrounds to the adoptee was meaningful in helping parents think through and understand their child's biological heritage (Moyer and Goldberg 2017: 18).

However, a lack of family support heightened stress (Weistra and Luke 2017b: 230; Petrenko *et al.* 2019: 13). During the transition to the parenthood stage and post-placement, parents in Tasker and Wood's (2016: 532) study felt a lack of support from their extended family. This was unexpected, as these family members were initially very supportive and excited during the pre-adoption phase (Tasker and Wood 2016: 532). This lack of support added stress for some parents, who already felt that they were not coping with their child's behaviour and unexpected developmental challenges (Hanna, Boyce and Mulligan 2017: 204-205; Moyer and Goldberg 2017: 16). The unexpected behavioural problems were reported to be the most challenging obstacles (Miller, Montclos and Sorge 2016). In addition to this, in families in Kenya and the United Kingdom, blood lineage is considered valuable (Weistra and Luke 2017b: 233). Adoption does not fulfil this aspect, causing some adoptees to be viewed by extended family members as illegitimate children with no claim to inheritance (Stuckenbruck and Roby 2017: 1442).

Parents who experienced a lack of support from their family and friends surrounding their desire to adopt often experienced increased anxiety and resentment towards them (Brodzinsky 1987: 32; Miller, Montclos and Sorge 2016: 314). Additionally, "friends are generally supportive but lack adequate understanding" (Firmin *et al.* 2017: 61), leading parents to seek out other adoptive families to add to their support network (Weistra and Luke 2017b: 237). For adoptive families, whose extended family were

far away, friends and church community offered the most support (Weistra and Luke 2017b: 237).

2.6.2.3 Support from other adoptive families

Parents who intentionally sought “support from families with similar experiences” (Petrenko *et al.* 2019: 12) did so to strengthen their family unit, and particularly in cases with families of children with special needs, this support helped them to cope. Despite the large number of parents reporting the benefit of connecting with other adoptive parents during formal training and support groups, South African parents in van Delft and van Delft’s (2008: 342) study said they did not feel a need for contact with other adoptive families, and for those who did have contact, it was not intentional. The reason given for not pursuing contact with other adoptive families was that parents did not want to be continuously reminded of their adoptive status (van Delft and van Delft 2008: 342). However, they did say that if they needed that support, they would reach out to the social worker and ask for other families' contact information (van Delft and van Delft 2008: 342). In sum, “social support is an important protective factor” for prospective adoptive parents during the adoption journey, especially during the transition to parenthood (Weistra and Luke 2017b: 230).

This section explored the various experiences with and challenges of prospective adoptive parents’ informal support networks. To conclude this section, it is evident from the literature that there are varied experiences of formal and informal support. Both were deemed important to secure the adoptive family’s well-being throughout the different adoption phases.

2.7 CONCLUSION

This chapter reviewed the literature relevant to the aim of the current study. The objectives of the study guided what literature was sourced. Literature concerning adoptive parents' challenges in the different phases of the adoption process and journey was evaluated and synthesised. The overarching theme that emerged from the review was that parents' experiences, challenges and stress are heightened when there is a lack of formal and informal support (Petrenko *et al.* 2019: 13).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study used a qualitative research approach as it sought to explore and “develop a complex and holistic view of social phenomena”, namely, the psychosocial challenges prospective adoptive parents face (Creswell 2007: 37-39 in Fouché and Delpont 2011: 65). An exploratory and descriptive qualitative research design allowed for a deeper understanding of the participants’ experiences. Through semi-structured interviews, with sixteen family units, a comprehensive understanding of participants’ expressed personal feelings, opinions, experiences and descriptions of events was gained (Struwig and Stead 2001: 13, 17; McRoy 1995: 2009-2015 in Fouché and Delpont 2011: 65).

This chapter discusses the research design used, the sampling process, the process for collecting data through semi-structured interviews, and the data capturing and analysis process. Additional sub-headings include the role of the researcher and reflexivity, ethical considerations, and limitations of the study.

3.2 RESEARCH DESIGN

Qualitative research aims to understand social phenomena at a deeper level, as they relate to only a few participants (Grinnel and Unrau 2005: 82 in Fouché and de Vos 2011: 91). The qualitative method was deemed the most appropriate choice as the researcher sought to understand adoptive parents’ personal feelings, opinions, experiences, and descriptions of events (Struwig and Stead 2001: 13, 17; McRoy 1995: 2009-2015 in Fouché and Delpont 2011: 65). This allowed the sample size to start with a few participants and grow until saturation was reached.

It can be considered an exploratory, descriptive study as it sought to explore and understand the challenges faced by adoptive parents (Fouché and Schurink 2011: 321). This study was exploratory in that it sought to get acquainted with and provide information on the challenges prospective adoptive parents faced in KwaZulu-Natal (Fouché and de Vos 2011: 95). It was also descriptive in that it described and

examined the challenges of a specific set of prospective adoptive parents (Fouché and de Vos 2011: 96).

Struwig and Stead (2001: 12) wrote that to best understand the research participants, the environmental and social contexts surrounding them must be explored. The current study included the home or family set-up, the living conditions, how the adoption was undertaken, and their support networks. One way to understand these contexts is by observing the participants' environments and interactions when meeting with them for interviews (Creswell 2007:37-39 in Fouché and Delpont 2011: 65). There were only a few cases where this could not be achieved and video conferencing was substituted because of convenience and participants' health concerns due to the COVID-19 pandemic. Creswell (2007:37-39 in Fouché and Delpont 2011: 65) added that interpretation of what is seen, heard and understood from participants "cannot be separated from their own background, history, context and prior understandings," both relating to the participant and the researcher (Struwig and Stead 2001: 13, 17). Consequently, in using the qualitative approach, the study sought to understand this phenomenon from the adoptive parents' perspective through interviews, analysis and interpretation of the data (Struwig and Stead 2001: 12).

Flexibility is a term associated with the characteristics of qualitative research. Various authors expressed the need to remain flexible and open-minded in the approach taken in the beginning stages of the research, the collecting of the data as well as the analysis thereof (Struwig and Stead 2001: 13; Leedy and Omrod 2005: 94-97 and Kumar 2005: 12 in Fouché and Delpont 2011: 64-65; Fouché and Delpont 2011: 108). Due to the semi-structured nature of the interview process flexibility allowed for further exploration as the process moved on and as various views were investigated (Kumar 2005: 12 in Fouché and Delpont 2011: 64-65; Grinnel and Unrau 2005: 82 in Fouché and Delpont 2011: 91).

3.3 THE RESEARCHER AND REFLEXIVITY

Reflexivity is necessary for qualitative research to identify, process and evaluate one's assumptions, perspective, and knowledge (Lazard and McAvoy 2020: 162). The researcher influences the research process and is impacted by the knowledge generated (Lazard and McAvoy 2020: 170). To ensure that a rigorous and trustworthy

report is produced, reflexivity must be utilised and reported on (Dodgson 2019: 220; Lazard and McAvoy 2020: 163). Lazard and McAvoy's (2020: 160) definition of reflexivity stated that it "is a form of critical thinking which aims to articulate the contexts that shape the processes of doing research and subsequently the knowledge produced". This definition will undergird the rest of this section.

This section will cover three aspects of reflexivity. First, situating the researcher in this study's context will provide a clearer understanding of the motivation behind the study. Second, describing the means through which reflexivity was actioned. Third, reflecting on the research process itself.

3.3.1 The researcher in context

The researcher has had a deep passion to help children and families thrive for over ten years. Adoption has also always been a topic of conversation in the researcher's family. The researcher and her husband applied to adopt in 2017 and were matched with an adoptable child later that year, after which the child was placed in the family's care pending adoption. The adoption order, a document by the Department of Justice and Constitutional Development declaring the child adopted by a particular family, was only issued in 2021. Between 2017 and 2019, the researcher and family experienced many fears, anxieties, and challenges related to waiting for the adoption to move through the various stages and processes. Additionally, having a child of another race in the family brought about various social challenges. During those three years, the researcher realised that fellow adoptive family friends also experienced challenges and felt a lack of support for being first-time parents, adoptive parents, and parents to a child of a different race. The researcher pursued the current study to explore if these experiences were shared amongst other adoptive parents and what could be done to support them so that their families could thrive.

3.3.2 Reflecting through diary keeping

Dodgson (2019: 221) stated that the process of reflection should occur early on in the research process because "[l]earning to be reflexive takes time and one gets better at it with each successive encounter". The researcher did this by writing notes and comments in a diary. The diary kept track of the researcher's personal experiences and challenges encountered at each stage of the research process. There was also a

section in the diary that listed which reflections and tips would be helpful to another student embarking on a similar journey. Writing the latter down first sparked thoughts, feelings, and conversations which were then jotted down.

Reflexivity “is a process of expanding one’s consciousness to make what has been tacit explicit” (Dodgson 2019: 221). This process of unearthing assumptions and challenging them was done by keeping a diary and talking to and processing thoughts with two trusted people who differ in worldview to the researcher. In situations where this occurred post-interview, the confidentiality of participants was not broken.

The interviews and analysis thereof sparked personal anxieties and fears. Talking through these and recording some proved to be therapeutic and helped shape the researcher’s views. The dialogue with those two trusted people, as well as participants who wished to engage further on the topic, provided spaces “to [unpack] the partial and positioned perspectives [the researcher] bring[s] to research which often makes it difficult to see alternative interpretations of [the researcher’s] own work” (Lazard and McAvoy 2020: 173). Engaging in these conversations meant the researcher could explore their own assumptions and understandings of the social world and alter them as new information was gained and knowledge generated (Lazard and McAvoy 2020: 173).

3.3.3 Reflecting on the research process

As a tool for reflexivity, Lazard and McAvoy (2020: 167) ask a set of questions that assist researchers to reflect on the research process and how the researcher influenced it. Those questions will be used in this section.

“Why research that topic? Why ask those particular research questions? Why ascribe to that particular theoretical/epistemological position?” (Lazard and McAvoy 2020: 168). The current study is the first one conducted by the researcher, and being a prospective adoptive parent who was already thinking about adoption and supporting families, it was a natural phenomenon to explore. The development of the aim and objectives exploring prospective adoption parents’ challenges and experiences stemmed from the researcher’s personal experience. Only once the research process began did the researcher realise that studies related to this topic were lacking. This made the study a valuable and significant one. As Lazard and McAvoy (2020: 169)

said: “[h]ow do our choices (and what we assume) about the methods we use shape knowledge production? How does the relationship between researcher and researched contribute to this process? How does this impact our analytic interpretations?”

Describing “the contextual intersecting relationships... between the participants and themselves...[will] not only increase the credibility of the findings...but also deepens [the] understanding of the work” (Dodgson 2019: 220). The following describes the context of the current study. Choosing the setting and population was based on where the researcher was located, and where most prospective adoptive parents within the setting could participate, namely eThekweni, KwaZulu-Natal. The population, Durban Adoptive Families social media groups, was selected because the researcher was already a member and believed that many parents who form part of that group would be willing to share their stories. The researcher chose a closed group instead of asking known adoptive parents directly in order to avoid coercion. Similarities between the participants and the researcher were that majority were White, of western culture, had adopted transracially, were middle-class income earners, and all had a desire to be in a support group. The differences were that many adopted due to infertility, were desperate to be parents, and were older than the researcher.

The participants were clear that the researcher was in the adoption process and part of the Durban Adoptive Group. Some participants opened up and shared further details of their experiences because they felt the researcher had a similar understanding of what they were sharing. In a sense, both the researcher and participants were being vulnerable, which meant rich information pertaining to the research questions was obtained.

During some interviews, as well as analysis thereof, participants said things with which the researcher disagreed. During the interview, the difficulty was to not ask follow-up questions related to what was shared but to stay within the aim and objectives of the study. The tension between gaining new knowledge because it was interesting versus gaining information that met the research aim and objectives was often present. Where new knowledge was gained and assumptions challenged, dialogue and diary-keeping assisted in exploring how the new information would broaden the researcher’s views or not. Notably, in cases where participants held an Indian culture, learning the views

from one participant assisted the researcher to build a better rapport with other Indian participants as stereotypes were challenged.

As Lazard and McAvoy (2020: 170) said, “[h]ow do researchers position/identify themselves in their research?” The gatekeepers introduced the researcher as a fellow adoptive parent, which meant that anyone who chose to participate knew that the researcher was also a member of the Durban Adoptive Families Group. When snowballing was used to recruit further participants, the researcher shared that they were members of the adoption community.

When participants asked personal questions, the researcher answered honestly without derailing the conversation, to provide a shared vulnerability so that participants could share more openly. Another way the researcher attempted to make the participants more comfortable was by being flexible with the interview date. The researcher assumed that most participants had a busy schedule because it was the end of the year, and most parents worked full-time. This assumption proved true in most cases. In the cases where it was not, flexibility was still used with the expectation that participants may not be invested as much in the research as the researcher was.

3.4 STUDY SETTING

The geographical setting of the study was the eThekweni region in KwaZulu-Natal, South Africa. The study setting was both convenient and easily accessible to the researcher.

eThekweni is one of eleven municipalities in KwaZulu-Natal . The municipal area is divided into 68% rural and 32% urban (eThekweni Municipality 2019: 52-53). The population of the eThekweni region in 2019 was 3 442 358 people. According to race demographic, this population comprises 74% Black, 17% Indian, 7% White, and 2% Coloured (eThekweni Municipality 2019: 30).

The information on eThekweni was accessed through Wazimap, an online journalism tool “that provides easy access to South African census and elections data” (Media Monitoring Africa and OpenUp 2017). The information reflected on Wazimap reflects data from the 2011 census and the 2016 community survey pertinent to the current study’ setting:

- The population by age is divided into 6% 65-year-olds and over, 59% 18–54-year-olds and 35% 18-year-olds and younger.
- The languages spoken are divided into 68% isiZulu, 25% English, 3% isiXhosa, 1% Afrikaans.
- There are 1 125 765 households. The 'type' of household is divided into 64% house, 13% shack, 7% apartment, 5% flat in a backyard, 10% other.
- Household heads are divided into 58% men and 42.1% women. 3 001 households are headed by children under 18 years old.
- 40.9% of people are employed, and the average annual household income is R 29 400.

Regarding vulnerable children in eThekweni, the general household survey conducted between 2017-2018, showed that 26.1% of children in KwaZulu-Natal do not live with either biological parent (Hall *et al.* 2018: 133). Statistics on the orphaned children in KwaZulu-Natal are: 32% are maternal orphans, 11% are paternal orphans, and 3.1% are double orphans (Hall *et al.* 2018: 134).

In addition to the high number of vulnerable and orphaned children, other major social development issues found in eThekweni are teenage pregnancy, alcohol abuse, HIV/AIDS, and homelessness (eThekweni Municipality 2019: 44-51).

3.5 STUDY POPULATION

Bless and Higson-Smith (2000: 84) defined a population as “[the] entire set of objects or people which is the focus of the research and about which the researcher wants to determine some characteristics”. Thus, this study's population included adoptive families who form part of the Durban Adoptive Families groups on social media platforms, namely Facebook and WhatsApp. These two online social media platforms were the context of the population and source for the sample. These closed groups on both Facebook and WhatsApp are named Durban Adoptive Families. The accurate number of people in this population was not available; however, the member count on the two groups totalled 350 people.

3.6 STUDY SAMPLE

A study sample comprises a smaller number of the larger population. Strydom (2011b: 223) explained that “[s]ampling means taking a portion or a smaller number of units of a population as representative or having particular characteristics of that total”. In this qualitative study, where many factors could have influenced prospective adoptive parents’ challenges, it could not be said, nor was a case made for the sample to represent the whole population (Bless and Higson-Smith 2000: 85; Babbie 2011: 185). This, together with the fact that it was an exploratory study, meant that no hasty conclusions about the whole population could be made without further investigation (Bless and Higson-Smith 2000: 39).

There was only one sample. It began with an initial sample of twelve adoptive family units, but data saturation was reached after interviews with sixteen family units (Strydom and Delpont 2011: 393). For this study, the family unit consisted only of the adoptive parent/s. Where there were two parents in a family unit, a joint interview was conducted. For convenience and where necessary, just one parent was interviewed to represent the family unit. Each family unit was given a pseudonym to protect its identity.

The reasons for selecting a smaller number was to gain rich information on the challenges parents face and the impact thereof; to determine if further inquiry would be useful in contributing to further research on adoptive parents; to determine if further inquiry would be useful and would contribute to the field of social sciences; and lastly, because there was limited time (Strydom and Delpont 2011: 391).

After posting a message on the Facebook and WhatsApp groups, with gatekeeper permission (Appendix B), nine eligible participants contacted the researcher and participated in the study. Seven other eligible participants who were contacted through snowball sampling participated in the study.

3.7 INCLUSION AND EXCLUSION CRITERIA

The following set of population parameters, inclusion and exclusion criteria, which determined who could be included and excluded from the study sample, are defined below.

The population parameters which were considered when recruiting participants from the Durban Adoptive Families groups (Strydom and Delport 2011: 392) included (i) parents who had already completed the legal process of adoption; (ii) married couples, single parents and cohabiting parents; (iii) step-parents, extended family members, foster parents, and unrelated adults; (iv) those whose adoption process took place within South Africa; and (v) adoptive families residing in the eThekweni region.

3.7.1 Inclusion criteria

Hulley *et al.* (2007: 29) defined inclusion criteria as “the main characteristics of the target population that pertain to the research question”. The following criteria were used as inclusion criteria:

- All families who are members of the Durban Adoptive social media groups.
- Those families who currently live in eThekweni.
- Those whose adoption was finalised within the last six years.
- English-speaking participants.
- Diversity of family unit type.
- Diversity in terms of all racial groups.
- Diversity of all sexual orientations.
- Those who gave consent.

3.7.2 Exclusion criteria

Hulley *et al.* (2007: 30) stated that “[e]xclusion criteria indicate subsets of individuals who would be suitable for the research question were it not for characteristics that might interfere with the success of...the quality of the data”. The following were used as exclusion criteria:

- Adoptive parents who do not belong to any of the Durban Adoptive Families groups on social media.

- All those who live outside of eThekweni.
- Anyone whose adoption was finalised more than six years ago.
- Anyone who is not proficient in speaking English.
- No racial group was excluded from the study.
- No one was excluded based on their sexual orientation.
- Those who do not give consent.

3.8 SAMPLING PROCESS

A non-probability sampling strategy, particularly purposive and snowballing techniques, were used to select the participants. Strydom and Delport (2011: 222) said that, unlike a quantitative study where many methods of data collection can be used, a qualitative study uses “non-probability sampling techniques”. Bless and Higson-Smith (2000: 85) defined non-probability sampling as one that cannot guarantee that each element of the population would be included or represented in the chosen sample.

There were two major techniques of non-probability sampling used in selecting and sourcing the sample for this study: purposive and snowballing. Purposive is where the researcher selects the most valuable participants for the study (Bless and Higson-Smith 2000: 92; Babbie 2011: 179). The reason the researcher made use of purposive sampling was in line with Bloomberg and Volpe’s (2008: 69) argument. They said, “[t]he logic of purposeful sampling lies in selecting information-rich cases, with the objective of yielding insight and understanding of the phenomenon under investigation”. One of the most effective ways to make use of the purposive sampling technique is to combine it with the snowball sampling technique. Therefore, the second major sampling technique used was snowball sampling, where participants interviewed suggested further potential participants (Bless and Higson-Smith 2000: 92; Babbie 2011: 178, 180; Elfil and Negida 2017: 2). The use of snowballing was relevant to this study as participants interviewed were more likely to be part of a network with other parents who have adopted, and could suggest further people to

participate. This assisted the researcher in finding other potential participants who met the population parameters (Bless and Higson-Smith 2000: 92; Babbie 2011: 178, 180).

3.8.1 Recruitment of participants

The administrators and moderators of the Durban Adoptive Families groups on Facebook and WhatsApp were first contacted. The researcher sent a message asking for permission to call them to discuss the research. They all agreed to receive the gatekeeper letter and research proposal. A gatekeeper letter (Appendix A) and the research proposal were sent via WhatsApp and email. The gatekeeper letter requested their permission for the researcher to post a message on the social media groups regarding the study. The message invited parents who wished to participate in the study to contact the researcher voluntarily.

The gatekeepers each agreed, and a formal signed letter of permission was sent back to the researcher (Appendix B). After this, the researcher posted a message on the WhatsApp and Facebook groups to introduce the research study. The message gave a summary of the study, what was expected from the participant, and listed the criteria for who could be interviewed (Appendix C). The researcher's contact information was provided so that those willing to be interviewed could make contact via cellphone or email to get further clarity or set up an interview. This message was posted for two successive months by one of the administrators. Those who contacted the researcher were screened according to the criteria and, if they met them, were purposively selected to participate in the study. Fifteen people contacted the researcher directly through Facebook messenger, email, and WhatsApp and expressed their willingness to participate. However, although only ten were eligible, nine eventually participated. Of the fourteen people contacted through snowballing via SMS and WhatsApp, thirteen were eligible to participate. Seven, however, eventually participated. The total number of participants who participated was 16 ($n=16$). When potential participants were not eligible, the researcher thanked them for their willingness and asked them if they knew anyone else who was eligible. Two ineligible participants gave contact information for other potential participants.

An information letter (Appendix D), a letter of consent (Appendix E), and an interview schedule (Appendix F) were provided via email to those potential participants; those

who initiated contact and those contacted through snowballing, who showed an interest in being part of the study and met the criteria. After an agreed-upon time, the researcher contacted the potential participants, asking if they would agree to an interview. Some participants admitted to forgetting to reply and were glad when the researcher followed up with them. For those who agreed, an interview was set up with the date, time, and location convenient to the participants. The COVID-19 lockdown restrictions also influenced the chosen venue. Some opted for an online video call through a video call application convenient to the participants, which was Zoom. Overall, twelve interviews were conducted in person, and four interviews were conducted online.

Data collection stopped after saturation was reached. This meant that data collection stopped once the researcher obtained enough rich data needed to answer the research questions (Lowe *et al.* 2018: 192). Once it was evident that similar themes, variations and experiences were emerging throughout the interviews, data collection ended after sixteen interviews.

3.9 DATA COLLECTION TOOL

An interview schedule was used as the data collection tool (Appendix F). This was the most appropriate tool, as the set of predetermined open-ended questions helped guide the interviews but did not limit the researcher from further questioning during the interview process (Struwig and Stead 2001: 18; Hancock and Algozzine 2006: 39; Greeff 2011: 352-353).

A large portion of the interview questions allowed the participants to describe their emotional and social experiences, including their fears and anxieties, at various stages of the adoption process. Another part of the interview sought to understand what type of support they received at the various stages of the adoption process. The interview questions were developed and based on the objectives and research questions of the study. During the initial writing up of the interview schedule, the questions were pre-tested with colleagues to see if they were appropriate and to ensure that the questions were not too abrupt or invasive. The final interview guide was piloted with an initial group of prospective and adoptive parents who did not participate in the study.

3.10 DATA COLLECTION PROCESS

3.10.1 Semi-structured interviews

As the use of the qualitative research method is “to gain a detailed picture of [participants] beliefs about, or perceptions or accounts of, a particular topic”, the most effective way to have collected data that helped to explore and understand the challenges adoptive parents faced, was to interview them face-to-face (Bless and Higson-Smith 2000: 105; Greeff 2011: 351). Interviewing the parents ensured that the researcher obtained the correct information in order to complete the study. The parents were the primary source of knowledge required for this research (Bless and Higson-Smith 2000: 104; Greeff 2011: 342).

The researcher used semi-structured interviews to ensure flexibility because the use of this type of interview was more suited to the topic, which was of a complex and personal nature (Bless and Higson-Smith 2000: 105; Greeff 2011: 352). Greeff (2011: 348) defined semi-structured interviews “as those organised around areas of particular interest, while still allowing considerable flexibility in scope and depth”. When interviewing, the researcher’s aim was to facilitate the process for participants to “open up and express ideas” clearly; to “[explain] and [elaborate] on [the] ideas”, and to guide the conversation to “focus on issues at hand rather than wander to unrelated topics” (Greeff 2011: 351).

Face-to-face interviews were the most effective way to collect data that helped explore and understand various sides and challenges prospective adoptive parents faced (Bless and Higson-Smith 2000: 105; Hancock and Algozzine 2006: 39; Greeff 2011: 351). The interviews were proposed to last approximately an hour, but went on for much longer. As the interview progressed and the participants felt comfortable, they opened up and shared richer information that answered the research questions with more depth.

The advantages of using semi-structured interviews are that they allow the researcher the flexibility to probe further, and to offer opportunities to the participants to expand on what they have said, therefore providing the researcher with a fuller and richer understanding of the participant’s viewpoint (Struwig and Stead 2001: 18; Greetham

2009: 212; Greeff 2011: 351-352). Greetham (2009: 212) added that using interviews allows the researcher to “explore issues that are important to [the] study, but which [may] not have [been] anticipated in [the] questions or hadn’t thought to approach in quite the way that’s offered in the interview”. In interviews where the researcher established a good rapport with the participants, “interaction [became] more intimate” and “the information obtained [would become] more valid and more meaningful” (Greeff 2011: 351). This meant that significant amounts of in-depth data were obtained quickly as well as “richer and deeper than that described using numerical data and statistics” (Greetham 2009: 213; Greeff 2011: 360). However, this was not the case with some participants, as some participants were not willing to share the depth of information wanted by the researcher. This is a significant disadvantage to interviews (Greeff 2011: 360). Other disadvantages of using semi-structured interviews outlined in the literature were that the responses from the participants could potentially have been misunderstood or misinterpreted (Greeff 2011: 360); conducting interviews and analysing the data was time-consuming (Bless and Higson-Smith 2000: 108; Greetham 2009: 213); and the researcher may not have been trained well enough to conduct the interviews without imposing personal biases (Bless and Higson-Smith 2000: 108).

3.11 PROCEDURE FOR COLLECTING DATA

3.11.1 The process followed for collecting data

For those who agreed to an interview, a date and time were set to which all parties agreed (Greeff 2011: 350). Owing to COVID-19 lockdown conditions and participants health concerns, four video interviews were done. Video interviews were still valuable because they allowed rapport to be built between the researcher and participant (Archibald *et al.* 2019: 4; Quirkos 2020: para. 2 line 2). The most appropriate and widely used video call application, Zoom, was agreed for use. However, due to eased lockdown conditions, face-to-face interviews commenced with those who were comfortable to proceed. The researcher considered the following in choosing a venue: privacy, comfort, good airflow, easy access, suited to “encourage involvement and interaction” during the interview, and where the interview process would not be disturbed (Greetham 2009: 215; Greeff 2011: 350). The researcher allowed the participants to identify a venue that best suited them, and, where possible, their home

was identified. As per current lockdown guidelines, the researcher and participants maintained social distancing during face-to-face interviews (Department of Health 2020: para. 22 line 11).

A few days before the scheduled interview, the researcher contacted the family to confirm the date, time, venue, or video call application (Greeff 2011: 350). The researcher informed the participants that the estimated interview length would be no longer than an hour, and another interview appointment could be set up if needed and agreed upon (Greeff 2011: 351). However, all the participants wanted to extend the length of the interview. The letter of consent was signed and either handed or emailed to the researcher before the interview commenced.

3.11.1.1 Face-to-face interviews

On the day of the interview, depending on the agreed venue, the researcher ensured that refreshments were available for the participants (Greetham 2009: 215). As data was collected in person, it was necessary to remember and ensure that the recording device and a portable battery pack was charged and the necessary writing materials for field notes were available and easily accessible (Creswell 2007: 37-39 in Fouché and Delport 2011: 65). Both the recorder and field notes were necessary to ensure that all information was recorded accurately. Permission to record the interviews was obtained before the interview commenced. Using a recorder enabled the researcher to concentrate on what the participants were saying rather than trying to write down every word. It also provided the researcher with the freedom to record any notes, thoughts and feelings during the interview process (Greeff 2011: 359). Greeff (2011: 359) stated that “[field] notes are a written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing”. The notes were used to jot down questions and clarify responses which proved to be useful during the data analysis phase.

3.11.1.2 Video call interviews

The day before the interview, depending on the agreed video call application, the researcher reminded the participants about the interview and checked that they had installed the necessary application. None of the participants requested data to be sent to them for the video call. It was suggested that using a familiar video call application

should be used as that would hopefully limit any technological difficulties (Archibald *et al.* 2019: 4). The chosen application was Zoom.

On the day of the interview, participants were asked to keep refreshments within easy reach to limit interruptions to the video call. The researcher ensured that their laptop was fully charged or plugged in, that they were in a quiet area, and that the speakers and microphone on the laptop worked adequately. The voice recording device was charged and ready to use. Using the voice recorder to record the interviews instead of a video recording ensured the anonymity of participants. The application used to record the video call was also tested before the interview and set up so that it was ready to record as the interview began. Materials for field notes and refreshments were set up for easy access to limit disruptions during the interview.

Greeff (2011: 359) provided a valuable summary of what is expected which was followed by the researcher during the interview process. He said, “after introductory pleasantries, confirm once again the general purpose of the research, the role that the interview plays in the research, the approximate time required, and the fact that the information is to be treated confidentially. Explain how the researcher will be recording responses and obtain permission for tape recording [placing it inconspicuously to avoid potential anxiety]. Finalise the signing of voluntary consent forms and inform the participants that if they wish to withdraw at any time, they are free to do so”. Where video calls were used, permission to record the interview was secured.

The researcher explained that written notes and a backup of the voice recordings would be stored securely. The voice recordings were stored under a pseudonym and in a password-protected folder on the researcher’s computer. It was explained that all data and copies thereof would be destroyed after five years (Durban University of Technology 2019a: para. 4 line 19-20). Hard data would be shredded, and electronic data would be securely deleted and removed from any bins.

As the interview process was lengthy, the researcher had to be well-acquainted with the interview schedule to guide and keep the conversation on track and probe for more information when necessary (Greeff 2011: 351). Many participants had read the interview schedule before the interview. The researcher gave them the freedom to

choose how and in which order they wished to discuss their answers. Most said they were happy to tell their story and answer follow-up questions.

The researcher ensured that the participants were comfortable and allowed time for breaks and refreshments (Greeff 2011: 353). When the participants talked, the researcher listened attentively, showed an interest in what was being said, showed an understanding of the participants' viewpoints, showed respect and allowed them to speak at their own pace (Greeff 2011: 351).

At the end of the interview, the major points were summarised, any questions the participants had were answered, the researcher's contact information was given to them, and thanks and gratitude was offered for their availability and participation (Greeff 2011: 351). After the interview, the researcher "jot[ted] down impressions" (Greeff 2011: 359). Greeff (2011: 360) stated that the researcher should "[record] what you "know" has happened and what you "think" has happened. The observations and interpretations should be kept distinct. Write down your emotions, preconceptions, expectations and prejudices so that you can develop them later". Once this was done, the researcher transcribed verbatim what had been recorded in that interview and began analysing the data (Struwig and Stead 2001: 169; Greeff 2011: 360). A copy of all the raw data was made immediately and stored securely before entering the data analysis phases (Struwig and Stead 2001: 169; Schurink, Fouche and de Vos 2011: 408).

3.12 DATA CAPTURING AND ANALYSIS

3.12.1 The analysis process

The researcher used thematic analysis to analyse and interpret the data collected (Braun and Clark 2006: 78; Lapadat 2012: 926). Thematic analysis is useful in a qualitative study as it uses a systematic approach to analyse the data by finding themes, coding the data according to those themes and then interpreting the data through discovering patterns, similarities and relationships between them (Braun and Clark 2006: 79; Lapadat 2012: 926). This helped make sense and brought an understanding of the data collected.

After each interview, the recordings were transcribed verbatim (Braun and Clark 2006: 87). Those transcripts, recordings and the researcher's notes from the interviews were labelled and ordered according to dates and assigned pseudonyms (Hancock and Algozzine 2006: 57).

Once the data was recorded and organised, it was read many times so that the researcher could be "immersed in the details, trying to get a sense of the interview as a whole before breaking it into parts" (Schurink, Fouche and de Vos 2011: 409). While reading through the transcripts, the researcher began making notes on the data, referred to as memos (Schurink, Fouche and de Vos 2011: 409). The notes included the researcher's reflection of the data (e.g. thoughts and feelings) and coding notes (e.g. highlighting words, phrases or themes that are common and different throughout the various interview transcripts) (Struwig and Stead 2001: 169; Schurink, Fouche and de Vos 2011: 410).

Making coding notes involved "a process of closely inspecting text to look for recurrent themes, topics, or relationships, and marking similar passages with a code or label to categorize them for later retrieval and theory-building" (Lapadat 2012: 926). The researcher made use of various forms of coding such as "abbreviations of key words, coloured dots, [and] numbers" (Schurink, Fouche and de Vos 2011: 411). Throughout the analysis process, it was necessary to separate pieces of data from the original and combine relevant sections so that analysis of similar information could be done more thoroughly (Ayres 2012: 868). The pieces of data were initially grouped according to the research questions and then grouped further into categories or themes (Struwig and Stead 2001: 169).

Themes are developed from the coding process (Struwig and Stead 2001: 169). It has been suggested that the interview questions and objectives of the research be used as the initial themes and that further analysis of the data should lead to other emerging themes and patterns (Ayres 2012: 868; Lapadat 2012: 926). As themes were identified and developed, connections and overlap were discovered that needed to be evaluated, analysed and interpreted according to the research objectives (Struwig and Stead 2001: 172). During the analysis, the researcher excluded data that was irrelevant to the topic and objectives.

3.13 RIGOUR AND TRUSTWORTHINESS IN QUALITATIVE RESEARCH

The quality of the research, from preparation to completion, determines whether the findings are trustworthy by being credible and authentic, transferable, dependable, and confirmable.

Credibility was ensured by reflecting in-depth considerations and descriptions of all the researcher's choices in undertaking the study (Schurink, Fouche and de Vos 2011: 420). Extended interviews and verbatim transcripts thereof as evidence of data collection provided rich information, therefore increasing the authenticity of the research (Schurink, Fouche and de Vos 2011: 420).

Transferability is concerned with the ability to apply the findings of the current study to another location (Schurink, Fouche and de Vos 2011: 420). The researcher would ask if the psychosocial challenges adoptive parents face during the pre-adoptive phase in the eThekweni region could be used and assumed of prospective adoptive and adoptive parents in another region such as the North Coast region in KwaZulu-Natal or the City of Tshwane in Pretoria. Because there are seemingly standard procedural steps for adoption, whether through government organisations or private social workers, prospective adoptive parents may experience similar fears and anxieties at some of the adoption stages, especially related to procedural issues and for those who are first-time parents. Thus, transferability can be achieved in this study. Additionally, owing to the richness of the current study's data and the experiences of adoptive parents mentioned in other South African studies, the way in which the study was conducted, and the information gathered ensured transferability.

Dependability is guaranteed when the research process is logical, thorough and clearly described (Schurink, Fouche and de Vos 2011: 420). The research ensured that all the information gathered, written and researched, was reliable, recorded and assessed well (Schurink, Fouche and de Vos 2011: 420).

Confirmability was attained by the study's findings and interpretations agreeing with the evidence provided by the researcher (Schurink, Fouche and de Vos 2011: 421). This study had clear motivations for the researcher's decisions for the current study,

such as why the specific research design, sample size, and strategy were chosen. If another researcher followed the same steps, the findings would be similar (Schurink, Fouche and de Vos 2011: 421).

3.14 ETHICAL CONSIDERATIONS

Ethical considerations in social sciences are necessary to ensure that research is trustworthy and does no harm to human participants nor the field of study (Strydom 2011a: 113-114). It is a valuable set of standards and guidelines through which researchers can evaluate their conduct and research (Strydom 2011a: 114). Strydom (2011a: 114) defined ethics as “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”. Therefore, the researcher was guided by and held accountable by the Institutional Research Ethics Committee (IREC) at the Durban University of Technology (DUT).

The researcher ensured that harm to participants was avoided by being understanding and empathic to the parents and their stories. There was no need for counselling post-interview; however, names and numbers of various organisations where assistance and support could be attained were given with those counsellors' permission. Voluntary participation where no coercion could occur was ensured, and where personal relationships existed, they were not leveraged or manipulated into participation. Participants had given informed consent before the interview through an information letter, as supplied by IREC (Durban University of Technology 2019b: para. 3 line 1) (Appendix D). They were also asked to sign a letter of consent confirming that they had been informed and were willing to participate (Durban University of Technology 2019b: para. 3 line 5) (Appendix E).

The researcher made sure that the participants were submitted to no form of deception. The participants' privacy was respected by ensuring anonymity and confidentiality when analysing and using the data collected from them. The researcher ensured that their identity was kept safe and was only accessed by the researcher

and, when necessary, in code form by the supervisor and editor (Babbie 2011: 96; Strydom 2011b: 119).

There was no compensation for participation in the research study. There was a debriefing time after the interview session, where participants were asked to reflect on the process. During this session, the contact information of a specialist (counsellor or psychologist) was given. The actions and competence of the researcher ensured successful data collection and reporting. The researcher was honest, non-judgemental, respectful of participants, and responsible in storing and disposing of data correctly and not plagiarising (Strydom 2011b: 123-124).

3.15 LIMITATIONS

There were limitations to the current study. As with all scientific research, Strydom and Delport (2011: 288) stated that “[b]y listing its delimitations, the author in fact adds to the scientific quality of the study”. The following limitations are explained below:

All participants who were recruited had to be part of the Durban Adoptive Families social media groups. There are other adoption groups that adoptive parents living in eThekwin, are linked to, but they are not part of the Durban Adoptive Families groups. There could be many adoptive parents in eThekwin who vary in race and type of adoption who do not know about adoption groups on social media.

The type of adoption was limited to only stranger/unrelated adoptions. There were no participants who had a biological, family or step-parent type of adoption. This limits the findings because there may be unique challenges due to other types of adoption that have not been explored. Thus, limiting the recommendations for support that can be offered to all types of prospective adoptive families.

Most of the adoptions (15 out of 16) were transracial, where the adoptee was a Black child. There were no adoptees of another race group except the one same-race adoption of a White child. The same-race adoptive family had significantly different social experiences from the transracial family. Whether this is a common experience or not, cannot be established from this study. This predominance of transracial adoptions may be owing to KwaZulu-Natal having more Black children who are adoptable. Moreover, the primary demographic on the Durban Adoptive Families

social media groups are White parents, limiting insight into the experiences of prospective adoptive parents of other racial groups.

Interviewing parents who had already completed the process and asking them to reflect on a period meant they could not remember all of the challenges and experiences they had in the pre-adoption phase. Even when they could, they were expressed as minor issues because they were not in the midst of that emotional time. Those interviewed who had recently finalised the adoption could remember the emotions and identified the challenges much faster than those who had to reflect on them a few years back.

3.16 CONCLUSION

The current study explored and described sixteen adoptive families' psychosocial challenges and experiences during their pre-adoption phase. A qualitative approach informed the study. All participants formed part of the Durban Adoptive Families groups on social media and resided in eThekweni. Participants were purposively selected to participate, and snowball sampling was also used to collect more data until saturation was reached. Interviews were used to collect data which was then analysed using thematic analysis. The study followed the ethical guidelines stipulated by the Durban University of Technology.

CHAPTER FOUR: ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the data collected from interviews with adoptive parents and discusses the findings made. The aim of the study was to explore the psychosocial challenges prospective adoptive parents faced in the eThekweni region. These parents belonged to the Durban Adoptive Families groups on social media. There were five objectives of the study, namely, to explore the reasons prospective adoptive parents choose adoption, to enquire about prospective parents' fears and anxieties, to explore their experiences when they first meet their prospective adoptive child, to understand what support exists for prospective adoptive parents, and to make recommendations that may enhance the adoption process.

The semi-structured interviews were conducted both in-person and through video conferencing using an interview schedule (Appendix F) as a guide to collect data. Thematic analysis was used to analyse the data and develop themes as well as sub-themes. In the sub-sections that follow the participants' demographic profiles are described, and the process of analysis is discussed. A presentation of the findings is then made.

4.2 DEMOGRAPHIC PROFILES

The demographic profiles are presented in two tables. Table 1 presents the particulars of the participants, and table 2 presents the particulars related to the adoption.

Table 1 Demographic profiles of the participants

Participant Identifier	Age Range	Gender	Race	Type of Parents in Family Unit	Area of Residence	Interviewed as an Individual or Couple
A	18 - 29	Female	White	Married Parent	Bluff	Individual
B Father	50 - 59	Male	White	Married Parent	Pinetown	Couple
B Mother	40 - 49	Female	White	Married Parent	Pinetown	Couple
C	40 - 49	Female	White	Single Parent	Glenwood	Individual
D	40 - 49	Female	White	Single Parent	Manor Gardens	Individual
E Father	30 - 39	Male	White	Married Parent	Westville	Couple
E Mother	30 - 39	Female	White	Married Parent	Westville	Couple
F Father	30 - 39	Male	White	Married Parent	Fynnlands	Couple
F Mother	30 - 39	Female	White	Married Parent	Fynnlands	Couple
G	40 - 49	Female	White	Cohabiting Parent	Waterfall	Individual
H	30 - 39	Male	White	Single Parent	Berea	Individual
I	30 - 39	Female	White	Married Parent	Verulam	Individual
J	40 - 49	Female	White	Single Parent	Pinetown	Individual

Participant Identifier	Age Range	Gender	Race	Type of Parents in Family Unit	Area of Residence	Interviewed as an Individual or Couple
K	30 - 39	Female	White	Married Parent	Bluff	Individual
L	40 - 49	Female	Indian	Married Parent	Shallcross	Individual
M	40 - 49	Female	White	Married Parent	Durban North	Individual
N	40 - 49	Male	Indian	Single Parent	Morningside	Individual
O	30 - 39	Female	White	Married Parent	Waterfall	Individual
P	40 - 49	Female	Indian	Married Parent	Westville	Individual

Table 2 Demographic profiles of participants related to the adoption process

Participant Identifier	Number of children in the same household	Number of children legally adopted	Adoption Agency	Date of adoption(s)	Type of Adoption	Province where the child lived before adoption
A	1	1	Private Social Worker	2019	Unrelated, Closed, Biological mother known, Same race	KwaZulu-Natal
B Father + B Mother	2	2	Private Social Worker	2014+2016	Unrelated, Transracial, Closed,	KwaZulu-Natal

Participant Identifier	Number of children in the same household	Number of children legally adopted	Adoption Agency	Date of adoption(s)	Type of Adoption	Province where the child lived before adoption
C	1	1	Child Welfare	2015	Unrelated, Transracial, Closed,	KwaZulu-Natal
D	1	1	Organisation/ Child Welfare	2014	Unrelated, Transracial, Closed,	KwaZulu-Natal
E Father + E Mother	2	1	Child Welfare	2015	Unrelated, Transracial, Closed,	KwaZulu-Natal
F Father + F Mother	2	1	Organisation/ Child Welfare	2018	Unrelated, Transracial, Closed,	KwaZulu-Natal
G	3	2	Child Welfare	2015	Unrelated, Transracial, Closed,	KwaZulu-Natal
H	1	1	Organisation/Private Social Worker	2018	Unrelated, Transracial, Closed,	Western Cape
I	4	2	Private Social Worker	2019	Unrelated, Biological mother known, Transracial, Closed,	Western Cape
J	1	1	Private Social Worker	2015	Unrelated, Transracial, Closed,	KwaZulu-Natal

Participant Identifier	Number of children in the same household	Number of children legally adopted	Adoption Agency	Date of adoption(s)	Type of Adoption		Province where the child lived before adoption
K	1	1	Organisation/ Child Welfare	2016	Unrelated, Transracial	Closed,	KwaZulu-Natal
L	1	1	Child Welfare	2014	Unrelated, Transracial	Closed,	KwaZulu-Natal
M	3	1	Child Welfare	2015	Unrelated, Transracial	Closed,	KwaZulu-Natal
N	1	1	Private Social Worker	2017	Unrelated, Transracial	Closed,	Western Cape
O	2	1	Private Social Worker	2016	Unrelated, Biological mother known, Transracial	Closed,	KwaZulu-Natal
P	1	1	Child Welfare	2014	Unrelated, Transracial	Closed,	KwaZulu-Natal

4.2.1 Summary of the demographic profiles of the participants

Sixteen family units participated in the study. Three of the interviews included both partners, the mother and father. The type of parents in each family unit consisted of five single parents, one same-sex cohabiting parent, and ten heterosexual married parents. The racial demographic included thirteen White family units and three Indian family units. All of these participants lived in eThekweni. Three of the sixteen families had two adopted children, and the other thirteen had one adopted child. Only three family units had their own biological children as well. All the adoptions were unrelated and closed; however, three family units knew and had contact with the biological mother before the adoption. Only one of the sixteen adoptions was a same-race adoption, and the others were all transracial. Three of the adoptions were completed in the Western Cape through a private social worker and organisation. Four of the adoptions completed in KwaZulu-Natal were facilitated through a private social worker, and the other thirteen were facilitated through Child Welfare. All of the adoptions were finalised within six years of the interview.

4.3 THE PROCESS OF DATA ANALYSIS

The researcher used thematic analysis to systematically analyse and interpret the data and develop themes (Braun and Clark 2006: 78; Lapadat 2012: 926). After each interview, the recordings were transcribed verbatim and checked multiple times (Braun and Clark 2006: 87). While reading the transcripts a few times, the researcher wrote memos on the data, including the researcher's reflections (Struwig and Stead 2001: 169; Schurink, Fouche and de Vos 2011: 410). Additionally, coding notes were made whereby common words, phrases or themes in the interview transcripts were highlighted and jotted down (Struwig and Stead 2001: 169; Schurink, Fouche and de Vos 2011: 410).

Themes were developed from the coding process (Struwig and Stead 2001: 169). The interview questions and objectives of the research were used as the initial themes, and upon further analysis of the data, other emerging themes and patterns were discovered (Ayres 2012: 868; Lapadat 2012: 926). As themes were identified and developed, connections and overlaps were discovered that needed to be evaluated, analysed and interpreted according to the research questions (Struwig and Stead 2001: 172). During

the analysis, the researcher excluded data that was irrelevant to the topic and objectives.

4.4 DATA ANALYSIS AND FINDINGS

This section presents the findings of the study and a discussion thereof. The data has been grouped into five themes and sixteen sub-themes. These are presented in table 3 below.

Table 3 Themes and sub-themes

THEME 1: Motivations for adopting	1. Personal desires to pursue adoption
	2. Pursuing parenthood despite medical challenges
THEME 2: Journey from application to first meeting	1. Experience of and challenges throughout the application process
	2. Concerns related to becoming an adoptive parent
	3. Getting 'the call'
	4. First meeting with the prospective adoptive child
THEME 3: Challenges during the visiting period	1. General challenges while visiting the prospective adoptive child
	2. Struggles with bonding with the prospective adoptee
	3. "Daily goodbyes" were difficult
	4. Unprepared for being a parent
THEME 4: Experiences of support	1. Mixed experiences of support from the social worker
	2. Varied experiences of support from family and friends
	3. Support from the adoption community
THEME 5: Post-placement challenges	1. Parenting challenges and concerns
	2. Concerns about adoptee's possible responses to their adoption story
	3. Anxieties while waiting for the formal completion of the adoption process

Each theme and subtheme will be discussed below and evidenced by verbatim excerpts from participant interviews.

4.4.1 THEME 1: MOTIVATIONS FOR ADOPTING

The first theme is related to the various reasons participants chose the adoption route as a way to grow their families. The reasons are divided into two sub-themes, namely,

(i) personal desires to pursue adoption and (ii) pursuing parenthood despite medical challenges.

4.4.1.1 Subtheme 1: Personal desires to pursue adoption

The first sub-theme derived from the data was concerned with participants having a deep desire for parenthood. For some, adoption was always something they had thought about; for others, there was a conviction to adopt either in response to a present societal need or for religious reasons.

Many of the participants indicated a deep-seated desire to be parents, which is reflected in the excerpts that follow:

***M** - I didn't need to carry a child. I was more than happy to adopt. It didn't matter how I became a mom, but I wanted to become a mom.*

***J** - I would like to be a mom, and there's enough children out there that need to have moms or a dad in their life...so why must I bring another child into this world that actually does not need to be, just to say that it was my egg, or was it born in my tummy...so it doesn't matter if it came out of my tummy or not.*

For some participants, their desire for motherhood was so strong that they did not mind which way their children became part of their family, biologically or through adoption. This was because they placed a higher value on being a parent than on producing a child themselves. This deep-seated desire to be a parent was expressed more explicitly by other participants, both mothers and fathers. These participants had always considered and preferred adoption as a means to have children because of their personal desire or conviction. This is reflected in the excerpts that follow:

***B Father** - When we were still courting, we decided that adoption is something we'd...look into...**B Mother** - We both felt very strongly about it.*

***D** - From a teenager, I knew I wanted to adopt.*

Participants' consideration and subsequent decision to adopt, occurred long before they started the adoption application process. For some, their consideration began in their teenage years, for others when they first considered parenting, or in family planning conversations with their partner. This decision was made despite any

awareness of potential medical challenges hindering them from having their own biological child. This is similar to a finding from Dance and Farmer's (2014: 104) study in the United Kingdom, which found that the journey to adopt started long before parents took the first steps to applying. They found that the average time between considering adoption and applying for adoption took about five years (Dance and Farmer 2014: 104).

Multiple factors contributed to participants' desire or conviction to adopt. These included meeting a need in society, religious convictions, or medical challenges. A sense of social responsibility to meet the need of children in South Africa without families was a factor, as reflected in the excerpt that follows:

D - I felt very strongly about how many children need homes...And it was only when he came to us for...his second Christmas...and I thought, 'should I be considering this [adoption]?...I wonder if God's plan is for me to adopt him and not just be like going to the [children's] home'.

Mokomane, Rochat and The Directorate's (2012: 355) study in South Africa found that social responsibility was a more popular motivation for adoption "among [W]hite middle class families who already have children or single adults who are financially secure and choosing adoption as a route to family building". This was true of some of the White participants in the current study. However, the benefit of adoption in meeting a need in society was also expressed by some first-time parents and Indian participants.

For similar reasons, three couples in Romanini's (2017: 84) South African study also chose to grow their family through adoption. These couples could conceive biologically, but were moved to adopt by hearing that many children were in need of a permanent home and family; by volunteering as caregivers at a RCS and therefore seeing the need to adopt, and by the belief that it was their Christian duty to adopt (Romanini 2017: 84).

Their Christian duty or religious conviction was another factor that contributed to the participants' decision to pursue adoption. Those Christian participants expressed the belief that God guided them to adopt. This was reflected in the previous excerpt as well as in the following one:

I - A lot of our motivation for adopting in the first place was religious, so our belief that we've been called to make a difference and specifically our family in the form of adopting so...it was a strong conviction.

Participants who expressed a religious conviction or motivation to adopt did so in broad terms, and did not identify what precisely about their spirituality or faith compelled them to adopt. Whereas Evangelical Christian parents in Firmin *et al.*'s (2017: 65) study clearly articulated that they were motivated to adopt “due to biblical mandate, for the sake of ministry, as a result of one's spiritual adoption, and due to received blessings”. In their study, parents who were motivated by spiritual reasons did so more out of an altruistic desire than a desire to fulfil their need to be parents (Firmin *et al.* 2017: 65). However, although most of the participants in the current study were motivated by spiritual reasons, they did so in pursuit of their desire for parenthood and believed God had called them to be parents, specifically through adoption.

4.4.1.2 Subtheme 2: Pursuing parenthood despite medical challenges

The second sub-theme derived from the data supports the idea that, for some participants, adoption was only considered because of biological challenges. Challenges included infertility owing to various medical conditions that made natural conception impossible or difficult, therefore requiring medical intervention such as artificial insemination or in vitro fertilisation (IVF).

The desire to have their own biological children was the initial preference of many participants which resulted in various fertility processes being pursued. This is evident in the following excerpt:

K - We went down the fertility route for about four years with about four different doctors and different procedures...we tried insemination that didn't help, and then we finally got to the route where the doctor said to us, look, your next option is IVF...we finally made the decision that we going to stop all fertility [treatments], and we were going to start the adoption process.

Many participants could not conceive a child through normal means yet still desired to be parents. Many attempts at different medical interventions and subsequent failures caused significant stress. Thus, participants stopped seeking medical assistance and pursued adoption as the preferred way to meet their desire to have a child. Similarly,

Jennings *et al.* (2014: 218) stated that “a key motivation for moving on from fertility treatments was to put an end to the 'emotional rollercoaster' of multiple cycles of treatment failing or because parents did not wish to continue trying for biological children after experiencing miscarriages or infant death”. Pursuing adoption instead of continuing with fertility treatments or experiencing painful losses again was a motivating factor for adoption in the current study. This is reflected in the preceding and following excerpts:

M - Because of maybe the [previous] miscarriages...I didn't want to go through that heartache again...but I knew our family wasn't complete...we so wanted another [child] to be part of our family...it didn't matter what his story was...it didn't matter if it was a boy or girl...We just knew that...we had enough in our hearts to have another child that we would love.

E Father - It's all we've waited for, to have that second person to love in our house...E Mother - he [their son] wanted a sister...I wanted a little girl, T [father] wanted another child...E Father - we tried to conceive..., we went through the in vitro process, and that didn't work out, and we were like 'well, let's go for another adoption'.*

One participant did not want to relive the potential agony related to recurrent miscarriages. Bailey *et al.*'s (2019: 1) study conducted in the United Kingdom found that women, who had previous recurrent miscarriages, experienced emotional turmoil while waiting to find out if they would stay pregnant. They found that “[t]he uncontrollability and unpredictability of the waiting period seemed a particularly difficult aspect for them to cope with” (Bailey *et al.* 2019: 7). They concluded that “[r]ecurrent pregnancy loss has the potential to cause serious psychological effects...therefore [making it] much more than just a medical condition; its consequences are more profound and life changing...” (Bailey *et al.* 2019: 8). In order to avoid the painful uncertainty that accompanies recurrent miscarriages, adoption was the preferred alternative to secure their desire for an additional child.

Another couple failed to conceive both normally and through IVF. IVF is a reproductive technology that involves extracting eggs from the female donor and combining them with sperm from the male donor in a laboratory (Mayo Clinic 2021: Para. 2 line 1-3). Once the egg(s) is fertilised, the embryo(s) is implanted into the mother's uterus (Mayo Clinic 2021: Para. 3 line 6). This process is successful if the mother stays

pregnant and carries to full-term; otherwise, the attempt is considered unsuccessful. Participant E's attempt was unsuccessful but pursuing adoption a second time around was a much quicker and easier decision for them because they had previously adopted.

In addition to medical challenges hindering participants from having biological children, their desire to be parents was so strong that they were willing to pursue adopting a child of another race despite initial misgivings. This is seen in following excerpts:

N - I've got a [infertility] medical condition...But I was toying with the idea of adoption. I had visited baby homes [as a volunteer]...just to see what it would be like to interact with kids that aren't of my race...I recall me being the one that said, let's go look at adoption.

L - I have a problem falling pregnant, and there was a child that we were looking after [and fostering], and she was also a mixed [race] baby, so that's how we found out that we can give that love to a child so there's no need to worry about race and stuff...because we were married for so long and because we weren't having our own, we said 'there's so many children, why not [adopt]'.

Parents with pre-existing or known medical challenges related to becoming parents had desperately wanted to have a child and felt they wanted to share the love they had. Some parents did not think adoption was an option because of their mixed emotions regarding loving a child of a different race. A few participants had exposure to caring for a child of a different race, either through volunteering at a RCS or fostering a child in their own home, which gave them confidence in their ability to adopt specifically transracially. Those parents who overcame the fear of parenting a child of a different race were happy to proceed with the adoption, as their desire to be a parent outweighed their desire to have a biological child. This is supported by Sohr-Preston *et al.* (2017: 92), who stated that “[adoption] makes it possible for adults to become parents despite infertility”.

4.4.2 THEME 2: JOURNEY FROM APPLICATION TO FIRST MEETING

The second theme was concerned with the fears, anxieties, challenges, and experiences from the time the participants started their adoption application to the time they met the prospective adoptee for the first time. The journey is divided into four sub-

themes, namely, (i) experience of and challenges throughout the adoption application process, (ii) concerns related to becoming an adoptive parent, (iii) getting 'the call' after being matched with a prospective adoptive child, and (iv) the first meeting with the prospective adoptive child.

4.4.2.1 Subtheme 1: Experience of and challenges throughout the application process

The first sub-theme derived from the data reflects the anxieties and challenges faced by participants while going through the application process. This period included doing the paperwork, passing the screening process, waiting to be approved, and then waiting to be matched with a prospective adoptee.

Participants had to overcome various misconceptions about who could adopt. According to the Children's Act 35 of 2008, the only requirements of a prospective adoptive parent are if they can be “entrusted with full parental responsibilities and rights in respect of the child; willing and able to undertake, exercise and maintain those responsibilities and rights; over the age of 18 years; and properly assessed by an adoption social worker...” (South Africa 2006: 114). Parental responsibilities and rights, outlined in Chapter 3 of the Children's Act 38 of 2005, are caring for the child, maintaining contact with the child, being the guardian of the child, contributing to the maintenance of the child, safeguarding their assets, and representing them in legal matters (South Africa 2006: 38). Often though, participants did not have this knowledge before enquiring about the adoption process. Misconceptions related to marital status, income, gender, and sexual orientation, which put people off adoption, have been reported. Rochat *et al.* (2016: 125) stated that “[misconceptions] about the process of adoption and stereotypes about eligibility were common” amongst South African participants. The participants in the current study were, however, ones that were willing to ask questions to obtain accurate information on adoption and the process. Some misconceptions of eligibility of who can adopt are reflected in the following excerpt:

C - I think my biggest fear...was 'can I do it by myself?', they [social worker] said that me being single is not going to stop it and then also financially because...I only have one income, that was also a fear for me, 'would I be discriminated against because I'm a single parent?' and no, I wasn't.

The preceding excerpt reflects the common concern over whether single parents would be able to cope with raising a child by themselves. The emotional, social and financial

impacts of being a parent influenced people's decisions to pursue parenthood; however, multiple factors such as; job stability, child care, balancing work and meeting the needs of the child, developing a support network, and financial planning “are amplified in the case of being the sole parent” (Pasch and Holley 2015: 169). An additional worry was whether single participants would be eligible to adopt without a partner, as “it is much harder for singles to prove that they will be adequate carers than it is for couples” (VanGasse and Mortelmans 2020: 2242). For those participants who wanted to clear misconceptions up, once they asked questions and were given accurate information on adoption and the process, their fears around eligibility subsided. Social workers and adoption organisations often provided the information.

After enquiring about the adoption process, participants entered the screening phase. The screening phase is when people meet with a social worker who interviews them to prepare their adoption profile and application as prospective adoptive parents, which is then approved and matched with a suitable child (Henwood 2016: 25). Elements of the screening phase include in-depth interviews with the social worker “focusing on infertility, family background, marriage, extended family support, parenting styles, finances, culture” (Doubell 2014: 134; Gerrand and Stevens 2019: 43). Other aspects included the social worker doing home visits; marriage, psychological and medical assessments; getting documentation such as “the completed adoption application form, a copy of each parents' marriage and birth certificates, financial affidavit, proof of employment, police clearance, sexual offenders' clearance”; and character references (Doubell 2014: 133-134; Henwood 2016: 24-25; Gerrand and Stevens 2019: 43).

During the screening phase, many participants expressed feeling anxious that they would not be deemed fit to be adoptive parents. They said:

***H** - I had worried that there would be a perception that a single male would be a paedophile risk; that was really what [was]...on my mind.*

***F Father** - In the beginning, we were like... 'are they going to pick us?' We were obviously worried and concerned...**F Mother** - it was worrying that at any step, maybe they can tell us that '...you actually not good for adoption'. I don't know why...they would ever deny us, but the option was still there, and it was scary.*

P - You're sitting there [with the social worker], and you don't want to give the wrong answer, and you don't want to say the wrong thing, and you want to put your best foot forward and...you want to convince them, 'I've got this, I can do this, I know I can be a good parent'...you constantly thinking these things, so that was a bit of a challenge.

Once participants entered the screening phase, concerns over whether they would be considered good enough to be adoptive parents arose. Participants worried about how the social worker might perceive them and were concerned that they would be judged based on what they said to the social workers. They reported fearing that they would say something 'incorrect' during interviews with the social worker, or 'unfavourable' personal characteristics would surface, which could jeopardise the success of their application. Therefore, they felt the need at times, to try to convince the social worker that they would be suitable parents. Few parents expressed that they were unnecessarily anxious during the interviews because they found the phase to be emotionally challenging. Often parents felt as though they were waiting for the social worker to find one thing wrong and consider them unfit to be adoptive parents.

Another concern was the form they had to fill in related to the characteristics of the 'type' of child they wished to adopt. This form included specifications “such as the race, age, gender, disabilities, and medical conditions of the child” (Doubell 2014: 134). Participants felt this was a challenge because they were worried about being judged for their choices. Parents called this “shopping for a child”. This was reflected in the excerpt below:

***F Mother** - When you fill in that one paper... it's like [tick the desired] race, age, gender...[it] feels like you're shopping for a child...we wanted to tick 'healthy', and we [said] 'don't judge' [to the social worker], she [social worker said], 'no, no, you are allowed to put healthy'.*

Participants were disturbed by having to fill in a form related to the desired characteristics of a child. Some even felt it was not appropriate to have the option to “shop for a child”. One explanation for this could be that many parents compared receiving a child through adoption to receiving a child biologically. With biological children, parents do not often choose some of the characteristics such as gender, health, and developmental difficulties. Wanting to imitate a pregnancy as far as possible could have meant that parents would not want to be given options that

biological parents do not themselves have. Nevertheless, some participants did have specifications of the 'type' of child they were willing to adopt. Additionally, Romanini (2017: 88) found that parents were unprepared for and felt guilty for filling in a checklist that required them to consider what child they were willing to adopt and which they would decline.

In discussing adoption as a path to parenthood, Sohr-Preston *et al.* (2017: 92) helpfully wrote that “adoption is often an arduous and unpredictable process during which prospective parents are scrutinised in a manner biological parents typically are not”. The paperwork and screening process was emotional and tiring as it required more time and energy than the parents had anticipated. This is reflected in the following excerpts:

***N** – [The] application process was a bit bureaucratic, bit tedious, then the verification, the police checks and things, but we got that done. That would be the hardest thing...but it was not insurmountable.*

***P** - You had to make time for all of these things [filling in paperwork and visits with the social worker], you have a full-time job, and you took time off work, but... it's something that had to be done, and we did it.*

The screening and paperwork part of the process had its own challenges but was accepted as something that needed to be completed. Doubell (2014: 133) found that social workers believed the screening and preparation phases were the longest part of the process for prospective adoptive parents. What was challenging for some participants was the amount of time required for completing the application. Participants, therefore, had to set specific time aside from their daily routine to complete all the necessary paperwork. Some, though, did not find the paperwork part of the process as challenging as others did. Those who were challenged by it were still motivated to get it done because it was one step closer to fulfilling their desire to be a parent.

Once the application was submitted, parents waited to hear about a match with a prospective adoptee. The process for matching varies among social workers and agencies (Doubell 2014: 134). However, the typical procedure is that a committee or panel approves the application and then matches the prospective adoptive parents

with an adoptable child (Doubell 2014: 134). The frustration and anxiety around this waiting period are described in the excerpts that follow:

F Mother - *It was stressful in the beginning...not knowing 'is it going to [happen] now? It can happen in a years' time, two years, three years, maybe ten years, I don't know'.*

E Mother - *If I say to you... the wait was anxious. Every phone call you jump, every message you jump in those four months...I'm so grateful because people wait years, but I can just probably imagine what they went through...it's insane.*

M - *Impatience, anxiety, all of the above...it's an emotional roller coaster...it's hard because I guess there's so much out there that there's so many children needing families, and we were like, 'how is this taking so long?'... 'Surely it's just a piece of paper...you just have to go through our stuff and just do it'...it was just a frustrating kind of process of waiting for a piece of paper to be stamped.*

C - *I was angry because I know there's kids that need homes, and I know there's people on the list waiting and 'why is it taking so long?'...The waiting for me, that was frustrating.*

Despite the challenges during the screening process, participants in the current study expressed that the most distressing parts of the application process were two-fold; waiting to hear if they were declared fit to be adoptive parents and waiting to hear about being matched with a prospective adoptee. Overall, the waiting period brought about a feeling of loss of control in the participants over advancing the process and, therefore, the adoption time frame. This was also found by Tasker and Wood (2016: 526) in a study in the United Kingdom. Their participants' accounts of their experience of the adoption process included “a feeling of resignation that the selection process was mainly in the hands of the adoption professionals rather than under their control” (Tasker and Wood 2016: 526).

Participants were frustrated at the unpredictability and uncertainty of the timeframe of being approved and subsequently being matched with a prospective adoptee. Feelings of uncertainty during the waiting periods were also expressed in social media posts. In a study by Rogers (2018: 294) on 'waiting adopters' posts on online adoption forums in the United Kingdom, similar findings were made. Adding to some participants' anxiety, is that they had previously heard that the waiting period could range from

months to years. What added to some participants' frustration with the extensive waiting period was the reality that many children were in need of adoption. Therefore, participants could not understand, nor were they told why it was taking so long. Findings from Rochat *et al.*'s study (2016: 124) revealed that “[long] waiting periods led to descriptions of the adoptive system as unkind, unfair and un-empathetic to the needs of adoptive parents”.

In addition to the challenging and unavoidable waiting period, a few parents described it as a hard and lonely time as they did not have people who could empathise with them. This is reflected in the following excerpt:

K - When it's all [application and waiting process] happening, you're just doing it, you're going through the motions, and you're just doing what you need to do, but only now...thinking back, I thought '... it's been a lot'...it was so lonely, and you don't know what you're doing, you have no idea, and there is no one.

Some participants remember this time as stressful and overwhelming, where they felt that they had insufficient guidance and emotional support. To address this challenge, parents in Dance and Farmer's (2014: 106) study benefited from attending group preparation meetings, as they found that going through the process with other prospective adoptive parents provided moral support and friendship. Lasio *et al.* (2021: 9) also recommended that prospective adoptive parents use the waiting periods between deciding to adopt and the placement of the child to prepare for adoption through pre-adoptive activities. Their recommendation is relevant as the findings of their study with adoptive parents in Italy provided insights into “enhancing the quality of prospective adoptive parents' preparation before child placement” (Lasio *et al.* 2021: 1). Pre-adoptive activities included support in dealing with the possible grief and loss which they experienced before adoption; informing prospective adoptive parents about the challenges of adoption and possible ways to manage and address the challenges; preparation and training for dealing with possible health and behavioural issues; preparing them for open communication with their child about their history; preparation for contact with birth families, and preparation “to support their child in the process of building a balanced racial and ethnic identity” (Lasio *et al.* 2021: 9).

Added to the challenges and stresses of doing all the paperwork and waiting, was the reality that parents could not prepare for receiving a prospective adoptee. This is reflected in the excerpt that follows:

M - You kind of wanted to buy baby stuff...but you can't buy it because you don't know if you're getting a three-month-old girl or an 11-month-old boy who...looked about five...that was quite hard, not to be able to buy...whatever it was that you thought was cute in the shops at the time...It is a bit of a weird feeling not being able to kind of prepare and buy those cutesy baby things.

Some participants experienced not being able to prepare for receiving a child as difficult. This was because they did not know when they would meet the child, what age or gender the child was, or what the child may need.

4.4.2.2 Subtheme 2: Concerns related to becoming an adoptive parent

The second sub-theme derived from the data related to the initial fears of becoming an adoptive parent, particularly adopting a child of another race. The following excerpts reflect the various fears and anxieties participants experienced about being a parent and adopting before meeting a prospective adoptee. These concerns were related to them worrying that they would not love the child, or the child would not love them. It included anxieties about bonding with a child of a different race, society's response to their transracial family, the prospective adoptee's potential health and development issues, birth parents coming back to claim the child, and how siblings would respond to an additional child.

The fear of not being able to love the prospective adoptee related to participants' concern as to whether they would embrace the child as their own, as though it were their own biological child. This is evident in the excerpt that follows:

K - I said to him [husband] what happens if...I don't love the child, or the child doesn't love me...I was scared of being a new parent because I didn't know. We started the adoption process, and I knew that's what we wanted, but I [was nervous because to enter the adoption process] is one thing, [but] to be a parent, to get a baby is different...it was just hard for me in the beginning because...I don't connect very well; I wouldn't say with Z [child], I would say with a baby in general... it didn't come naturally to me.*

The above excerpt reflects a first-time mother's concerns about whether she and the child would bond and accept each other as mother and baby. Struggling to bond is a common fear and experience of many adoptive parents (Meakings *et al.* 2018: 65). This anxiety over loving and accepting each other as parent and child can be offset by parents being informed and equipped for attachment and bonding with a child (Romanini 2017: 106). This struggle was often acknowledged by participants in other studies, by both mothers and fathers, because they knew that adoptee's pre-adoption experiences could impact attachment to the adoptive parent; therefore impacting the child's adjustment and development (McConnachie *et al.* 2019: 112; Finet *et al.* 2020: 455). However, in the current study, this concern was not easily voiced in-depth and was only primarily brought up by the participant mothers. One mother even expressed her concern that her husband may not accept the adoptees as his own, as seen in the following excerpt:

I - I worried that my husband [wouldn't] love them [prospective adoptee twins] as his own...I think there was a little bit inside of me that worried about whether these boys would be enough for him because they're not his own flesh, so that was maybe a tiny bit of a worry, but it was also unfounded; it was unnecessary.

Concern over whether a parent would be able to bond with a child that is not their own biologically was evident. In addition, regarding the characteristics of the prospective adoptive child, participants expressed their concerns relating to the likely transracial nature of the adoption. For some, confidence in their decision only came once they dealt with and faced their misconceptions and fears about adoption, as reflected in the following excerpts:

E Father - *It was always scary because I come from a very staunch Afrikaans family. So, it [adoption] was always something...that I was afraid of, but I think when we had the process started, and we had sat down and spoken to H* [social worker]...when we had that orientation...all those fears and stuff were addressed, and they helped me and guided me through those kinds of things.*

F Father - *For me, it was just trying to come to terms with there could be a possibility that it was going to be a Black child and that I need to mentally prepare myself for that and...try and change what I'm feeling or opinion now of the world, my views...I feel like the more we started looking into it [adoption] and the more we started sensitising*

ourselves to the situation...we started noticing other people around us who were in similar situations or mixed-race relationships and stuff like that. And you're like...this might not be necessarily as hard as we thought it would be.

Concern over bonding with a child of another race was also found in Henwood's study (2016: 35) conducted in Cape Town with ten adoptive couples. Parents in this study had concerns and expectations that it would be challenging to bond with a child of a different race and genetic heritage (Henwood 2016: 51). The explanation for this fear was due to the emphasis their culture placed on biological children being the preferred method of growing a family (Henwood 2016: 52). Many participants in the current study share a similar cultural ideology. Even within this belief system, once participants took the step to be counter-cultural through growing a family through adoption, they realised that these fears were unwarranted. However, their initial anxiety revolved around how they and society would respond to them adopting transracially. This is reflected in the following excerpts:

N - *Even though we were told over and over again that 'it most likely will be a cross-cultural [adoption], we won't find an Indian child', I was worried about...how it would be viewed in my community.*

C - *I think I felt a bit anxious when I knew my child wasn't going to [have] the same colour [skin] as me, but I had made peace with that in the very beginning because L* [friends in the adoption community] told me that there's [no] White kids...I was anxious because I didn't know what to expect with a non-White, be it an Indian or a Black or Coloured...I know of other people who have had bad experiences when it comes to culture...I was anxious as to how am I going to cope? What am I going to do?*

During the pre-adoption stages, participants expressed deep concern with regard to how their family and society would respond to them being adoptive parents. As they entered parenthood, what became worrying to the participants was the high probability of adopting a child of a different race. This is because communities often consider adoption a non-traditional way of forming a family (Breshears 2018: 36). Furthermore, the denial of the legitimacy of adoptive families in society adds to the stress of adoption (Krusiewicz and Wood 2001: 796). Thus, participants were anxious about whether their community would accept the child and how their family was formed. These anxieties stemmed from participants' assumptions about society possibly not accepting their

transracial family and hearing stories from other transracial families who shared their own negative experiences of society's rejection of their family. Often though, it was the fear of the unknown that caused the most anxiety amongst these parents. However, participants continued the process despite their fears and concerns about family and friends not supporting transracial adoption.

In addition to concerns about race, some participants were apprehensive about other characteristics related to the child, such as gender, medical history, and behavioural issues. This is reflected in the following excerpts:

E Mother - *I think that probably the thing that's T* [father] and I debated the most about was the age of the child, gender of the child, the first child. Cause I wanted a girl the first time around and he was adamant to have a boy...E Father* - *I was always scared of not being able to bond with a girl, I don't know why...E Mother* - *It was strange though because I was so scared of bonding with a boy.*

C - *I did [have fears and anxieties] in the beginning when [the social worker] said the [child was exposed to] drugs and the alcohol...I was scared that she would be a problem child after I had already now taken her.*

N - *I was worried about the child being difficult to manage, having behavioural issues or maybe foetal alcohol syndrome or something like that, some serious disease, because we don't know the parent or the parent could have withheld information, the biological parents, about their lifestyle and behavioural issues... those were my concerns.*

The above excerpts revealed that participants feared bonding with a child of the opposite gender, yet for no logical reason. Not only that, but participants also expressed fears related to potential medical and behavioural issues that may surface later owing to the prospective adoptee's history. The concern about birth parents withholding information on the pregnancy or the child's history was also a great fear. García-Tugas and Grau-Rebollo's (2021: 14) stated that adopting a child at a very young age does not allow for some illnesses to be detected, yet the parent's reasons for wanting a young child was "to reduce the likelihood that the adoptee [had] undergone experiences that could affect his or her psychological health". Nevertheless, the lack of information and history related to the child before the adoption was a challenge for the participants. This is because it is "more difficult for the

[prospective adoptive parents] to prepare themselves to deal with any problems” that may accompany the prospective adoptee (García-Tugas and Grau-Rebollo 2021: 19).

These anxieties over how their child's past could impact the child's present and future were discussed candidly by the participants. This is vastly different from other studies in which parents spoke unemotionally of their adoptee's past and denied the significance and impact of their child's history on both the child and parents (Skandrani, Harf and Hussein 2019: 10).

Another anxiety related to their child's past, which a few participants in the present study spoke about, was the fear that the adoption could be unsuccessful if the birth family came back to claim the child. This is reflected in the following excerpt:

O - [I] had anxiety [thinking about if the biological mother] would want him back, I wasn't as worried about that; I was more worried about the biological father because I knew he wasn't a good person from everything I'd heard, and I was really scared that he would do something not so good.

For the few participants who had contact with the birth family throughout the adoption process, the uncertainty of birth parents changing their minds was worrying. What was worse for others was, when participants had limited or no information about one or both of the birth parents, the fear that the birth parent would do something to hinder the adoption proceeding. Prospective adoptive parents worrying that their adoption application would be contested at any point was similarly noted in adoptive parents in the United Kingdom (Anthony, Paine and Shelton 2019: 2). This was a challenge that many participants faced, to differing degrees, from meeting the prospective adoptee until the adoption was finalised.

An additional fear of becoming an adoptive parent was the concern over adding a sibling to the family. Where couples were adding another child to the family unit, concern over how the children would relate to the adoptee and how family dynamics would change caused anxiety. This is reflected in the following excerpt:

***B Father** - There was a bit of concern that they [siblings] would [not] get on well together...so just [concern] that our family would knit well...I knew L* [wife] and myself would but...we don't need fighting within and especially [with the children] being such a close age.*

Often these concerns arose in the pre-adoption and peri-adoption stages when the family had limited information about the prospective adoptee sibling. Having little or no information about the prospective adoptee and anticipating how the children would respond to each other, caused anxiety for the prospective adoptive parents. Participants who were adding children to their families were aware that potential issues could arise.

4.4.2.3 Subtheme 3: Getting 'the call'

The third sub-theme derived from the data was concerned with participants' emotions, experiences, and thoughts after receiving the news that they had been matched with a prospective adoptee. Many of the participants received a phone call from the social worker to inform them that they had been matched with a child. Their experiences are reflected in the excerpts that follow:

***K** - We got the phone call, I think panic...just a mix bag of emotions, like a roller coaster, I was up and down...you've been working towards this for about a year, you get the phone call, and you're like 'oh my we're not ready', and it's like 'okay but you'll never be ready.'*

***B Mother** - Excitement, anticipation, even a little bit of panic...You don't know what you're going to get...Overwhelmed, totally overwhelmed.*

***J** - It got to the stage where this is real now. Now I want it to happen, so with that brought on a bit of anxiety.*

Participants expressed a mixture of emotions when receiving the news that they had been matched. Some experienced feelings of panic as the step towards adoption became more real. Participants became more excited and impatient once they were matched as the reality of becoming parents was within their reach.

After the phone call and while waiting to meet with the social worker and prospective adoptee, participants expressed concerns and frustrations about waiting to meet the child. They said:

***F Mother** - They said they matched us, but we can only meet [the child] the next week. So, it was frustrating knowing that they've matched us with someone; [and we] have to wait so long to go and meet our child.*

C - *it was terrible...because I was at work when they phoned me and I had to phone my mom and tell her, 'Listen, we can meet the baby on Monday'...it was the longest weekend ever.*

M - *They wouldn't let me come and meet him by myself. So, it was really frustrating because he [husband] was back like three days later...it was terrible...we didn't tell the kids, and we just had to kind of keep it bottled up inside just in case it wasn't [going to work out]...it's the hard thing of things could go wrong. And if it was just us, it was fine, but with two other kids, you don't want to do that wrong.*

L - *I was excited, but you know inside me, I was scared, so I didn't want to get my hopes up.*

Participants were impatient and frustrated at the process of knowing they were matched but had to wait to hear more about and meet the prospective adoptee. Participants hopes of being parents were within reach, but they still had to wait to meet the prospective adoptee for their hopes to be realised. What added to participants frustration was that they did not feel they understood the need to wait. This may have been a misalignment of expectation versus the reality of the process (Romanini 2017: 86).

Participants with children felt particularly hesitant about sharing the news of being matched as they did not want to get their children's hopes up. Furthermore, a few participants were nervous that something could still go wrong and were therefore reserved with their enthusiasm. Nevertheless, most participants were eager and excited after the phone call and at the prospect of meeting their prospective child.

Some participants did not feel they had received enough information about the prospective adoptee during the phone call and therefore felt anxious. They began worrying about potentialities related to the child with whom they had been matched. They said:

E Father - *We were playing all different kinds of scenarios. What would he be like? What kind of child is he going to be...we were stressed. Is he going to have any problems? Is he healthy?...*
E Mother - *Is he going to like us? We knew nothing...I think the biggest thing was, what if he doesn't like us? It was never like, we wouldn't like him,*

or we wouldn't love him, but what if he doesn't love us? And what if he doesn't like us. I think that was like a big thing.

This excerpt reflects the uncertainty and fears participants had with the limited information they had of their prospective child. It also reflects a parent-centred view of the adoption. According to the Children's Act 28 of 2005, "the purposes of adoption are to (a) protect and nurture children by providing a safe, healthy environment with positive support; and (b) promote the goals of permanency planning by connecting children to other safe and nurturing family relationships intended to last a lifetime" (South Africa 2006: 112). Thus, adoption is meant to primarily serve a child who needs a permanent family. This need is based on their constitutional right "to family care or parental care, or to appropriate alternative care..." (South Africa 2019: 11). All the decisions through the adoption process that lead the committees to deem a child adoptable and match them to a prospective adoptive parent are based on applying the universal principle of the child's best interests (South Africa 2006: 112). Many participants in this study chose adoption to fulfil their personal desire to be parents or their religious conviction to adopt, instead of focusing on fulfilling a child's right to have a family. At some points, participants did mention that what they do as parents post-adoption is because "*it's not about us, it's about the child*", yet their initial motivation to adopt was one of a self-centred desire.

4.4.2.4 Subtheme 4: First meeting with the prospective adoptive child

The fourth sub-theme derived from the data was concerned with the participants' experiences when meeting the prospective adoptee for the first time. Participants felt a mixture of emotions moments before meeting the prospective adoptee. This is reflected in the excerpts that follow:

J - You go into your first meeting with the child...you are so excited and nervous, and you have all these emotions running through you...you've got all these pressures, [such as] it could not be [the right match as] your child.

K - Just walking into the building and thinking everything is about to change...you think, what happens if you hear this horrific story and you actually...can't deal with it...it's just that fear of not knowing will you be strong enough to stand up and say yay or nay...so after meeting with her [the social worker], I said to C [husband] 'whoa [this is all real now]'.*

Participants felt nervous and fearful about meeting the prospective adoptee, especially when thinking about the possible content of the child's history. Participants expressed concern over whether they would accept the match or not after hearing the child's story or seeing the child. Some also felt the reality of their decision setting in, which made the first meeting intimidating.

Participants went into the meeting with the social worker feeling nervous about hearing information about the prospective adoptee and the possibility of seeing the child. Once in the meeting, they met and spoke with the social worker and heard detailed information about the child and their history. At times this information came as quite a shock to some parents. They said:

C - *Literally five minutes before...they brought her in, they told us [the child's story]...and then the first thing I was like you didn't tell me this, you made me excited and five minutes before this little thing is going to come through the door you now telling me the story...When she came in...she was not what I expected...this is not what I imagined her to be... I can't tell you what went through my [head]; all I knew was this...little kid is not what I expected, and I think also because...I kind of imagined her to be like the little kids at the [children's] home where I was helping...I was disappointed because...she's not what I pictured, but that was also my own stupidity.*

Once seeing the prospective adoptive child, a few participants felt disappointed and overwhelmed as the child did not meet their expectations. Moyer and Goldberg (2017: 20) wrote that for those parents whose expectations were not met, "they experienced elevated stress", which negatively impacted their transition to parenthood. Other participants, who did not express having expectations, were overwhelmed with the reality of the situation. They said:

E Father - *I remember walking into the baby home and R* [house mother] picking up N* [prospective adoptee] and putting him in my arms [for the first time and saying], "here's your daddy", and I'm like '...it's all happening'...I was crying.*

K - *[Meeting the child for the first time was] a bit overwhelming because it's a baby, and it's like 'what the hell am I doing with this baby'...It was like, 'does this blob like me?'...I battled to connect with a baby, so for me, it was very difficult; C* [husband]...[just] ran straight forward.*

Some participants felt as though they were suddenly thrown into parenthood and felt overwhelmed by the reality of having a baby or child. When meeting the prospective adoptee, this sense of 'instant' parenting was also reported amongst other South African parents (Finlay 2006: 31). Not only was the reality of meeting the child overwhelming, but participants' experiences of interacting with the child for the first time varied. This is reflected in the excerpts that follow:

B Mother - *B* [social worker said]... 'go sit next to her', and [the social worker said] 'I'm coming'...I really needed my hand held, because...I didn't want to scare her. So I didn't quite know how to go about it, and also your brain is just going 'whish', she was physical now, it's not just a thought...she's real...I think that for me was also huge like this is real...so first I sat next to her and played with her, and she connected with me a little bit, and after a few minutes B* [the social worker said] put her in your lap.*

F Mother - *To hold [the child] was a bit awkward because it's just this seven months tiny little thing...I felt a bit bad when D* [house mother] changed her bum, and I didn't change her nappy or offered to change her nappy. Cause I was like...it's a bit awkward...just digging in someone else's bag and changing baby's nappy. And like what if she looks at me and [thinks] 'you shouldn't be doing it this way, you should be doing it that way'...I just felt a bit...like I would be judged or something. It was awkward but very exciting.*

L - *Even when we met the baby, when we got there...I just sat quietly...she took to my husband, and I was just too scared to go to her, but she came to me. Even after that, we went to their [foster parents] house to spend some time with her. She just came and clung to me, so that was like so nice...I didn't want to leave her.*

N - *The meeting, that was magical.*

The above excerpts reflect varied experiences, from being walked through the meeting process to quickly overcoming fears and having a "magical" meeting. Some participants felt unsure and awkward when interacting with the prospective adoptee. Others felt less confident in their parenting ability when the child's house mother was present. Participants who were first-time parents felt uneasy when it came to meeting the child's practical needs as they had no prior experience. However, for those participants who were initially hesitant, after spending more time with the prospective adoptee, many left the meeting feeling optimistic about the match.

However, the excerpt below shows that emotions were different for participants who met the biological parents at the same time as meeting the prospective adoptee:

O - I was very emotional when I saw him. She [birth mother] gave him to us...so she was holding him, and he was asleep and then she passed him to me, so I felt horrible for her and very happy at the same time ... I was very emotional because she said goodbye [to the child], she spoke to us for a while.

For some participants seeing the child and spending time with them was emotional. This was often because hearing the child's story evoked a deep sense of compassion for their circumstances and a desire to protect them. Meeting the birth parents at the same time compounded this emotional experience. Those participants who met the biological parent, often the biological mother, were empathic towards the birth mother's loss and excitement at their gain.

4.4.3 THEME 3: CHALLENGES DURING THE VISITING PERIOD

The third theme was concerned with the various challenges and experiences during the period when prospective adoptive parents visited and bonded with the prospective adoptee before the child was placed with them. Four sub-themes emerged from the participant's experiences during this visiting period, namely, (i) general challenges while visiting the prospective adoptive child, (ii) struggles with bonding with the prospective adoptee, (iii) "daily goodbyes" were difficult, and (iv) unprepared for being a parent.

4.4.3.1 Subtheme 1: General challenges while visiting the prospective adoptive child

The first sub-theme derived from the data was concerned with general challenges participant's experienced during the visiting period. While participants spent time visiting their prospective adoptee, various anxieties and worries surfaced. The participants' experiences of the initial stages of visiting and learning to care for a young child are reflected in the following excerpts:

F Mother - I couldn't visit her [at length] the day we met her...and I still felt so bad because I thought D [house mother] was judging [me] for not coming immediately [the day after meeting the child], I couldn't...We were quite scared [we'd] do something wrong in front of them and the [security] cameras...In the beginning, I felt that I was overstepping like they have their routine...But then, as soon as we got the hang of the*

routine...saw what they were doing; I was like, 'okay, we're doing this'. So, when they fed her, I was like, no, I would feed her...And then making the porridge, I had no idea even how to make porridge.

B Mother - *I was also petrified. I didn't know how to feed her; I didn't know what to do. So, the house mother had to show me literally step by step, even changing nappies, bathing, everything. She had to show me how to do everything.*

During the visiting period, some participants feared that their parenting skills, or lack thereof, would not meet the expectations of the carers and the social worker and worried that they were being judged as not good enough to be a parent. Some participants were concerned that they would do something wrong, which they thought could influence the completion of the adoption. Lewis (2018: 41) also found that parents felt under scrutiny by the social worker and were concerned it would negatively impact the adoption being finalised. Even though some participants in the current study were nervous, many were assisted and guided by the carers in meeting the child's practical needs. Participants who had no experience with children found the visiting period incredibly challenging as they had to learn how to care for the prospective adoptee. The caring included bathing the child, feeding the child, changing nappies, handling medication, and making food. Doing these activities was necessary to facilitate attachment formation between child and parent (Families Through Adoption 2019: 1).

Participants who were not first-time parents, especially those with experience with children, or had previously volunteered at a RCS did not struggle as much with the basic practices of child-care and relating to children. One participant said:

P - *I think for me personally, becoming a volunteer [previously] was the best thing I could ever do, so they [carers where she volunteered] were so instrumental in helping me, in getting me ready, eventually, when I did meet her, I knew what to do. I didn't know everything, but at least I had some kind of groundwork.*

Participants who had previously volunteered at a RCS or knew of people who had previously adopted had a more realistic expectation of what the visiting experience entailed. Even though each situation and case was different, there was a sense that some participants were more prepared for the demands of this stage.

Additionally, spending time and bonding with the child was found to be time-consuming and required great emotional energy. This is reflected in the following excerpts:

B Mother - *I think it was two weeks from the time we met her till we went to the Magistrate...we were seeing her every day so every day after work...when the house mother said that it was okay for us to take her out, we would take her away from I* [RCS] and then take her back for dinner, and we'd actually put her to bed and then go home...it was wonderful, um, it was exhausting...I was tired because it was a daily thing, but also like emotionally, it was very exciting, which is exhausting too.*

K - *We started going to the [children's] home every single [day]...that was a very tough, stressful time...because you go through everything during the course of the day and you have put all this doubt in your head, and you feel bad, and then you just look [at the child] and you thinking this is the reason we're actually doing it and yes it's worth it and then you wake up in the morning, and you're like 'oh my I've got to do this all again'.*

Some participants were able to visit every day and were motivated by the fact that the more they visited, the quicker they could bond with the prospective adoptee, and therefore the child could be placed permanently with them sooner. Other participants could not go every day or for extended periods during the day, as they would have liked to, because of everyday life demands. Many participants found the visiting period draining as they struggled to find time to balance their work demands, home demands, spend time with the prospective adoptee, and prepare their house for the placement of the child. Likewise, parents in Firmin *et al.*'s (2017: 64) study characterised this stage of the pre-adoption phase as chaotic.

Participants expressed feelings of excitement and exhaustion during this period. It was exciting because they spent time with their prospective child and exhausting because of the difficulty of juggling their other life commitments with visiting the prospective adoptee regularly. Some participants felt guilty about whether they had made the right choice or whether they were doing what was best for the child. These doubts and fears made the visiting period more stressful. Not only were participants battling with the anxiety of being judged and feelings of uncertainty in their new role, but some had a pervasive concern that something could go wrong and hinder the success of the process.

4.4.3.2 Subtheme 2: Struggles with bonding with the prospective adoptee

The second sub-theme derived from the data was concerned with participants' struggles with bonding with the prospective adoptee while visiting them at the RCS. During the visiting period, prospective adoptive parents and the prospective adoptee spend time together to enable attachment. Participants expressed struggles bonding with the prospective adoptee because of various factors at the RCS. These included that the child had already attached to caregivers at the RCS and other children at the RCS wanting attention. They also expressed ways in which they responded to those factors and how attachment was facilitated.

One of the struggles that hindered attachment between some participants and the prospective adoptee was that bonds were already established with caregivers at the RCS. Participants said:

E Father - *The first three or four days she didn't want anything to do with us. She would go and sit with the helpers, or when S* [house mother] would walk in, she would run to S*. No one could be around if we were there because she would just want to go away from us the whole time, and it killed us.*

F Mother - *At the [children's] home, I didn't feel that she [prospective adoptee] attached quite quickly [to me]...[In the beginning when I visited] I could see her not knowing who I was...[it looked] like she was rather crying for one of the ladies at the house than for me or crawling towards them, and I'm like, 'I'm calling you here'. And then they call her, and she just goes, and [I was] so bummed.*

Some participants felt acute disappointment that it took time for the prospective adoptee to bond with them. When this was due to the prospective adoptee's attachment to the caregivers at the RCS, the prospective adoptive parents perceived this as a rejection of them. This inevitably affected their confidence in their decision and ability to parent, therefore adding to the stress of this stage.

The children who seemed to be attached to caregivers at the RCS were attached because those adults responded to and met the children's needs. However, that bond would not have necessarily been a secure attachment as there is often a high turnover of caregivers, which negatively impacts children's social and emotional development and causes them to have a disorganised attachment by which they view adults as

unsafe and unpredictable (Barone, Lionetti and Green 2017: 324). Child Welfare Durban & District (2021: para. 7 lines 4-6) added that “[i]nstitutionalised children, therefore, lack a stable caregiver and the necessary security, mental and emotional stimulation. They tend to become apathetic or rebellious and bond superficially”. This may result in them being reluctant to attach to another adult for not feeling worthy of receiving any love or out of a mistrust of adults (Barone, Lionetti and Green 2017: 324). Owing to the nature of the adoption and the visiting process, the bond between the prospective adoptee and the caregivers would need to be loosened in order for the child to begin attaching to the prospective adoptive parent. This can be both harmful to the child’s development, but also necessary for the transition into the new family. van den Dries *et al.* (2009: 411) stated that “[t]here are several reasons to expect less attachment security in adopted children, as these children all experience separation from, and loss of their birth parents and other caregivers”. Children do not always recover from disruptions in attachment; however, van den Dries *et al.*’s (2009: 418-419) study found that “adopted children can overcome early adversity and risks and form secure attachments as often as their normative counterparts”. This can be accomplished by parents making an effort to respond to the child’s needs immediately. A significant study by Schaffer and Emerson (1964: 73) proved that multiple attachments could be formed with sensitive and responsive caregivers to meet a child’s needs, regardless of the amount of time spent with them. However, because the adoption process required a visiting period, prospective adoptive parents needed to spend more time with the prospective adoptee to become familiar with them so that they could begin forming an attachment. This was possibly why the caregivers allowed the prospective adoptive parents to do caregiving activities such as feeding and bathing, as seen in the previous subtheme, as these activities would allow the child to see the prospective adoptive parent as an adult who is able to respond to and meet their needs.

Another hindrance to the prospective adoptive parent developing an attachment to the prospective adoptee, was the demand for attention and affection from other children at the RCS. Participants felt torn between spending time with their prospective adoptee and giving other children attention. One participant said:

F Mother - *I'm feeling bad now because it's like all these other kiddies that also want attention and they not having parents...you want to give the other's attention as well,*

but then you're also like, 'okay, [security] cameras on me. I need to get this one attached to me so we can take her home'.

Some participants felt that their bonding process was being closely monitored and assumed that the more time they spent with the other children, the longer it would take to place their adoptee with them permanently. Hence, these participants either ignored the other children or set stricter boundaries on how much time they would spend with them. This is reflected in the excerpts that follow:

B Mother - *He [husband] was like 'okay I'm going to spend the first half-hour playing with all the other kids, and then we would leave or try spend time with T* [prospective adoptee] alone, and the poor housemothers would try and keep [the other children away], it just got too challenging...so they were like 'just take her, just go out with her'.*

E Father - *Eventually, S* and S* [child's house-parents], they would bring her out, and we would meet her somewhere, and then they would go for a walk, and it would just be us...we thought it was awesome that they would do that for us because we understood that they had five other babies that they needed to care for, and they had so much other stuff going on...**E Mother** - *They came for coffee, and they brought M* here, and they literally went to go sit in their car so she could be here for two hours...and I was like, you're not going to get another house mother that does something like that, that's just exceptional...**E Father** - *it was nice having them understand and help us out also along the way.***

Participants felt supported by the empathy that carers had with regard to their plight. In some instances, this challenge led to carers and house-parents facilitating alone time between the prospective adoptee and the parents, either at the RCS or out. An explanation for this could be that the carers and house-parents believed that the bonding process is essential for the prospective adoptee to transition smoothly to their new family. In order for the start of a secure attachment to have developed, prospective adoptive parents needed to be given the space and freedom to be able to respond to and meet the child's needs, thus helping the child "develop an internal working model of a safe and responsive world" (van den Dries *et al.* 2009: 412). While building attachment through need-meeting, the prospective adoptive parent often engaged with the child through eye contact, which is a key activity in building attachment (Families Through Adoption 2019: 1). By carers facilitating time alone between the

prospective adoptive parent and prospective adoptee, they provided more opportunities for eye contact, need-meeting and ultimately, an attachment to be formed.

4.4.3.3 Subtheme 3: “Daily goodbyes” were difficult

The third sub-theme derived from the data was concerned with the emotions and challenges experienced when the participants had to leave the prospective adoptee at the RCS after visiting.

The daily goodbyes after visiting were found to be emotionally difficult and more challenging than the waiting period. Whilst the waiting period meant participants were in a state of limbo; this period was traumatic as participants were attempting to take on their role as a parent and yet could not fully embrace all that it meant. This was because they had to wait for an unspecified amount of time for the bonding to occur before the prospective adoptee could be placed permanently. This is reflected in the following excerpts:

G – *[Visiting and leaving was] horrible cause you just want to take him home...it's hard and frustrating because you have to leave again.*

E Father - *We got to visit him every day, and we could spend the whole day there, but you know, when we'd leave, N* [prospective adoptee] used to grab onto the back of J* [wife] hair, cause he didn't want her to go...eventually we could take him out of the [children's] home and bring him back before six every day, and it got to a stage where I had to bring him home back to the baby home myself, J* [wife] wouldn't go with...we phoned H* [the social worker and said], 'we have to speed this up'...they wanted [the visiting]...to be a three-week process, and we like, 'there's no way'.*

Participants desperately wanted their prospective adoptees to be placed with them and to settle into their new family rhythm. Furthermore, the longer the visiting period took, the more challenging it became to leave after each visit and wait for the adoption to be finalised. Some participants were frustrated at the inflexibility of the visiting timeframe. A similar finding was made in Lewis' (2018: 45) study in the United Kingdom, who then recommended that the visiting process be more flexible and adaptable to ensure that the child's best interests and those of the prospective adoptive family are met.

Participants also expressed empathy towards the child, especially that they were too young to understand why the prospective parents had to leave them every day. This is seen as follows:

B Father - *The traumatic part is they [the child] don't want to see you go, and they don't understand...it was hard...he wouldn't want to just go to sleep. So...what we tried to do before he wakes up, get there [at the RCS]...[so he] sees us again...but it's just that emotional thing, he knows he's going back to the [children's] home...he's not staying at our [house]...[the child] understood that and emotionally it was very difficult [for him].*

Children who were older or had more understanding seemed to struggle more with the goodbyes. Some participants, who were able to, made a concerted effort to be at the RCS before the child woke up and, in the evening, to put them to bed. Even though some parents may initially have had a personal desire for a child, their desire to do what was best for their prospective adoptee became their primary concern.

An additional challenge was when siblings began forming an attachment to the prospective adoptee. Participants in these situations had to navigate their own and their children's struggles to say goodbye. This is reflected in the following excerpt:

M - *It was quite traumatic because every time we visited him...the two bigger ones obviously were there too, and there would be tears. The parting was just getting harder by the day, and they didn't understand why we had to drop him back at S* [name of RCS], why he couldn't sleep at our house...that was really, really hard towards the end.*

As evidenced, the visits became especially difficult for prospective siblings who had a limited understanding of the adoption process.

4.4.3.4 Subtheme 4: Unprepared for being a parent

The fourth sub-theme derived was related to participants' feelings of being unprepared for being a parent and having a prospective adoptee placed with them in their own home as part of their family. This is reflected as follows:

K - I wasn't prepared at all...really, I had nothing...I wasn't prepared to be a parent...you don't have the 'okay, [I've got] nine months' to get my stuff ready [as with a pregnancy], we didn't have that, and I think that's what was tough.

H - What I was worried about is that I suddenly had to basically get...everything that you need in a week.

E Mother - We didn't have a cot...E Father – [we didn't have] a clue...E Mother - We didn't have [anything]...E Father - People that have...conceived, there's the nine months of pregnancy, you preparing yourself for this kind of thing. It literally, it happened like that. I was like, 'it's still going to be another two years', and two days later, you holding your son; it was insane.

Some participants compared their journey to pregnancy, specifically in that a pregnancy offers a more distinct timeframe, with physical indicators of the progression of the pregnancy, thereby allowing pregnant parents to prepare themselves emotionally for the arrival of a baby. Henwood (2016: 73) similarly stated that not going through pregnancy to prepare for a baby was challenging for parents. Thus, participants in the current study and Henwood's (2016: 73) study struggled to prepare emotionally and physically due to the uncertainty surrounding the adoption timeframe. Melina (2002:4 in Finlay 2006: 32) claimed that "waiting adoptive parents have nothing to remind them that they should be preparing", unlike people going through a pregnancy. Finlay (2006: 31) further offered an explanation for the lack of preparation during the waiting period saying that "[p]arents' delay in getting ready might be due to the uncertainty of the adoption process".

Participants found it challenging that after a long period of waiting to hear if they had been matched, they entered a short, intense period where they had to prepare practically and emotionally for becoming parents. This was similar to Finlay's (2006: 31) study, which found that parents felt overwhelmed by the short time between being matched and the prospective adoptee being placed with them. Because parents felt that they could not prepare well, they struggled to adjust to their new reality of parenthood (Finlay 2006: 32). Participants reported that the time between meeting and bringing the prospective adoptee home ranged from two weeks to a few months. They said:

K - ...it's traumatic... because...[you are] trying to get your home ready for a baby...and there weren't a lot of weekends, but it was like...making shopping lists of what we need, still trying to find the time to go and obviously spend time with Z [prospective adoptee]...It was stressful because...everything happened so fast, and it was just like you're trying to find time to do everything...you feel bad like have I spent enough time [with the child]? And the worst was...the guilt of trying to juggle everything and make sure that no one was judging, and it's just so crazy because no one is.*

Even though many participants felt they had to scramble to get ready, most managed to get all they needed in a short time and were well supported by people around them. This is reflected in the excerpt below:

***E Father** – They [house-parents at the RCS]...gave us M*s cot, the one that she was using...**E Mother** - they wanted her to be comfortable...**E Father** - they gave us car seats, they gave us so much.*

Some of the RCSs and house-parents were supportive in providing much-needed items for the participants in preparation for the prospective adoptee being placed with them. This helped to ease some of the anxiety of the transition for both the child and the parents, who were entering into a new family and home dynamic.

4.4.4 THEME 4: EXPERIENCES OF SUPPORT

The fourth theme reflected the various experiences of support from both formal and informal support systems. Three sub-themes emerged relating to the experiences of support, namely, (i) mixed experiences of support from the social worker, (ii) varied experiences of support from family and friends, and (iii) support from the adoption community.

4.4.4.1 Subtheme 1: Mixed experiences of support from the social worker

The first sub-theme was concerned with participants' positive and negative experiences of support from the social workers. These experiences will be set within the context of the roles and requirements of social workers in the adoption process. However, in practice, Rochat *et al.* (2016: 125) stated that “[i]nconsistencies in interpretation and implementation of adoptive processes among social workers in different settings” resulted in prospective adoptive parents having positive and negative experiences of the social workers throughout the process.

All social workers are guided by a code of ethics which “is a list of statements that describes the standards of professional conduct required of social workers when carrying out their daily activities” The South African Council for Social Service Professions (SACSSP) (nd: 1). Pieterse (2019: 65) stated that these “guiding ethics values and ethics principles [include] social justice, respect for people’s worth and dignity, competence, integrity, professional responsibility, care and concern for others’ wellbeing, the application of the principle of client self-determination, and accessibility of service delivery”. When an adoption social worker interacts with prospective adoptive parents, these ethical values and principles should also be upheld.

The role of the adoption social worker is broadly outlined in Chapter 15 in the Children’s Act 38 of 2005 in that it provides the legal and administrative requirements and guidelines. These include determining if a child is adoptable in terms of section 230; conducting an assessment and screening of a prospective adoptive parent in terms of section 231; preparing post-adoption agreements in open adoptions in terms of section 234; preparing an adoption application on behalf of the prospective adoptive parents and applying for an adoption order with the court in terms of sections 239 and 240 (South Africa 2006: 112-130; Child Welfare Durban & District 2021: para.12 lines 11-16). Further guidelines for inter-country adoptions are outlined in chapter 16 of the Children’s Act 38 of 2005. Kausi (2014: 120) added that the adoption social worker’s role involved “determining the adoptability of a child or children, recruiting and selecting prospective adoptive parents, providing necessary information and counselling to birth and adoptive parents before consenting to the adoption of a child, helping with placement transitions and providing post-adoption services to ensure lasting and strong adoptive relationships”. In terms of the practicalities of following the legal administrative guidelines, specifically related to the prospective adoptive parents’ screening and application, each organisation had their own set of practices and guidelines (Doubell 2014: 56; Adoption 2021: para. 2 line 2).

Participants expected social workers to be one of their primary sources of support by communicating information and having empathy. Kausi (2014: 120) was echoed by Jackson (2018: 78), who stated that the additional responsibility of the adoption social worker and adoption organisation is to “[offer] necessary support to adoptive parents, both before and after adoption has been finalised”. Participants in the current study felt

the need for support from their social workers. Similar findings from Lee *et al.*'s (2018: 69) study suggested that attention be given to prospective adoptive parents' emotional needs throughout the adoption process and journey.

For some of the participants, the social worker was seen as very supportive, and for others, the social worker did not provide the support the participants felt they needed. The following excerpts show evidence of participants' positive experiences with the social workers:

J - She [social worker] had time to explain to me because I'm paying for her services...she had time to like answer any question...so it was really easy with her...I'm one of the lucky ones, you can say...and so I was very grateful for her being on top of everything.

M - She kept in contact...I probably was a pain and phoned her a lot, but...she was good.

Many participants who were at ease with the social worker felt so because they experienced the social worker as accessible and competent in doing their job. This helped to ease the participants' anxieties about the process. This was similarly found by Henwood (2016: 55), who stated that “[w]hile respondents were not uncritical, all respondents reported a generally positive and supportive relationship with their social worker and agency...[which] provided the respondents with confidence and a support network with which to face the challenges that adoption brought”. Participants who felt supported by the social worker said that it was because they kept in contact with the participants and communicated what was going on. This support was valued and appreciated by those participants who received it. In the United Kingdom, “[b]irth family members, adoptive parents, and adopted people spoke about the importance of good communication, listening to people's views, being respectful and honest, recognizing strengths, displaying acts of kindness, and treating people as individuals” which they experienced from social workers (Gupta and Featherstone 2020: 169-170). Lee *et al.* (2018: 69) stated that American participants who received much needed “parenting tools and skills, not just information” during pre-adoption preparation found it very helpful.

Moreover, the adoption process in Sweden has a more standardised assessment, unlike South Africa, which requires a mandatory parenting course. Wirzén and Čekaitė

(2021: 3) stated that “assessment interviews have multiple goals: social workers must investigate applicants’ suitability, contribute to their preparedness for adoption by providing an opportunity for them to gain greater insights into adoption and assisting them in their process of maturity, and prepare the way for a final report”. Social workers who were able to spend time preparing participants for parenthood made the transition to parenthood less stressful for prospective adoptive parents.

The additional support offered by some social workers and adoption agencies took the form of an orientation session. When starting the adoption process, participants who attended orientation sessions with the social worker or adoption organisation found them very beneficial. This is reflected in the following excerpt:

***E Mother** - The actual induction where you sit around a table with other moms and dads...It's heart-warming because it doesn't make you feel like you're the only silly sausage that doesn't know anything...it was amazing cause it was so informative...but the actual process of that table...I loved it...**E Father** - Meeting other people that wanted to adopt, I think, was one of the best things for us.*

The orientation or induction was the first part of the adoption process as it involved approaching an adoption organisation that then informed the participants, either in a group setting or individually, of the adoption process and assessment (Gerrand and Stevens 2019: 43). Their study found that prospective adoptive parents attending reported that “orientation conducted in a group setting builds support”, which was echoed by the current study’s participants (Gerrand and Stevens 2019: 45). Even though the parents in their study were Black South African prospective adoptive parents, whereas the current study included no Black participants, findings from international studies (Lee *et al.* 2018: 69; Sampaio, Magalhães and Machado 2020: 13) revealed that group orientation provides support regardless of the participant's race. Parents felt the group orientation was a helpful bonding experience, one that provided comfort and reassurance and which helped “reduce feelings of isolation and self-doubt and offers encouragement, affirmation and hope” (Gerrand and Stevens 2019: 45). Additionally, Bergsund *et al.* (2018: 286-287) concluded that “[by] attending a preadoption course, participants may form lasting relationships with peers that can be highly useful during the challenging period of post-adoption”.

Once participants had been informed of the adoption process and assessment and wished to start it, they were assigned a social worker to begin the screening process. Further positive experiences with the social worker are reflected in the following excerpts:

***N** - She was counselling and telling us what to watch out for and that kind of thing...The consults were good...they even got emotional...it was all enlightening. We had a very good social worker...[She gave] very practical advice about 'telling' [the child their story]...child-rearing advice...advice about punishment and discipline...[then] we met his social workers, they were lovely people and gave us really practical advice...simple, golden advice.*

***I** - She was often sending...interesting resources... things to read*

Furthermore, participants who had a good relationship with the social worker felt supported by them, especially through the in-depth interviews during the screening process, and after receiving information and advice that helped prepare them for parenthood. Similarly, parents in Gerrand and Stevens (2019: 48) study “highlighted that the quality of the working relationship they shared with adoption social workers responsible for their assessment definitely affected the way they experienced the process”.

The preceding excerpts indicated positive aspects of the relationship with the social worker. The following excerpts reflect negative aspects of participants' relationship with the social worker. They said:

***E Mother** - I think a social worker makes or breaks the system...this process [the second adoption] has been horrific... **E Mother** - I think that's the only thing, is just the person that's dealing with us at the moment and the lack of communication or lack of urgency is what's making it so horrific...**E Father** – we're so nervous...it's scary for us because we don't want to go over the social worker's head because we worried that she probably will throw roadblocks our way.*

***L** - Our first social worker...She kept on telling us, 'No, we should rather foster because that's the only way we get Indian children'...we said, 'no, we don't want to foster', and we didn't really care about the race as long as it was a baby.*

Some participants felt that the social worker, who was experienced negatively, had their own agenda during the adoption process and lacked empathy towards them. The principle of service delivery by SACSSP (nd: 7) states that the “[s]ocial workers’ primary goal is to assist individuals, families, groups and communities and address social needs and social problems. Social workers elevate service to others above self-interest”. Nevertheless, some social workers did not provide the service according to this ethical principle. Gerrand and Stevens (2019: 51) stated concern of “competency and attitudes of some social workers involved in the adoption assessment process – especially social workers not specialising in the field of adoption”. When there are tensions between “a social worker’s personal values, beliefs and biases regarding legal adoption, and the professional ethical principles and values they should uphold”, prospective adoptive parents and their assessment can be negatively impacted, causing additional stress (Gerrand and Stevens 2019: 51). This was true for the participants in the current study. Nevertheless, these prospective adoptive parents continued the process as they were worried that by saying something negative about the social worker, the process and outcome of their adoption might be negatively impacted.

Eriksson (2016a: 217) stated that “[s]ince the adoption process itself always seems to be uncertain and unpredictable, the role of the professionals in making this road less bumpy is of great importance; through their actions or passivity, fear and anxiety can be either aggravated or diminished”. However, some participants in the current study had misunderstandings with the social worker, making the whole adoption process challenging. This and other negative experiences with the social worker are reflected in the following excerpts:

O – She [social worker] was extremely unhelpful...so it would've been nice if she was more supportive...[with our] anxiety and confusion and just been more clear about everything before we adopted him and then throughout the process, just helped us by understanding that like we're new parents...suddenly, you have a child that you're trying to connect with and we don't even know [how]...some sympathy really would have gone a long way and also just her communicating more appropriately about what was happening and answering all our questions properly, that would've been great.

F Mother - I feel like a lot of the things that she did explain she was lying about or making up stuff...I think she [child's social worker] was just trying to get me off her

back...I think with her social worker...[it] was the most stressful, the wait and the not knowing. She wasn't very keen to explain...at one stage, they [social worker's organisation] said that 'there's important cases that they're dealing with', and I felt like 'okay, my case is not important at this point'.

Some participants experienced social workers as being unsupportive, unprofessional, and unsympathetic. They felt frustrated that the social workers did not answer their questions, and they often experienced periods of silence, with no feedback, on the progress of their process. Other participants felt that, even when social workers did keep in contact, the information given was inadequate, and explanations of what to expect and what was happening were missing. This was incredibly challenging during the waiting periods. These experiences were similarly found by adoptive parents in the United Kingdom in a “study on the role of the social worker in adoption with a focus on ethics, concentrating on the perspectives of adopted people, birth parents, and adoptive parents” (Gupta and Featherstone 2020: 165). In particular, adoptive parents reported a lack of honest communication and information from the social worker (Gupta and Featherstone 2020: 169).

Some participants realised that the social workers were often busy and were therefore frustrated at the lack of availability and contact. Rochat *et al.* (2016: 125) also reported that participants experienced social workers “lack of empathy, competency and availability problematic”. Social workers should bear in mind that “[a]s the adoption process involves a number of stages that have to be adequately dealt with before the successful adoption of a child can take place, the process can be physically and emotionally taxing for prospective parents” (Romanini 2017: 16). Participants expressed a similar sentiment. Some said:

C - *It's almost like they didn't give much support in the beginning, and they haven't given much support at the end...what I also felt was...there's not enough social workers for all the families or all the kids because my social worker, I could never get a hold of her because she was always busy and that was also frustrating and stuff.*

J - *When A* [child's social worker] got involved, I understand as well; she obviously had, I don't know how many cases on her hands as well, so you can't judge, that was my thing, you don't know how she's drowning or is she drowning or not drowning.*

Some participants in the current study expressed empathy for social workers. These participants realised that social workers are burdened by a system where the available social workers are too few and therefore cannot cope with the extensive amount of work required of them. This view was supported by South African researchers Mokomane, Rochat and The Directorate (2012: 355), who stated that “[as] a consequence of this chronic understaffing, the adoption process in South Africa is notoriously viewed, by both service providers and adoptive parents, as ‘long’, ‘painful’ and ‘complicated’”. The lack of social workers, and those qualified or specialised in adoptions means that the few competent ones have heavy caseloads, and so “[t]heir time is generally consumed with administration processes as opposed to service provision in their specialist area” (Rochat *et al.* 2016: 127), thus not being able to support prospective adoptive parents and prospective adoptees in the adoption journey.

A few participants also expressed that they expected the social worker to guide them as they transitioned into parenthood, yet they did not receive the desired support. In contrast, social workers in Kausi’s (2014: 99-100) study conducted in East London reported having assisted adoptive parents and adoptees in placement transitions and offered post-adoption support, as they believed it was especially necessary when the adoptions were transracial. Participants in the current study would have benefitted greatly from such support.

Several participants had to interact with more than one social worker. The first one was the one who facilitated the participants’ screening and application. Participants were then handed over to the second social worker after being matched with a prospective adoptee. This second social worker was primarily responsible for facilitating and completing the child’s profile, including facilitating the finalisation of the adoption. In cases where participants were dealing with two social workers, some parents expressed negative interactions with the second social worker. This is reflected in the following excerpts:

F Mother - *I think it was the once finding out [being matched with prospective adoptee] and then having to deal with her lady [child’s social worker, that it got challenging]. And then also B* [parent’s social worker] would also try and keep up to date...she [parent’s social worker] did comment on some things that M*s [prospective adoptee] social*

worker said or did, or prolonged that she said didn't need to be prolonged...[it] just made me feel like she [child's social worker] could have made the process faster.

Similarly, in the United Kingdom, Featherstone, Gupta and Mills (2018: 20) found that “birth and adoptive families usually have to deal with many different social workers at different stages of the process”. Multiple social workers involved in specific parts of the process meant that the process was fragmented and caused social workers to take sides, depending on if the client was the child or the prospective adoptive parent, which caused disparity when they were matched and needed to be considered as one client. Participants who had built a relationship with the social worker who did their screening felt it challenging to engage with the social worker handling the child’s case. Having not worked with the prospective adoptive parents, the latter social worker would not have known how to assist and support the participants with the child they were matched with.

4.4.4.2 Subtheme 2: Varied experiences of support from family and friends

The second sub-theme was concerned with participants’ positive and negative experiences of support from their family and friends. Throughout the adoption, many participants’ greatest support was from their family. This is reflected in the excerpt that follows:

E Mother - *We were very fortunate. We've got... this amazing...support that we have from our family and friends.*

H - *I'd immediately spoken to my parents who said, yes, you must [adopt the child]...And then I spoke to my brother and my sister-in-law who were very excited...and were very much committed from the beginning...I checked because I realised that I'd need the support of the whole family...I didn't actually think that they wouldn't, but I thought I must check in case, especially as this is...cross-racial...I'd also imagined that I would not be alone...I hadn't ever intended to adopt on my own...I really felt that I needed the support of a partner.*

A few participants felt that they needed to establish the support of their family and friends before accepting a match, especially in cases where the adoption was transracial or the participant was a single parent. Most participants received much-needed support from their family and friends; more specifically, some participants

received most of their support from their parents. This was also found among adoptive mothers in the study conducted by Behari-Ram (2016: 94).

However, a few participants did not have the support from their families as they had hoped. This is reflected in the excerpts that follow:

C - *When we did the whole interview with the social worker, my mom was very honest and said she's not happy because you think about it me being a single parent, my biggest support would be my mom, and now she wasn't supporting me, so she was my biggest obstacle in the whole adoption.*

F Father - *Because we didn't know what we were going to get, we kind of had to sensitise them [family] to the possibility that it might not necessarily be a White kid...we needed to kind of make sure...that they were clear and understood the circumstances...**F Mother** - And for them to kind of work through it themselves, cause not everyone so easy...We had a lot of racist comments...my Gran, and on his side, um brother-in-law and some of my friends would say stuff.*

Some participants experienced family and friends disconnecting from them because of their choice to adopt. A few participants expected their family to be supportive yet were met with negative attitudes. Shelton (2018: 110) similarly found that “extended family support experiences ranged from high levels of connection and dedication to separation from extended family as a result of difficult interactions related to the adoption or adoption process”. Specifically, the negative attitudes related to participants being single and the possibility of the child being of a different race. Some participants tried to ease their families into accepting that the adoption would be transracial, but they were frequently met with racist comments and discouragement. They said:

E Father - *There was a bit of kickback from my side of the family...I think it was because of fear, they were scared...but...when N* [child] came, they wouldn't leave him alone...**E Mother** - I think [for the extended family] the idea of a child that isn't [the] same colour as you, and then you meet the child, and you're like, ‘oh, it actually doesn't matter’.*

I - *The main obstacle was with our extended family, so they had lots of reservations around the adoption and specifically cross-cultural adoption...a lot of their racial*

prejudice was surfacing...it actually turned out to be a bigger issue than we expected, especially with my husband's father...it didn't deter us at all, we did expect difficulty with our family...it's actually been an amazing turnaround story of how he now actually loves them the most I think of all the grandparents, but it was also it was a bit of a step of faith because by the time we'd received them we didn't really have the support that we would've liked.

Some participants' informal support networks, specifically family members, were hesitant and opposed the adoption because it was unfamiliar, with many unknowns, especially when it came to adopting a child of a different race. Jackson (2018: 107) also found that even though parents sought approval and support from family, "they reported that they would have gone ahead with their decision to adopt regardless of approval of family members. Nevertheless, participants felt a sense of relief by having family member's approval and highlighted the importance of having support from relatives closest to them".

Most of those family members, who were initially hesitant, had a change of heart once they met the prospective adoptee and willingly accepted the child as a legitimate family member. This was endorsed in the Western Cape by Jackson (2018: 105), who stated that "almost half of the participants stated that family members took time to adjust to the idea of transracial adoption, but thereafter, were accepting, positive and supportive". Owing to the legacy of Apartheid which "legalized a hierarchy of apparently distinct races in South Africa by formally and systematically segregating people from one another", racism and racial segregation became a norm (Luyt and Swartz 2021: 7). Family members who lived through the Apartheid era and who still had an entrenched view of race were hesitant about the adoption. Jackson (2018: 106) added that what accounted for the hesitancy of parents' family members was that they were confronted with and "obliged to change their way of thinking" and were concerned "for the stigma which could be associated with transracial adoption".

4.4.4.3 Subtheme 3: Support from the adoption community

The third sub-theme derived from the data was concerned with participants' experiences of support from various people within the adoption community.

Participants felt supported by attending adoption information workshops where they heard stories shared from people who had already adopted, as well as adoptees. This is reflected as follows:

J - I went to adoption-101 [workshop]..., and they had given you all the goods and the bads...you listen to people talk, parents, or like a single mom talk or a transracial family talk or a family adopted an older child, and then you hear a teenager talk, an adult adoptee talk, so it was very nice from all aspects.

Adult adoptees sharing their experiences of being raised in a transracial family provided additional support to a few participants. One participant shared their experience of making contact with adult adoptees. They said:

P - There were two ladies that I actually met on Facebook that I connected with that were specifically African girls that were adopted by Indians, and I did have a chat with them, to see what it was like from their perspective, you know like what they would actually say about their parents and how they were raised and do they yearn for their biological family and all of that, so that was actually very insightful.

Participants who were able to and willing to engage with adult adoptees found their experiences insightful, as they provided a broader and more realistic view of the potential issues their child may have to deal with. Currently, there is a trend towards finding out from adult adoptees what their experiences and needs are and how adoptive parents can parent better (Wood 2012: 12). Luyt and Swartz (2021: 18) further added that “It is essential to research the experiences of adoptees to see how they experience their race in relation to their parents’ views on race to better prepare prospective transracial adoptive parents”. Prospective adoptive parents who have access to adoptees and are willing to hear their stories gain valuable insight into their children and how to support them through life (Lee *et al.* 2018: 68).

Once participants began the adoption process, speaking to ‘experienced’ adoptive parents and other prospective adoptive parents in the same phase was a great source of support. This is reflected in the following excerpts:

M - [It's] great to have people that you can just chat to that know exactly what you're going through because as much as my friends support me, they don't get that he is different and he feels different, and their kids are not going to ask the same questions

that he's going to ask. And it's kind of scary as a parent to navigate the questions as they come along. So, it's good to have a sounding board.

F Mother - *Every now and again, I would message L*, or T* [adoptive parents]...[it was] nice to have someone else to talk to that also is going through adoption and that emotions and everything like other people don't really know, they can think, but they don't really understand.*

Participants experienced talking to other adoptive parents as helpful, since friends, who had not adopted, did not have the same understanding of and empathy for their challenges, and therefore did not know how to support them. Overall, participants felt a need for 'specialised' support in their adoptive parenting. This desired support was for adoption-related issues which could arise. Adoptive parents need support from people who have been on a similar journey. Jackson (2018: 124) found that some parents "would have liked to have been able to connect with other adoptive parents". This is also found in Shelton's (2018: 117) study where parents expressed a "vital need for friends who had adoption and foster experience, even if they were relationships built during the process". This was because "[f]inding support with parents who shared experiences were related as a great relief" (Shelton 2018: 117-118).

A further support structure in the adoption setting is that of support groups. There were both positive and challenging experiences from these groups. The positive experiences are reflected in the following excerpts:

C - *They usually have adoption groups like where all the adoptees get together, so our first one was quite nice because it was the first time that a lot of us had been together with our child for the first time, so that was more informative [than the orientation].*

E Father - *I think that's why we so grateful for this Durban adoption group because that's where we've gotten most of our support from...*
E Mother - *And it's not just [our] support, it's the kids' support...*
E Father - *We realise that these people all have the same issues that we have, which was, it was awesome.*

H - *The adoption group has been helpful in a sense in that I see from the posts what other people are going through. That does help. Sometimes it's also a bit intimidating because I think that as a parent, I'm not doing nearly the kinds of things that some of these parents are doing, so it sometimes creates a bit of inadequacy in me.*

Many of the current study's participants found that being part of an adoption support group on social media was and still is very helpful in supporting them in their adoption process and adoptive parenting. Whether participants were active on the support groups or not, merely reading about what other parents were struggling with was, in itself, supportive. This was also found by Shelton (2018: 120), who stated that even when parents did not regularly engage in social media support groups, seeing the various interactions allowed them to feel connected to others and thus, participants felt a "relief of hearing stories that helped normalize their situation".

Many participants expressed that the support groups were beneficial for both the adoptee and the adoptive parent, as they can go through life together with people who understand their situation and can discuss related issues together. In discussing adoption support groups, Doubell (2014: 178) stated that "[attending] such groups will provide the adoptive parents with a platform to network with other parents who have adopted transracially, to ask questions related to transracial adoption, and to allow their child to meet other children who have also been transracially adopted". This was evidenced in the current study, as those who were part of support groups felt the benefit of the support throughout their process and parenting. In hearing from adoptees, Featherstone, Gupta and Mills (2018: 26) found that "[t]he provision of safe spaces, such as support groups, where adopted people could explore their emotions, and have these validated, was considered very important". A few participants, however, did not experience the support group as helpful. This is reflected in the excerpts that follow:

***K** - A lot of the people who adopt are older, so it's also difficult to connect with someone on a mom level with an older person because...they not going through the same thing in your life as you are and you know, and it's not wrong, and it's not right, it's just life, and I think that's what I battled with, with the adoption group, because a lot of the moms are older so they at different stages in their life.*

***O** - I feel like people in that Durban group are not quite as open-minded as they like to think they are...[on the one group] mostly I looked forward to see...very dichotomous views [on child-rearing and adoption-related issues], like it would help me to see things that I really don't want to do [as an adoptive parent] which I think are really, really damaging [to the child]...it wasn't a warm space...people were really nasty to some adoptees on that group.*

A few parents experienced challenges with the people and views held by others on the adoption support groups. Some felt as though they could not connect with other adoptive parents because of a difference in age, family set-up, or difference in views. Although participants gained some insight on different views of child-rearing and adoption-related issues, not all the participants appreciated the way the content was shared nor the perceived negative interactions between group members.

4.4.5 THEME 5: POST-PLACEMENT CHALLENGES

The fifth theme concerns the various challenges that arose once the prospective adoptee was placed with the participants before the adoption was finalised. Three sub-themes emerged, namely, (i) parenting challenges and concerns, (ii) concerns about adoptees' possible responses to their adoption story, and (iii) anxieties while waiting for the formal completion of the adoption process.

4.4.5.1 Subtheme 1: Parenting challenges and concerns

The first sub-theme derived from the data is concerned with participants' experience of being first-time parents, challenges related to their children's health and development, and various concerns related to being a transracial family.

A different set of challenges presented themselves once the prospective adoptee was placed with the prospective adoptive parent, awaiting the finalisation of the adoption. One of these challenges related specifically to participants becoming a parent. Some participants felt unprepared for being a first-time parent and found it taxing to have a baby or young infant in the house. This is reflected in the following excerpts:

O - I don't think anyone can be prepared for quite how tired you get...people tell you you'll be tired, but...you can...push yourself...for like a week at a push, not years. I think your body just kind of gets used to not getting a lot of sleep.

K - It was small things like...doing washing...Do you know what the hardest thing is, no one prepares you for this...when you have a baby, you can't even go to the toilet by yourself, like you can't have a shower, like where do you find time to wash your hair because you would get in the shower, start and then...she starts crying and it's like, 'how can I wash my hair?', 'I just want to wash my hair'.

Participants, particularly mothers, found it challenging to adjust to the various demands and lifestyle changes that came with having a young child in the house. The various initial challenges experienced were not specific to adoption; instead, participants becoming parents for the first time. Parents in Henwood's (2016: 59) study "generally considered the adjustment they experienced as 'normal', meaning they did not feel that it was any different to that which a biological parent experiences. They described sleep deprivation, not knowing what a non-verbal child wants and giving up luxuries of personal time, space and independence". Some first-time parenting struggles were adjusting to changes in sleep patterns, trying to manage a household with additional daily routines, and not being able to leave the child alone to complete day-to-day tasks. Foli *et al.* (2017: 489) also found that "after placement, the responsibilities of parenting set in and the responsibilities of being an adoptive parent also influence the level of fatigue". Some participants in the current study experienced this stage as more stressful than others. For those for whom it was stressful, it was because of being ill-equipped to have a child and deal with the realities of being a new parent. Similarly, Henwood (2016: 73) found that between the child and the parent, "it was the respondents who took a little longer to become accustomed to parenthood", whereas the child adjusted much better.

When a child was adopted as an additional child to the family, parents felt equipped and better prepared to handle the challenges that come with young children. This was reflected in the following excerpt:

I - I think if they [adoptees] were our first children, it [post-placement] would've been very overwhelming... we've [already] crossed those barriers [with their first biological children], so I think you're just in a space where you're just so much more ready to receive a child, to be able to just pour into their lives and to find the joy in that.

Participants who had already had a child had already overcome first-time parenting struggles, thus making it easier to transition to parenting the adopted child. However, there are additional adoption-specific challenges such as challenges linked to being a transracial family, supporting a child with developmental difficulties owing to their history, and forming a secure attachment with the child. Shelton (2018: 110) said that "when adding a new child to a family through adoption, the stressors of becoming adoptive parents (even if they have been parents before) can be overwhelming".

Some participants were concerned about the child's emerging developmental and health issues and were not prepared for how to deal with them. This is evident as follows:

D - *There should have been more awareness [of] the particular [psychological and attachment] needs around adoption where I kind of found I was fumbling in the dark trying to find my own way.*

O - *I knew there would be emotional stuff...I realised like being adopted must be difficult, like being a Black child in a White family must be difficult...being a Black child in South African must be difficult. He's seeing a play therapist and an OT, and they're pretty sure that he is autistic...most likely on the spectrum with his sensory processing, so that was not stuff I was prepared for, but it's also like, I'm very comfortable with it.*

Participants who faced unexpected problems with their prospective adoptee felt unprepared for them and how to handle the challenges. This led them to seek specialist support services for their child. This finding emphasised the need for both pre-and post-adoption support. Miller, Montclos and Sorge (2016: 314) reported that "unexpected behavioural problems are the most challenging problem for parents". This finding was similar to Lee *et al.*'s (2018: 69) study, in which participants expressed dissatisfaction with pre-adoption training, as they felt it did not prepare them for the child's potential emotional and behavioural issues.

Participants also had concerns about the future relating to the development of the child. They said:

G - *There's a concern...when we [are] just with him, he seems totally normal, but then we compare him to another nine-year-old...he's quite behind with things and...he has his challenges.*

F Mother - *What she's going to become?... Is it [being adopted] going to affect her in such a way that she's going to have a learning barrier?*

C - *If you look at her, you wouldn't say I don't think there's anything wrong with her, but so I don't know what to look for, I suppose [that] would be my biggest [anxiety]...her concentration is a bit off...I did [worry] in the beginning when they [mentioned] the drugs and the alcohol...I was scared that she would be a problem child after I had already now taken her...that still is at the back of my mind because I don't know, I've*

never actually had her assessed, but I don't see anything wrong with her...my biggest anxiety now is just her learning ability.

Participants expressed potential concerns related to learning difficulties as a result of the child's genetic history and their being adopted. Participants' uncertainty about the child's genetic history and birth story meant that even if parents had information on everything else that could possibly go wrong, they still would not have been prepared to face and deal with the impact both short-term and long-term of those genetics-related issues, and their pre-adoption experience of their child and family. However, a Romanian study found that trauma and stress experienced in the early stages of the child's life did not significantly impact their adulthood (Nedelcu 2019: 231).

Lasio *et al.* (2021: 9) recommended that pre-adoption training be used to prepare parents for potential psychological, emotional and behavioural challenges, and medical conditions. Whether the challenges are known before the adoption or not, parents should also be given information and access to specialists for specific conditions and challenges (Lasio *et al.* 2021: 9). Having realistic expectations of the challenges that can come with adopting a child would assist parents in understanding their children better and knowing how to support and care for them (Lasio *et al.* 2021: 9). For parents who were given information on presenting challenges with their prospective adoptee, Harlow (2021: 88) stated that “[b]eing provided with an explanation of their child’s challenging behaviour, reassurance that change could occur, together with suggestions for making this happen, brought welcome relief”.

Participants further worried about how their child would respond to life as an adoptee. These are reflected in the following excerpts:

H - I think [I have] the kind of fears that most parents would have about the future...how will this adoption affect my child?...how will the cross-cultural thing affect him? How will having a single male parent affect him? How will not having a mum affect him? Will I be able to bring him up well without a partner? Will I be able to meet his emotional needs without that feminine touch? Those are the kinds of things that I fear, but I'm also well aware that there's nothing I can really do about that and that I just have to put one foot in front of the next...what I'm concerned most about now, [of] my parenting is that...I have not been strong enough on him now in the early years to shape a child who is disciplined.

J - Am I worried? of course I am, because nobody knows how your child is going to react, nobody knows the direction your child's going in anyway, what group of friends she might have that might question it [adoption] too much and say but 'why don't you ask your mom why you were dumped?'...M's going to have stages where she might be bullied, but it's teaching her...to deal with that because in life there are always going to be bullies.*

Participants also expressed concern about how adoption may impact the child's identity. Black participants in Tanga and Nyasha's (2017: 234) study who opposed transracial adoption "alluded to the view that the practice of [transracial adoption] subjected children to the norms and ways of a different race, which often caused them to lose their sense of identity. These participants held the opinion that a child would find it difficult to integrate the challenging demands of two dissimilar cultures that he or she would be expected to undertake". Jackson's (2018: 134) study found that "participants were afraid that the child would struggle with identity...participants stated that they hoped their child would find a place in the world and not struggle with identity". They stated that "[a]doptive parents found that this challenge was imminent but felt inadequate to prepare their children for this challenge" (Jackson 2018: 134).

Many participants in the current study also expressed general fears and anxieties about being a parent and raising a child well. Notably, some participants worried that they would not be able to meet their child's needs as they were single parents and unable to know what issues to look out for. Preparation for this may have given prospective adoptive parents confidence in their parenting. Lasio *et al.* (2021: 9-10) concluded that "[p]re-adoption preparation would allow adopters to increase their ability to deal confidently with children's needs, and to have the tools to communicate with their child on aspects concerning their past (ethnicity, culture, trauma, family, etc.) and its integration with the present and future context of adoption".

Participants also expressed their fears and anxieties about their adoptee experiencing potential racist comments with being a different race to the adoptive parents. These concerns highlighted the deep love and desire to protect their child from possible future painful experiences. Similarly, Behari-Ram's (2016: 89) study found that the mothers "shared an experience of wanting to protect their children from the difficulties they encounter in their worlds, ranging from stigma to being bullied at school due to physical difficulties". Participants expressed these concerns as follows:

M - I think as parents, we probably have the race thing at the back of our head more than any other parent because we know it can be an issue...and it does terrify me...it just scares me as a parent because my little boy is going to be perhaps accused or targeted for things...you wouldn't wish that on any of your children to be labelled as something because he's Black.

***E Mother** - There's going to be a person that's going to judge my son [because of his skin colour] before he knows [him]...that hurts me...but those are the things that we're going to have to work through, and I'm not looking so forward to them.*

A concern for their prospective adoptee being stereotyped based on their skin colour provoked anxiety for participants. In a country where racial divides and tensions still exist owing to the history of Apartheid, “both racism and racial segregation are still very prevalent in South Africa” (Luyt and Swartz 2021: 7). Parents in Lasio *et al.*'s (2021: 9) study “expressed the fear that an adopted child may not integrate into society, thus showing awareness of the need to prepare children to deal with racism and discrimination”. It was therefore recommended that parents “prepare themselves and their child to face specific challenges in a country with high levels of racism are prevalent”. (Luyt and Swartz 2021: 17). In order to do this effectively, Jackson (2018: 135) suggested that adoptive parents should “expand their own racial awareness and gain knowledge of their child’s cultural history. As it is unlikely that White adoptive parents will themselves have been victims of racism, being racially aware will assist them in guiding their children in being able to manage such situations in a healthy way”. Furthermore, Lasio *et al.* (2021: 9) recommended that adoptive parents “need to be prepared to support their child in the process of building a balanced racial and ethnic identity”. In order to build resilience in adoptees, they suggested that it is essential also to prepare “adopted children who have a different ethnic origin to face” racial discrimination (Lasio *et al.* 2021: 9).

Participants expressed their reality that society focuses much attention on transracial families. They also felt ill-equipped and unprepared and therefore had to educate themselves on navigating race issues and, specifically, issues related to being a transracial family. One participant said:

***E Father** - They [social worker at orientation] don't teach you about the social things [stares and comments]. They didn't inform us about the social things...We didn't know*

what to expect...all the social things we dealt with ourselves, you know, taking N out and getting stared and comments and no one prepared us for that...*

Participants felt unprepared for the reactions of society to their transracial family. Breshears (2018: 28-29) stated that some parents often perceived stares and glances as negative, especially in the beginning stages when the families first went out in public together. This may not have been the intention of the strangers, or it could be that participants became accustomed to the stares and stopped noticing them. However, Luyt and Swartz (2021: 18) pointed to the fact that “[t]he low number of multiracial families makes being a transracial adoptive family conspicuous and subject to unwanted attention”. Furthermore, Buckenberger (2020: 6-7) stated that transracial “families are clearly visible as adoptive families and cannot pass for biological families, which can intensify an already precarious position depending on the community’s view on adoption as a whole”. This increased anxiety and a sense of vulnerability for these families (Jackson 2018: 136).

4.4.5.2 Subtheme 2: Concerns about adoptee’s possible responses to their adoption story

The second sub-theme derived from the data related to participants’ concerns about how their prospective adoptee would respond to hearing their history and the reasons that led to the adoption.

Participants worried that, as a response to hearing the story that led to their adoption, the adoptee may reject their adoptive parents. This is reflected in the following excerpts:

K - *I think my biggest fear is that she might not want me to be her mom anymore [after hearing the adoption story].*

F Mother – *[She may] resent us for some reason...cause sometimes they do sometimes they don't, sometimes they understand like you really just don't know how she's going to handle it [the adoption story] or how she's going to cope.*

J - *When she gets to 16 and tells me ‘You’re not my mom, don't tell me what to’, it’s going to happen...because all kids go through the stage even when it's biological, our hormones kick in...I am worried. I just hope that I have the right tools that I’ve put in place since day one...communicating with her that she’ll be able to accept it [her*

history] easier, so it's not going to be this big shock into her life...as they get older they understand the real concept of being left behind...I think it's going to be hard when she actually realises the true facts.

Some mothers feared that their role as 'mom' would be rejected once the child learnt their story. Other participants were nervous that their prospective adoptee would resent them after hearing their story. In addition, participants were also anxious about how their children would respond and deal with the truth of their stories. This was reflected in the preceding excerpts and as follows:

F Mother - *I think it's going to be difficult one day explaining [her history] to her...so it would be difficult...for her to, I think, to deal with...I really can wait for that time to come; just drag it out as far as possible...So once she starts understanding, it's going to be a bit stressful, but it could be not, depends on how she handles it.*

C - *I just don't know how she's going to take the story and...I don't know when...to tell the story, I don't want to open a wound...but I also don't want to leave it for too long because...I want to be the one to tell her I don't want someone else to tell her, and I don't want it to be an ugly thing...I think my biggest obstacle now is...to tell the story in a way that she'll understand and will not feel weird.*

Most participants indicated that they wanted their prospective adoptee to know their history and adoption story. However, they expressed fear and uncertainty about how the child may react. Only some participants shared this information with their children whilst others wanted to delay communicating this information. Others felt that they needed to tell the child before someone else told them. A few participants were unsure how and when to tell their prospective adoptees about their history. Participants also feared telling their prospective adoptees the truth behind their adoption. The anxiety around this may be linked to participants not knowing how to talk about the story. As Mohanty, Ahn and Chokkanathan (2017: 8) stated that “[with] little formal support available to them, revealing and discussing adoption with the child may be difficult for these parents”.

Participants also expressed worry about how they would deal with the child's reaction. Featherstone, Gupta and Mills (2018: 26) found that “[a] number of adopted people stated that, no matter how well the adoption had turned out, there were deep-seated feelings of fear, rejection and abandonment. One person from their study described it

as: *'the adoption feeling'*. One participant took a different perspective; instead of focusing on the impact on the parent, they attempted to consider the questions that the adoptee may have to come to terms with. They said:

P - You may find from the child's perspective, especially once they reach adulthood they may not be so positive [about adoption], there may be things or issues that [the adoptee asks] 'have I actually been robbed of my culture?', 'has my cultural identity been taken away from me?', which is such a valid point... 'my upbringing and my roots has that been taken away from me', it's a lot, 'have I been robbed?, been wounded?, how do I deal with the fact that my own mom didn't want me?, how do I deal with that wound?'

Similarly, Featherstone, Gupta and Mills (2018: 25) "heard from adult adopted people who said they wrestled daily with questions such as: who am I? Where do I come from? Who do I belong to?... Adopted people, in particular, highlighted the complexities of matching and identity and identified many factors that needed consideration by social workers. The respondents who were transracially placed identified particular challenges, even for those whose adoptions were generally positive. The micro-aggressions experienced, but not fully understood by the adoptive parents, and not having people around who looked like them, were identified as problematic". Alongside this, arguments against transracial adoption include that it is a form of cultural genocide because cultural ties and identity are severed (Tanga and Nyasha 2017: 233), it also "represents a form of cultural appropriation and results in a loss for the community that the child was born into...[and] that minority children raised in White homes are vulnerable to racism both within the home and in the community" (Luyt and Swartz 2021: 3). Transracial adoptive parents may not "understand racial and cultural identity needs" or be equipped to support their adoptee through understanding and developing their racial and cultural identity when facing these identity questions (Pieterse 2019: 144). Therefore, Pieterse (2019: 144) recommended that "[p]ractitioners should have the competency and ability to provide guidance to adoptive parent/s and children adopted transracially, to develop skills that will help them to develop a healthy racial identity". In addition to this, Luyt and Swartz (2021: 18) stated that "[a]doptive parents need to consider whether their social circle, neighborhood or their child's school have sufficient racial integration and racial representation to offer appropriate racial socialization to their children".

Some participants do not have enough or any information about the prospective adoptee's history to share with them. These parents anticipated a negative outcome as seen in the preceding excerpt and the following one:

F Mother - ...I think it's awkward when she gets old enough and starts asking questions and potentially wants to maybe go look for her, and then we have such...limited information...

D - I wish I had information [about the birth family and his history] to give him; I mean, I would only give him age-appropriate stuff, and one of the things that I [do is] really hide his name from people, his previous name...because of social media, I don't want him looking up everybody with that surname...wanting to find out, e-mailing everybody in the country if that's them, 'are you my mother?'

Another concern parents had was that the child would begin searching for their birth family before they had all the information, access to reliable information sources, and without emotional preparation. Where there was no contact with birth families before the adoption, the unpredictability of how biological family members would respond was a worry. Some participants were wary of sharing information such as names and surnames, as they did not want the child to search randomly for potential family members before they felt they were ready to do so. Robinson (2017: 168) proposed that adoption professionals should endeavour to facilitate open adoptions to “reduce the psychological effects of adoption” and provide answers to questions adoptees may have.

For participants with more than one adoptee, guiding each child through their different stories with different information troubled them. They said:

E Mother - So there's nothing [related to first adoptee's history] that we know...we're waiting for that to hit us in the face...**E Father** - And it's scary because with M* [second adoptee]...we could give her her mother's name one day if she wants to go and find her mother, [whereas] with N*, we don't have anything...**E Mother**...I think that's going to blow up in our faces...**E Father** - I think it's going to be horrible for N*, 'why does M* get to...pursue that option, and I don't even have an option?'

Similarly, parents in Frost and Goldberg's (2020: 105) study found that adopting a second time was complicated by “consider[ing] how each decision and its possible

outcome would impact their first-adopted child". They further stated that "[a]s adoption introduces many more opportunities for the difference between siblings, there is a clear need for post-adoption support services that address the challenges of families integrating the needs of children with different background, experiences, or opportunities" (Frost and Goldberg 2020: 105). Parents in their study used different strategies to help them manage the adoptees' different histories and level of contact with birth families. Frost and Goldberg (2020: 102) found that "some endorsed a strategy of modifying their children's birth family contact in order to minimize difficulties, while other parents focused on helping their children to understand the differences in contact without changing their arrangements". Even though most of the current participants' adoptions were closed, considering this challenge and ways to manage it could have been encouraged in the pre-adoption stage.

Participants who believed there was enough information to find the birth family were cautiously positive potentially. This is seen in the excerpts that follow:

N - *I don't mind him trying to trace her at this point in time. I don't have a problem...I'd like him to meet her because I just think his story is magical and he comes from so many different cultures, and so he should go and try to learn about the culture or meet his mom.*

M - *I think it scares me a bit if there was contact to be made...I think that'd be really hard, but that's just my opinion; I think that it can open up a whole lot of can of worms.*

D - *[Making contact with birth family] that's a fear for me, and I know that he is interested in knowing who his birth parents are, and I hope that when the time comes that he goes to find them that it's not another huge disappointment.*

H - *If it should happen a bit before then [age 18] that he wants to meet his mom, say when he's 15 or 16...I would be happy for that to happen. My only concern is if there is a rejection at that stage, when you are very vulnerable as a teenager, what that would do [to him], but that's going to happen at some stage. So...I'm not scared about when it happens but just how that will impact him.*

Many participants felt comfortable with their prospective adoptee wanting to know their story and to find their biological family members. However, some participants expressed concern about how the details of their story and contact with birth family

members could impact their child. Similarly, American writers Brodzinsky and Goldberg (2016: 15) stated that “a sizable percentage of families have concerns about contact with birth family because of their history and its potential impact on their own family”. Nevertheless, participants’ concern was primarily for the child’s emotional well-being instead of feeling as though their parental role or family was threatened. Adoptees in Featherstone, Gupta and Mills’ (2018: 12) study expressed “that adoptive parents need to be prepared for the reality that many young people will want to search for their birth families” as this forms part of their life-long process of identity development.

4.4.5.3 Subtheme 3: Anxieties while waiting for the formal completion of the adoption process

The third sub-theme derived from the data was concerned with participants’ anxieties relating to paperwork issues and dealing with government systems while waiting for the adoption to be finalised. It also included anxiously waiting for the adoption order and certificate to be issued. Parents in Meakings *et al.*’s (2018: 71) study in the United Kingdom also experienced this delay in finalisation “as both inconvenient and emotionally exhausting”.

Participants expressed frustration at the lengthy delay in finalising the adoption process. They said:

G - *From applying to actually getting the adoption was like ages...it's frustrating, but I think because we in the industry, we know it's just the way the system is.*

A - *I've heard so many stories of people waiting so long for things to happen. I think that made me a little bit anxious of like how long it will actually take, so I kept following up on [adoption registrar].*

Participants said that when they heard about others who had been through a long waiting process, they became more anxious about the long wait they could face. However, those participants familiar with the process and system understood that the length and wait were unavoidable but were still frustrated. While waiting for the adoption paperwork to be signed and issued, participants worried that something could still go wrong. These fears are reflected in the following excerpts:

F Mother – *[We] got the pack that we had to send there [the Registrar of Adoptions] and her birth certificate; the original is in there...you have it in your hand, but you can't*

keep it, so you have to send it and then hopefully they don't lose it...[it was] also stressful [because] a bunch of people [were] telling me that their papers just get lost, so you need to keep phoning there to find out do they still have your paperwork? is it still going through the system? Where's your paperwork now? So that's freaking stressful actually.

M - I think that was the frustrating part, is just having no idea and being at the mercy of someone who needs to just pick up a piece of paper, stamp it, sign it and put it back on the outbox pile.

K - Waiting for everything to be finalised and the fear that something could happen, that is by far the worst, because...the moment Z came home she was my child, the fear that someone can take your child away from you because a form isn't stamped or signed is just crazy, I think that was the worst for me.*

P - While you're waiting for this paperwork to come through, you're in limbo, and you're so scared because, I mean, what if something happens? Is this child going to be recognised legally as yours? It's all of those things that actually, you know you talk about fears and anxieties, that was one of them...even though all the paperwork was still to be sorted out, we still put her on medical aid, but it's a real fear because its only once that adoption order comes through is it a legal document to say this child is now yours...she doesn't belong to the state anymore, she belongs to you.

Participants were anxious at the uncertainty of what was happening in the process and were frustrated that it took longer than anticipated. This stage was experienced as being in a state of limbo with no control over the process or outcome. This, too, was found by Henwood (2016: 74), who stated that “[a]doption administration was observed to be a major cause of anxiety and insecurity in some respondents”.

In waiting for the documents to be filed at court and then sending all the originals to the Registrar of Adoptions in Pretoria, participants feared that the paperwork could be missing or lost. Even when participants followed up at the offices, the lack of response added to their fears and anxieties that something, such as an administration or clerical error, could prevent the adoption from being completed.

During this stage, where parental responsibilities and rights were not fully given, some participants worried that they would not be able to ‘act’ as guardians to their

prospective adoptee in an emergency. However, when considering medical emergencies, some participants could add the prospective adoptee to their medical aid scheme, which eased some worries, but other medical aids would not accept the child without proof of the adoption.

Participants also feared and experienced challenges linked to the ripple effect of not having the final paperwork, such as not being able to get a new birth certificate and passport. This is reflected in the excerpts that follow:

***H** - I have fears about...will we eventually get a birth certificate? I have fears about whether we'd be able to travel overseas together. If I go to a conference or something like that, no birth certificate, no passport.*

***D** - The fact that we still don't have a proper birth certificate...it's [the current birth certificate] got my passport number, not my ID number, which means that when my passport expires, it's no longer a valid form of proof that I am his mother.*

***N** -The truly difficult, ridiculous part was dealing with Pretoria [waiting for the final adoption certificate] and dealing with home affairs, changing his name [getting the new birth certificate].*

Participants indicated that they wanted the formalisation of the adoption to be completed in order to get on with life and be viewed as a legal family. Henwood (2016: 74) also found that “[e]ven when a child was placed, their fear of disappointment only lifted and their sense of parenthood grew only after they received the final paperwork reflecting the child’s new name and family membership”. Not having the correct birth certificate and access to getting a passport meant they might have had to put some of their plans on hold. One participant expressed an additional fear that the adoptee’s new birth certificate was issued with the participant’s passport number instead of the identity number. This meant that they would have to reapply for a new birth certificate before the passport expires in order for it to be a valid proof of the participant being the parent. This caused much anxiety and frustration for this participant. Jackson (2018: 147) also found that “[t]he negative and lengthy experience of administrative procedures to register their adopted child at the Department of Home Affairs, was cited as a challenge by more than a quarter of the participants”.

4.5 CONCLUSION

This chapter presented the themes and subthemes which emerged from an analysis of the data from sixteen interviews. The themes and subthemes were presented in table 3 and discussed in the rest of the chapter. The findings showed a multitude of challenges participants experienced during the various stages of the adoption application. They included administrative, personal, relational, and systemic challenges. They also included various fears and anxieties relating to becoming parents through adoption and the impact the adoption may have on themselves, their child, and their communities. The following chapter seeks to provide recommendations in light of the findings and to conclude the study.

CHAPTER FIVE: DISCUSSION AND RECOMMENDATIONS

“Adoption is a lifelong commitment, and adoption-related issues may arise at any point in the parents' or their child's lifetime. A willingness to learn about the issues and seek support if necessary can help to ensure that parents and children experience happy and healthy family lives”

Child Welfare Information Gateway (2020: 9).

5.1 INTRODUCTION

The aim of the study was to explore the psychosocial challenges prospective adoptive parents face in the eThekweni region. Five objectives were developed to achieve this. The theoretical framework guiding the study was the PIE model. It conceptualised how the environment, consisting of the various systems (microsystem, mesosystem, exosystem and macrosystem), impacted the person who was the prospective adoptive parent in the study. Challenges, fears and anxieties emerged when the systems (family, friends, child, child's previous life experiences, the social workers and adoption agency, society's views, race issues and policies) interacted with the person, often negatively, or when the systems interacted with each other, and the outcome impacted the parent. The findings provided an in-depth understanding of the challenges participants faced throughout the various stages of their adoption process. Knowing what they experienced and felt during the adoption process and their journey provides valuable insight into how to support future prospective adoptive parents better (McAndrew and Malley-Keighran 2017: 100; Miller *et al.* 2017: 44; Lewis 2018: 39-40; Meakings *et al.* 2018: 71).

Interviews with sixteen adoptive participants provided rich data and were analysed through thematic data analysis. Five themes and sixteen subthemes emerged relevant to answering the research questions. Chapter four presented the findings and discussion thereof. This chapter will consolidate the research findings, make conclusions, offer recommendations to enhance the adoption process and make recommendations for further research.

5.2 DISCUSSION OF MAJOR FINDINGS

The following table presents the five major themes which emerged from the sixteen semi-structured interviews.

Table 3 Themes and sub-themes

THEME 1: Motivations for adopting	1. Personal desires to pursue adoption
	2. Pursuing parenthood despite medical challenges
THEME 2: Journey from application to first meeting	1. Experience of and challenges throughout the application process
	2. Concerns related to becoming an adoptive parent
	3. Getting 'the call'
	4. First meeting with the prospective adoptive child
THEME 3: Challenges during the visiting period	1. General challenges while visiting the prospective adoptive child
	2. Struggles with bonding with the prospective adoptee
	3. "Daily goodbyes" were difficult
	4. Unprepared for being a parent
THEME 4: Experiences of support	1. Mixed experiences of support from the social worker
	2. Varied experiences of support from family and friends
	3. Support from the adoption community
THEME 5: Post-placement challenges	1. Parenting challenges and concerns
	2. Concerns about adoptee's possible responses to their adoption story
	3. Anxieties while waiting for the formal completion of the adoption process

The major findings are presented under the following subheadings in accordance with the first four objectives of the study, (i) the various reasons and motivations for choosing adoption; (ii) fears and anxieties throughout the adoption journey; (iii) experiences throughout the meeting phases; and (iv) existing support and the varied experiences thereof throughout the adoption journey.

5.2.1 The various reasons and motivations for choosing adoption

The first objective sought to explore the various reasons people choose the adoption route to growing their families. The findings revealed that most of the participants had a deep personal desire to be parents. Some desired their own biological child; others chose adoption as their first option; still, others placed more importance on being a

parent than how they became a parent. Most participants, however, had previously sought out medical treatment to assist them in having their own biological child. When this failed or when participants wished to end the painful struggle to conceive biologically, adoption was the next and final step to fulfilling their dream of being a parent. van Delft and van Delft (2008: 336) similarly stated that “after having contemplated all alternatives from either a moral, ethical, economic or all-encompassing point of view, adoption is often the only remaining alternative to couples who want a child and live the dream of being a family”.

For participants, adoption was not a decision made quickly and without consideration. The fact that many participants primarily wanted their own biological child meant that they chose adoption as a last resort. This gives rise to psychological factors that need to be addressed before entering the adoption process (Child Welfare Information Gateway 2015: 3; Mohanty, Ahn and Chokkanathan 2017: 8). However, regarding the timing of choosing adoption as an option, some participants in this study were prompted to begin the adoption process when they had endured enough medical assistance and wanted to pursue the final option of becoming parents. The decision to adopt was often a gradual one that was finally acted upon when participants felt ready. This was also found by Dance and Farmer (2014: 107), who stated that most of the 27 participants in their study reported that nothing specific prompted them to begin the adoption journey when they did. This is because adoption was something they were already considering; therefore, the reason they gave for the timing of starting the process was that they felt “the time was right for them” (Dance and Farmer 2014: 111).

Some participants, who entered into the adoption process to fulfil their need to become a parent, saw a high number of children needing a permanent family. Upon seeing this, their motivation to adopt altered to include altruism and the desire to meet a need in society.

A few participants who did not seek medical assistance or did not long for their own biological child chose adoption out of preference and conviction. Even though these participants' motivations to adopt were also to meet the ultimate desire for parenthood, additional convictions were present for first-time parents and those adding to their family. These included a religious conviction to adopt and a duty to meet a need in society. Romanini (2017: 84) confirmed this. She found that parents, wanting to expand

their families through adoption, were motivated by the desire to provide a child in need with a permanent home and out of their Christian duty to “give a child a chance in life”. Participants with altruistic motives may not have had to deal with the grief or trauma that comes with not being able to conceive biologically, but social workers still needed to ensure that their motivation would be in the best interest of a prospective child.

5.2.2 Fears and anxieties throughout the adoption journey

The second objective sought to understand the fears and anxieties of the prospective adoptive parents. The study showed that participants experienced many fears and anxieties throughout the whole adoption journey. Participants differed on which stages and periods of the adoption process were more stressful than others. These stages included the pre-adoption, peri-adoption and post-placement stages. Knowing what prospective adoptive parents experience gives insight into knowing when and how to support them.

5.2.2.1 Pre-adoption

Regarding the adoption process, the first struggle some participants encountered was whether they would be eligible to adopt. A lack of awareness of who could adopt caused some participants to be cautious and wary that their dream to be parents could not be realised.

Before meeting the prospective adoptee, the administrative part of the adoption process was experienced as tiring and emotionally draining. This is because, throughout the screening process, participants constantly worried that they would not be deemed good enough to be parents. Parents in Gerrand and Stevens' (2019: 49) study also stated that “the assessment process seeks to identify any possible shortcomings, rather than focusing on [parents] strengths and empowering them to complete the assessment process”. However, the social workers who participated in their study had a different view of the intense process, “adoption social workers tend to reason that a rigorous assessment process is essential to ensure that adoptable children's best interests are met” (Gerrand and Stevens 2019: 49). In their study and the current one, there appears to be a disparity in expectations of the purpose and outcomes of the process. As this is a challenge many participants encountered, social workers and adoption agencies need to be clear on the purpose of the different parts of the adoption process. However, this may be an unavoidable challenge that has to

be endured, but it is worth noting that if social workers or adoption agencies ask parents if they need support during the process, participants will express what they need.

One part of the process where participants felt they would be judged was filling in what they called the 'shopping list'. This form was one in which participants ticked the desired characteristics of a potential child. Parents in Romanini's (2017: 88) study also found the form to be a challenge. Romanini (2017: 88) stated that “engaging with the check-list was not merely a task involving the selection of criteria, but one which led to the couples having to confront burdensome emotions and re-evaluate their current family contexts”. Many participants in the current study did not express their reasons for their choices when completing the form except that they wished to have, as far as possible, the same amount of choice as a biological parent. This was similar to the findings of Moyer and Goldberg (2017: 19), who stated that “[participants] emphasized that their preferences and expectations for the type of child were not as important as becoming parents”. Taking parents through the checklist may help ease fears and anxieties about this step and allow parents to make an informed decision with the guidance of the social worker.

After being screened and their application submitted, participants had to wait to be cleared as fit to adopt and then be matched with a child. Participants expressed much anxiety over the waiting period. Unlike pregnancy, where one could see and feel the growth, participants had no time frame for when they could be matched with a child. Thus, they often felt impatient and frustrated at the long, unpredictable wait. Most participants expressed that they could not adequately prepare emotionally and physically for receiving a child due to not knowing when they would be matched or not knowing any of the child's characteristics.

One way that helped parents endure the waiting period was discovered by one of the three couples in Romanini's (2017: 87) study. They found the time from deciding to adopt to meeting their child was valuable “as it provided them with the time to prepare for the adoption, answer questions they had about the transracial aspect of the adoption, as well as to really think about what it meant to adopt a child” (Romanini 2017: 87). Social workers giving information, access to workshops, and counselling could help parents endure the waiting stages.

Most participants knew or were told by the social worker that most children who were adoptable were Black, meaning their adoptions would be transracial. An explanation for the likelihood of a transracial adoption was offered by Luyt and Swartz (2021: 10), who said: “[t]he legacy of [A]partheid, including high levels of racism, inequality and poverty; the prevalence of vulnerable family forms; particular cultural practices and patriarchy, which result in high levels of violence, particularly sexual violence; high rates of HIV infection, all result in high levels of orphanhood and child abandonment in Black communities and require the children to be placed in alternative care such as adoption”. Most participants expressed a willingness to continue with the adoption regardless of the race of the child. They were, however, not equipped with what it meant to adopt a Black child, in terms of racial identity, cultural competence, and social stigma. Instead of worrying about what it would mean for them as parents to have a Black child, participants were more worried about how their family and society would respond to a transracial adoption. Some participants experienced adverse reactions to their decision to adopt, whereas others had the full support of their family and friends. This support helped many participants to feel supported throughout the process.

One of the concerns participants had regarding adopting a child, regardless of race, was whether they would bond and love the child as though it were their own biological child. Participants who had previously volunteered at a RCS or who had experience with caring for children did not worry about this as they felt it was a misperception they had already overcome. Having been exposed to situations where their misperceptions could be corrected proved very beneficial in addressing this fear.

Another concern was the potential health, developmental and behavioural challenges that may accompany the child with whom they are matched. Participants feared that the child's history could prove challenging and that they would not know how to deal with issues that arise. This was a significant challenge that could be addressed by participants' own reading and through training and preparation.

Despite all the fears, anxieties, worries and concerns participants experienced in the pre-adoption stage, all participants confidently continued with the process. Therefore, it is possible to overcome challenges or to endure them.

5.2.2.2 Peri-adoption

After being matched with a child, participants experienced initial anxiety about meeting the prospective adoptee and learning about their characteristics. What was anxiety-provoking was that they were given little information about the match, so they wanted to know more about the prospective adoptee. Most of their anxiety was in anticipation of meeting their prospective child. After what was experienced as a long wait to hear about a match, participants felt that they had to prepare quickly for meeting and receiving a child. Some participants felt that the timing of the match took them by surprise as they had prepared themselves for a long wait. In addition, some participants felt unprepared for parenthood. However, participants managed to get everything they needed for the child themselves and from their support networks in time for when the child was eventually placed with them. Having foreknowledge and expectation of a short preparation period after being matched may have helped participants to be emotionally prepared, yet it was still something they would have to endure.

During the meeting and visiting stages, some parents encountered the stress of balancing work, seeing the child, and preparing their house for placement. Adding to this stress was the fear that the carers or house mothers were judging the participants on their 'performance' as parents. This challenge of moving from 'normal' life and waiting to the intense pressure-filled stage, seemed to be endured because of adrenaline and needing to get it done to get their child.

Some participants found bonding a challenge as they felt that the child was unwilling to bond with them, and they did not have the necessary flexibility to spend enough time bonding. Those who could take the child out to bond found it much easier to attach and, therefore, decreased the visiting period's stress. As visiting time progressed and attachments started to form, many expressed that the leaving became stressful and traumatic for the participants and the child. Participants were frustrated that they had to wait for an undetermined time for the child to be placed with them. This was similarly found by Rochat *et al.* (2016: 125), whose participants “expressed outrage that timelines for placement were determined by the social workers availability and not the child's need for placement”. The inflexibility meant participants had the additional and unnecessary anxiety of seeing their child, but not being allowed to take on the full role of parent. A few parents had additional fears that the biological families would come

back to reclaim the child, therefore possibly hindering the success of adoption and their becoming parents.

5.2.2.3 Post-placement

The transition to full-time parenting came with unexpected challenges, especially for first-time parents. Miller, Montclos and Sorge (2016: 314) stated that “discrepancies between imagined and actual parenting experiences are often stressful”, which can explain why some participants took longer to adjust to parenthood than others did. Quoting their research study, Finlay (2006: 85) stated that “[t]his adjustment period and the challenges it presents are often compounded because parents have not been prepared adequately and because the adoptions often occur over a short space of time”. This was also the case with the current study's participants who felt unprepared and went from waiting for a match to quickly adjusting to parenthood.

The participants' concerns were about the health and development of the child, society's response to the adoption, concerns about the child's future, and waiting for the adoption to be finalised.

5.2.2.3.1 The health and development of the child

Regarding the health and development of the child, some participants were aware that there could be issues, particularly behavioural and learning difficulties. Others were not and were fearful about how they would cope and how their child's future would be impacted. Participants felt that they needed the information and sources of support regarding potential issues before the adoption or during the visiting period to be better prepared.

Another adoption-related fear was the impact of the child's history on the child and their future. Some participants were worried that adverse effects of trauma, neglect and pre-natal issues would impact the child's functioning and development. In contrast, even though Lasio *et al.* (2021: 9) found that “[o]verall, the participants seemed to have the expectation that children would have emotional, relational and behavioural problems”, unlike participants in the current study, their parents “did not connect these problems to the pre-adoption period”.

Post-placement and post-adoption support were also expressed as necessary as some adoptees issues only emerged a short while after placement, which was similarly

expressed by participants in Moyer and Goldberg's (2017: 19) study. More studies on South African adoptees' experiences would inform the impact adoption had on them in healing and combating issues.

5.2.2.3.2 Society's response to the adoption

For many who had adopted transracially, participants were concerned with how society would treat their children, based on the colour of their skin. Many participants expressed feeling unprepared for the stares and comments from strangers, whether positive or negative. However, most participants in the current study were aware that they need to equip themselves and their children to live in a society that still operates off racial stereotypes and need to find the resources to do that.

5.2.2.3.3 Concerns about the child's future

Most participants were anxious about what their child would grow up to be and do. Especially concerning to some parents was how to deal with their child being adopted, and how their child would navigate being adopted, and particularly being adopted transracially, and discovering the details of their story.

Besides 'normal' parenting fears, participants expressed fears specific to how the child would respond to hearing their story. Some participants knew that it would be a difficult conversation as they had little to no information to give their child about their birth family. Additionally, the concern that children would attempt to seek out biological family before they were ready caused much anxiety for participants. Participants in the current study did not express much about teaching their children their biological heritage but were willing to let their children meet their birth family at some point. They were more concerned with telling the child their story and what they should include and exclude. Many participants felt unprepared and ill-equipped for what to say and worried they would be rejected as parents and upset the child. Some participants also worried about how their child's identity would be formed and hindered because of society's view on race. A recommendation that would support transracial families was offered by Finlay (2006: 87), who stated that "parents should be 'groomed' to communicate effectively with their adopted children from the time they decide to adopt and the continued guidance, and support should be available post-adoption by a qualified professional".

5.2.2.3.4 Waiting for the adoption to be finalised

Participants had often heard that they would endure a long wait for the adoption to be finalised, even after the child was placed with them. Dealing with government departments caused much anxiety for many participants. Additionally, fears and anxieties around something going wrong, such as their documents being lost that could jeopardise their newly formed family, were heightened. Not all participants found this stage a challenge, nor were they all concerned about the implications of not having the final paperwork. It is possible that for those who were not concerned, it was because they were aware and prepared for the waiting. Those for whom it was a concern were anxious because it took longer than they had expected, and they felt a sense of wanting to move on with life and put the whole process behind them. Post-placement support for both the transition to a new family and waiting for finalisation was deemed necessary.

Not only that, but the fear that an emergency would occur and participants would not be able to act as parents, because they would not yet be recognised without the final paperwork, adoption order and new birth certificate. Supporting this, Henwood (2016: 74) stated that “adoption administration was observed to be a major cause of anxiety and insecurity in some respondents. Even when a child was placed, their fear of disappointment only lifted and their sense of parenthood grew only after they received the final paperwork reflecting the child's new name and family membership”. However, this was a long process for the parents in their study and the current study.

5.2.3 Experiences throughout the meeting phases

The third objective sought to explore the experiences in the meeting stage of the adoption. This included the news of a match, the first time they met the child, and the visiting period before placement.

5.2.3.1 Receiving 'the call'

Findings showed that some participants felt a sense of relief that what they had been waiting for had finally arrived, being matched with a child. Other participants felt panic at the onset of their dream of being a parent being realised and feeling unprepared for the task. Romanini (2017: 92) found, among the parents, that hearing about the child “elicited heightened emotions in the couples as well as feelings of anticipation in

waiting to meet their child for the first time". Participants in the current study were both excited in anticipation of the meeting, and frustrated at waiting an additional period before getting more information and meeting the child. Most participants disagreed with having to wait a further period to meet their prospective child. However, this short wait before the meeting brought a definite end to the uncertain waiting period they had previously been through while waiting to be matched and allowed them a chance to start preparing for becoming parents.

5.2.3.2 First meeting

Findings revealed varied responses to seeing the child for the first time. Some participants were nervous as they had just heard the child's painful history; others felt disappointed that the child did not meet their expectations. Overall, most participants felt a combination of excitement and being overwhelmed that finally, they would be parents to the child for which they had been waiting. The challenge was not being able to prepare or control the situation that is usually uncertain and unpredictable.

A few participants met the biological parents at the same time as meeting the child. This evoked a tension between feeling joy for receiving a child, and sadness for the biological parent and the circumstances that led to them giving the child up for adoption.

Findings concerning the interaction with the child for the first time showed that some participants were hesitant and awkward. Participants who did not have experience with the specific age of their adoptee struggled to know how to handle and care for the child. Being guided on how to do this was welcomed and appreciated by most participants.

5.2.3.3 The visiting period

During the visiting period, findings showed that some participants took longer to learn and adapt to their new role as parents and caregivers. Many participants had to be shown how to care for their adoptee, whereas participants who already had children or had previously volunteered at a RCS transitioned into and through this period with much ease.

Findings revealed struggles specific to a child being in a RCS. Some participants felt they were competing for their adoptees' attention with a deep desire to bond quickly. However, this was not always the case. Obstacles that slowed this process included

other children wanting attention and participants feeling guilty for ignoring them, and the prospective adoptee being attached to a caregiver and not wanting to bond with the new parent. However, most participants experienced the caregivers and house-parents to be supportive and willing to adapt to assist the bonding process between the child and parent, even letting participants take the child out for visits. This was found to help ease anxieties and the transition to parenthood.

Findings showed that many participants experienced this as a trying time as they had to continue with the 'normal' life, transition to becoming a parent and spend time and energy bonding with their child who they could not take home with them.

5.2.4 Existing support and the varied experiences thereof throughout the adoption journey

The fourth objective sought to understand what support exists for prospective adoptive parents. The findings revealed that the support structures accessed by participants included the social worker, their family and friends and the adoption community. As these were the most used and accessed, future recommended support should utilise these structures.

5.2.4.1 Experiences of the social worker

The findings showed different experiences of interactions and support from the social worker. The experiences were polarised, either very negative or very positive. Participants seemed to have had high expectations of the social worker's role in facilitating the adoption, which were often unmet. The social workers either exceeded their expectations, which allowed participants to feel supported or did not meet their expectations, and participants felt disappointed and unsupported. Clear expectations of the social worker and parent need to be stated throughout the process to ensure a good working relationship, reducing stress for both parties.

Jackson (2018: 50) recommended that "orientation programs...can assist prospective adoptive parents in making informed decisions regarding adoption, [these] should be offered by adoption social workers". This was found to be true by those few participants, in the current study, who attended an orientation session. Most parent attendees gained information before beginning the adoption process and found them to be valuable in that they helped them prepare for the adoption journey and connected

them with other prospective adoptive parents. Gerrand and Stevens (2019: 51) also found “that orientating potential adopters in groups, rather than individually, provides them with meaningful emotional support and motivation. This is because adoptive participants seem to experience commonality and a sense of belonging when attending group orientation”.

Those who had positive experiences with the social workers, reported that it was because they kept participants informed, kept in contact, updated participants about their process, and gave information and resources related to adoption and parenting. Similarly, parents in Romanini's (2017: 91) study felt very supported by their social workers as they were given additional and relevant information on adoption, specifically on transracial adoption. This support allowed participants to push through the anxiety of the process. Reinforcing this, Gerrand and Stevens (2019: 51) stated that “when prospective adopters develop trusting relationships with social workers managing their assessment process, they tend to feel 'safer' and more confident about completing the challenging screening process”. Having this support may assist parents and lessen the number of challenges they face throughout the process.

Those who had negative experiences of the social worker found them to be unsympathetic, unhelpful in answering their questions, lacking in communication and supplying information to put their fears at ease, and not supporting them to transition into adoptive parenthood. Some participants encountered social workers whom they experienced as burdened, not adequately trained and ill-equipped to do their job. Some social workers were even unclear on the adoption process. This uncertainty increased anxiety levels among some participants and needs to be addressed so that participants can rather spend emotional energy on preparing for a child.

5.2.4.2 Experiences of family and friends

Findings revealed that, for the most part, participants' families were their most significant sources of support throughout the adoption journey. Having that emotional buffer gave participants extra confidence and encouragement as they pursued parenthood through adoption.

Findings also revealed that many participants experienced various levels of resistance from family and friends, especially initially. Although participants expected some degree of hesitancy, especially about race, some were surprised by family members'

strong aversion to their choice to adopt. Not having support from close family members and friends was a challenge for those participants. This was similarly found by Romanini (2017: 89), who stated that the negative responses to adopting “added an additional layer of stress as [parents] had to contend with having to go through the pre-adoption phase knowing that the people closest to them did not fully support their decision”.

Most of those family members who were initially against the adoption came around once their fears were eased. This reveals the need also to support family members of prospective adoptive parents going into the adoption process. Most of these family members also embraced the adoptee even more once they met and spent time with them, which offered relief to participants. Family and friends can be the greatest challenge to feeling supported, but can also be the greatest support when adequately prepared.

5.2.4.3 Experiences of the adoption community

Findings revealed that support from the adoption community came through workshops, meeting with other adoptive families, talking to adult adoptees, and adoption support groups.

Going through the journey with someone who had previously adopted or was in the same stage of the process was desired by many participants. Bergsund's (2018: 286) study in Norway found that connecting with prospective adoptive parents in pre-adoption groups allows for long-term relationships to be forged. Contact with other adoptive families offered additional support to those participants who did not have the anticipated support from family and friends. Some participants expressed that even when family and friends were supportive, they could not understand nor empathise with participants' fears and anxieties during the different stages, unlike someone who had experienced it. This indicates that the adoption community is essential to sustain and support adoptive families. Additionally, adult adoptees offered further support when they encouraged and advised prospective adoptive parents on raising an adoptee. This was an underutilised group for providing information and preparation for participants.

Access to other adoptive families either came through networking at workshops, the orientation facilitated by the social worker, or through support groups on social media.

A few participants felt the adoption support groups were not a good fit for their families. Nevertheless, they remained in the groups to see what was being said and to stay connected. However, most participants felt positively towards these groups as they offered fellowship, advice, support, encouragement, and social events. Those who were not active in the groups felt connected and supported by seeing other people's posts and comments. Some participants commented that the events planned by these groups were as much for the parents as they were for the children. This is because adoption groups and interacting with other families who have adopted provide both parents and children “a supportive platform to engage in” (Romanini 2017: 92).

5.3 CONCLUSION

The current study provided insight into the various challenges and experiences prospective participants face throughout their adoption journey. The advantage of the findings is that they can assist social workers, organisations, and the Department of Social Development, particularly within the Province of KwaZulu-Natal , to better facilitate adoptions, focussing on those unrelated and the transracial cases .

The major findings from the study indicated that the primary motivation of participants for adoption was to fulfil their desire of being a parent. This was often due to medical challenges, but secondary motivations emerged, which were to meet a need in society and because of religious reasons.

It was also evident that parents face challenges while in the prospective phase. These included administrative challenges, not being able to prepare for a child, feeling uncertain and waiting for lengthy periods, transitioning to parenthood and facing what it means to be an adoptive parent. There were many anxieties and fears that emerged before applying and throughout the process to the placement of the child. One constant fear was the worry that they would not be a good parent, either by someone deeming them unfit, or by their inability to deal with parenting their child. Another consistent concern for most of the participants was race. It included society's response to their transracial family and navigating their and their child's life through being a child in a transracial family. About this, Luyt and Swartz (2021: 1) stated that “South Africa is a middle income country that has a unique socio-political and racial history which impacts on the way adoption, transracial adoption in particular, is perceived and practised”.

One of the most challenging periods was during the meeting phases, where participants were waiting to meet the child they were matched with and, following that, visiting and bonding with the child. Challenges included dealing with an inflexible visiting procedure, balancing life demands and new parental responsibilities and bonding with the child. Henwood (2016: 74) stated that the waiting period pre- and post-placement could inhibit the bonding period between parents and child. They said: “[a]s anxious parents may struggle to attach as deeply to their child as secure parents, the inefficiencies in adoption bureaucracy could be viewed as a challenging factor in bonding with one’s child” (Henwood 2016: 74).

Challenges, however, did not end once the child was placed. Participants had to deal with their new role as parents and adjust their lives accordingly. Alongside that was the anxious wait for the adoption to be finalised. This often brought on further anxiety as participants were concerned something could go wrong to negatively impact the outcome of the adoption.

Underlying many participants fears, anxieties, and challenges was that they felt unprepared for how they would feel and need to cope at different stages of the adoption. Participants also felt unprepared for challenges they may encounter as new parents, as adoptive parents, and for many, as transracial families. Even though Child Welfare Durban & District (2021: para. 11 line 14-18) stated that “[s]pecial issues relating to cross-cultural parenting will be discussed with the applicants of the children”, this was not the experience of those who applied through Welfare. Breshears (2018: 36) echoed this, “that parents are not prepared for the challenges they may face is an oversight in the South African adoption process”.

In particular, participants felt a lack of support and preparation from their social workers, who they expected would adequately guide them through their journey. Even though many felt ill-equipped for their new role, many had a lot of support, mainly from informal networks such as family and the adoption community.

To conclude, the current study filled a research gap within the South African adoption literature by exploring adoptive parents' experiences and needs in the pre-adoption phase to know how best to support prospective adoptive parents throughout the various stages (Mokomane and Rochat 2012: 347).

5.4 RECOMMENDATIONS TO ENHANCE THE ADOPTION PROCESS

The fifth objective sought to offer recommendations that would enhance the adoption process. Findings revealed that support is essential in the various phases of the adoption journey. The following recommendations are made based on the findings:

- In order to equip society to support adoptive families, awareness and education around adoption needs to be implemented (Weistra and Luke 2017a: 236). This will help normalise adoption and transracial families in society. The Department of Social Development and adoption organisations should promote adoption through awareness campaigns. These campaigns should include information on adoption, address misconceptions about adoption, discuss the benefits of adoption, and provide information on how adoption impacts the child, parent, family and society.
- From social workers and adoption agencies, formal support needs to be present to help parents through the various stages of the process as well as adoptive parenting. These stages include the administrative process, the waiting periods, the transition to parenthood during the visiting and placement stages, and follow-ups post-placement and post-adoption. Formal support can be offered through workshops, training sessions, group sessions, individual counselling sessions, and recommended reading materials. Miller, Montclos and Sorge (2016: 310) also recommended that parents be prepared for anything and everything they may encounter on their journey and in their life as an adoptive family. The need for constant support with a specific focus on adoption-related issues is consistent with many authors' recommendations (Tigervall and Hübinette 2010: 505; Denby, Alford and Ayala 2011: 1552; Wood 2012: 157; Doubell 2014: 85; Miller, Montclos and Sorge 2016: 314; Mohanty, Ahn and Chokkanathan 2017: 10).
- With specific reference to transracial adoptions, social workers and other relevant professionals should facilitate racial integration (Tanga and Nyasha 2017: 237) and help parents develop cultural competence (Doubell 2014: 72-77). This is in the best interests of the child developing a stable racial identity within a race-conscious society.
- Lastly, forming 'adoption antenatal groups' would provide prospective adoptive parents with the necessary support and encouragement needed to go through the challenges of the process and build community with other families similar to them (Bergsund *et al.* 2018: 287; Gerrand and Stevens 2019: 51).

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

Further studies related to the following can be recommended:

- A study comparing the adoption process conducted by social workers in Welfare versus social workers in private practice.
- A comparison of the challenges of birth and adoptive 'first-time' parents.
- Studies comparing perspectives and experiences of same-race and transracial adoptive families.
- Further research could explore the experiences of both adoptive parents and their children regarding their transracial 'status'.
- Studies exploring the challenges and experiences prospective adoptees face while waiting to be adopted. Exploring their experiences and attachments in the RCSs with foster parents and carers. Exploring their experience during the visiting period while bonding with prospective adoptive parents. Exploring their post-placement experiences, especially the transition into a new family. More specifically, the studies should include what prospective adoptees want those involved in the adoption process to know, to help the transition and preparation for their life as an adoptee.

5.6 CONCLUSION

This study aimed to explore the psychosocial challenges prospective adoptive parents face in the eThekweni region. Sixteen semi-structured interviews were conducted to explore the various experiences and challenges these parents faced through the adoption journey and their experience of available and utilised support. Findings revealed varied experiences and challenges during the various stages of the journey and of support. The need for adequate preparation and further support was apparent. The findings and recommendations were beneficial in filling a gap in the adoption research related to pre-adoption services and prospective adoptive parents' experiences. Furthermore, as Behari-Ram (2016: 3) stated, "it is important to grow the body of literature so that these children and their families can be given effective help and support".

"Bringing a child into a family—whether by birth, adoption or the blending of families—is life-changing for everyone. When we recognize the lifelong impact and put children at the center, adoption can truly represent an evolved definition of family. Strong

families build strong communities and strong communities make a better world for all of us”

The Donaldson Adoption Institute (2016: 35).

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APPENDIX A: GATEKEEPER LETTER REQUESTING PERMISSION

August 2020

Request for Permission to Conduct Research

Dear Administrators of the Durban Adoptive Families Facebook and WhatsApp groups.

My name is Roxanne Groger, a MTech student at the Durban University of Technology. The research I wish to conduct for my MTech dissertation involves an exploration of the psychosocial challenges faced by prospective adoptive parents in the eThekweni region.

I would like to invite you and all willing group members to join this study. You can join by participating in the study yourselves and by consenting to a message being posted in the group calling for participants to be interviewed as part of the research.

I have provided you with a copy of my proposal which includes copies of the data collection tool – the interview schedule, letter of information and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

Please may your response be written in a letter or email either declining consent or stating how you intend on being involved in the research.

If you require any further information, please do not hesitate to contact me on 079 497 18678 or krgroger@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Roxanne Groger

Durban University of Technology

APPENDIX B: SIGNED GATEKEEPER LETTER OF APPROVAL

18 September 2020

Permission Granted to Conduct Research

Dear Roxanne Groger

Thank you for sending your research proposal. We are happy and willing to help you with your research in any way we can.

We hereby give you permission to post a message on the 'Durban Adoptive Families' WhatsApp Group and Facebook page calling for participants to be interviewed.

All the best!



Lariaan Claassens

Administrator of the 'Durban Adoptive Families' WhatsApp Group and Facebook page



Cindy Houston

Administrator of the 'Durban Adoptive Families' WhatsApp Group and Facebook page



Debra Sadler

Administrator of the 'Durban Adoptive Families' WhatsApp Group and Facebook page

APPENDIX C: POST ON DURBAN ADOPTIVE FAMILIES GROUPS ON SOCIAL MEDIA

Request for Participants for Research Study

Dear Parents of the Durban Adoptive Families groups

My name is Roxanne Groger, a MTech student at the Durban University of Technology and a fellow 'fostering-to-adopt' parent. I have been given permission by the administrators to post this message asking for volunteers to participate in a study.

The study is exploring the challenges faced by prospective adoptive parents in the eThekweni region. The objectives are to look at why people adopt, the fears and anxieties in the various pre-adoption phases, the experience of you meeting your prospective adoptive child, and how you were supported during the whole process.

I would like to interview parents who have completed the process in the past 6 years and currently live in Durban. These interviews will be conducted either via video call owing to lockdown restrictions or at a venue that is most convenient for you.

Should you be willing to participate or if you require any further information, please do not hesitate to contact me on 079 497 18678 or krgroger@gmail.com.

Thank you,

Roxanne Groger

APPENDIX D: LETTER OF INFORMATION



LETTER OF INFORMATION

Dear participant, warm greetings to you.

My name is Roxanne Groger and I am currently conducting a research study as part of my MTech course in the Faculty of Health Sciences at Durban University of Technology.

Title of the Research Study: An exploration of the challenges faced by prospective adoptive parents in the eThekweni region.

Principal Investigator/s/researcher: Mrs R Groger BTech: Child and Youth Care

Co-Investigator/s/supervisor/s: Prof R Bhagwan PhD: Community and Development Disciplines

Brief Introduction and Purpose of the Study:

Thank you for considering to be a voluntary participant in this research study. This letter serves to inform you about the expectations of you and this study to you. All the information you provide will be kept confidential and used for the sake of this research study only.

The aim of this study is to explore the psychosocial challenges prospective adoptive parents face in the eThekweni region. As you have already completed the adoption process, your reflection on the process of being a prospective adoptive parent will assist in meeting the aim and objectives of the study. The objectives of this study are to (i) explore reasons why prospective adoptive parents choose the adoption route; (ii) enquire about what fears and anxieties they face; (iii) explore their experiences when they first meet their prospective adoptive child; (iv) understand what support exists for prospective adoptive parents; and (v) make recommendations that may enhance the adoption process.

Your contribution will be beneficial in understanding the challenges prospective adoptive parents face to make recommendations to adoption social workers and adoption agencies on how they can assist and support adoptive families.

Should you be willing to participate, consult and sign the attached consent form and send it to me.

Outline of the Procedures:

I will be collecting data from between twelve and twenty families, who have adopted a child or children, through one-on-one interviews. These interviews will be conducted either via video call owing to lockdown restrictions or in the eThekweni region at a venue that is most convenient for you, the participant. The interviews will last between 45 minutes and 60 minutes and each interview session will be recorded.

You, as the participant, will be expected to have read and thought through the questions provided in the interview schedule before the interview. During the interview, you will be expected to engage with me and answer the questions as honestly and freely as possible.

Risks or Discomforts to the Participant:

There will be no foreseeable risks or discomforts to you as the participant. However, should you wish to withdraw from this study, you may do so.

Benefits:

There are no direct benefits to participating in this study. However, insight and information provided by you will help ensure the aim and objectives of the research is reached. On completion of this research, a journal article be published.

Reason/s why the Participant May Be Withdrawn from the Study:

There are no potential reasons for your withdrawal from this study. However, as participation is voluntary if you wish to withdraw this will be permitted.

Remuneration:

You will not receive any monetary or remuneration for this study.

Costs of the Study:

Depending on the specific level lockdown restrictions, if we have a face-to-face interview in a public setting or in a home the only cost to bear will be for me to pay for refreshments. Masks have become a mandatory requirement therefore making the provision of them to participants in face-to-face interviews unnecessary. We will however adhere to the guidelines which involve good hand hygiene, practising social distancing and the wearing of cloth mask. If video call interviews commence, data charges will be my cost to bear.

Confidentiality:

All information provided during the interview will be kept confidential. Your identity will not be revealed, and the information collected from the interviews will only be used for the stated purposes of the research. Your identity will be kept anonymous and a pseudonym given when referring to the interviews. The recordings of the interviews will be securely stored online requiring a password which only I will have access to. All hard data such as written notes will be stored and locked away in a steel cabinet. Both hard and electronic data will be kept for 5 years and then securely destroyed. Hard data will be shredded, and electronic data and all backups will be deleted.

Research-related Injury:

There is no anticipated research related injury to you as the participants.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Mrs Roxanne Groger (krgroger@gmail.com or 079 497 1678), my supervisor Prof R Bhagwan (bhagwanr@dut.ac.za or 031 373 2197) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the DVC: Research, Innovation and Engagement Prof S Moyo on 031 373 2577 or moyos@dut.ac.za.

APPENDIX E: LETTER OF CONSENT



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mrs Roxanne Groger, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 093/20,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature/Right Thumbprint
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I, Mrs Roxanne Groger herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Signature
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Full Name of Witness (If applicable)	Date	Signature
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Full Name of Legal Guardian (If applicable)	Date	Signature
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APPENDIX F: INTERVIEW GUIDE

Pleasant introductions and warm greetings.

1. Can you describe your family to me?
 - a. How many children live with you?
 - b. How many of your children have been legally adopted?
2. Can you share with me the reasons which led you to adopt your child?²
3. Describe your relationship and length of time you knew your adopted child before applying for adoption?³
4. Can you describe your experiences through the different stages of the adoption process and how long were the gaps between each stage?
 - a. From the time you decided to adopt to the submission of your adoption application.
 - b. After submitting your application and meeting your prospective adopted child (if they were not already living with you).
 - c. From the first time you met them or told them until they lived with you.⁴
 - d. From meeting your prospective adopted child or having them live with you until the adoption was legalised.
5. What were some of the emotions experienced during this process?
6. What were some of the social challenges you encountered during this process?
7. What has been the most challenging part of your adoption process?
8. What were the main fears and anxieties you experienced from when you decided to adopt?

² Probes: Personal reasons, foster care.

³ Note for researcher: consider different options: guardian, caregiver, foster parent, unrelated, other.

⁴ Note for researcher: adapt question if child was known prior to adoption process.

9. What are your current fears and anxieties relating to the future?
10. Can you share how you experienced the orientation and any pre-adoptive services before the adoption assessment and application?
11. Who have been your greatest sources of support from the time you applied until the process was legalised?
 - a. In what ways was the support helpful?
 - b. Upon reflection, what additional support would have been welcomed?
12. What contact/relationships do you have with other families who have adopted?
13. What would you recommend improving the adoption process?

APPENDIX G: ETHICAL CLEARANCE LETTER



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Benwele Court
Gate 1, Steve Biko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: levitad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

5 October 2020

Ms R Groger
P O Box 321
Sarnia
3615

Dear Ms Groger

An exploration of the challenges faced by prospective adoptive parents in the eThekweni region
Ethical Clearance number IREC 093/20

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Prof J K Adam
Chairperson: IREC

