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1 Introduction

1.1 Why PAS?

By definition all adopted children have a past that may imply special needs. All adoptees have been relinquished and have had at least one separation of an attachment figure. Many adoptees have spent some time in a children's home before their third birthday. Research has shown that children's homes are devastating for the development of young children (van IJzendoorn et al, 2011), as are placement moves. Loss of attachment figures, country, language and culture, neglect and abuse, undernourishment and violence - all are traumatic situations that adoptees may have experienced. And although adoption has proven over and over again to be one of the most effective therapeutic interventions, and most adult adoptees function relatively well, we know that the impact of the experiences has been large, and adoptive parents and adoptees need help to overcome the disadvantages. Meta-analyses have shown that adoptive families use about twice as much services than regular families (Tieman, 2005), and adoptees have more psychological problems than non-adopted peers, especially when having experienced deprivation. On the other hand research on Dutch adult intercounty adoptees show that most adoptees do well (ter Meulen, to be published).

1.2 Why adoption-specific PAS?

The complexity of relinquishment and international adoption demands 'adoption-competent' professionals for adoptive families and adoptees, for accurate help on the complex and specific psychological issues, identity and search issues and knowledge of the adoption-specific variants of disorders like AD(H)D, autism and indiscriminate friendliness (Kennedy et al, 2016, 2017). The only groups with similar needs are foster families and children in institutions. This means that specialized professionals for preparation of families and for PAS are important. They should at least be trained to be adoption-competent (Brodzinsky 2013). This is also the case in medical screening and treatment – research shows that about 70% of the adoptees arriving in receiving countries has one or more medical issues. Skin problems and parasites are most common, (Jones, 2012, Rigal, 2016), but also for instance little diagnosed micronutrient deprivations (Miller, 2005).

When the adopted children come in their new family, the adoptive parents are the key to their recovery and success. Their offer for permanency due to stable family life and unconditional love, gives the children the opportunity for attachment and the safety to recover from trauma. But this is sometimes very difficult and competent help is needed. When life is difficult, parents and adoptees need help, information and companions.

Although there are hundreds of research papers on the adjustment of biological parents to parenthood, a systematic review (McKay et al, 2010) found only 11 papers that were specifically focussed on adjustment to adoptive parenting. Their review found that with respect to mental health, adoptive parents had lower rates of distress in comparison to biological parents but post placement depression (associated with lack of sleep, coping with difficult behaviour, expectations unmet) was fairly common. Poor marital and social supports represent risk factors in biological parents, so can also be expected in adoptive families (Selwyn 2017).

Challenges for adoptive families may include:

- The consideration whether behaviour is connected to ordinary development or to an adoption issue
- Creating safety and inviting secure attachment
- Looking with 'trauma-glasses' if necessary

- Looking with ‘attachment deprivation glasses’ if necessary
- Therapeutical parenthood, if necessary
- Acculturation
- Roots

Next to recovering from attachment and trauma issues, adoptees have extra developmental tasks, including (Brodzinsky, 1998)

- Adjustment to the adoptive family
- Resolving loss and grief
- Identity formation – learning one’s adoption story and integrating adoption into one’s identity
- Coping with adoption stigma
- Consideration of searching for one’s birth family

Adoptive families use more help than non-adoptive families (Tieman, 2005) Families’ use of post adoption services increases over time Selwyn (2017). In the UK, adoptive families reported the highest level of difficulties during the teenage years with 14 years being the peak age of adoption disruptions (Selwyn et al, 2015). Several studies of post-adoption therapeutic programs indicate that most families come to these services many years after the child was placed with them, typically when the child is approaching or in early adolescence. Evaluations of post-adoption programmes suggest that being able to receive services for as long as they are needed rather than for a time-limited period is linked with more positive outcomes (Atkinson & Gonet, 2007; Gibbs et al., 2002). It is likely that the success of an early intervention would be enhanced by the opportunity for families to obtain follow-up support and counselling to apply principles or strategies in their own family situations and to address the needs of the children and parents (Selwyn, 2016). Parents state that they need (Selwyn, 2017):

- A quick response and services delivered in a timely manner
- Professionals who understand the adoption context, are ‘adoption aware’ and have specialist knowledge and skills
- Who strengthen the family’s relationships and boost parental competence
- Who do not blame the parents or the child for the difficulties
- Who are compassionate in their response.

Within the adoption field, a discussion takes place whether adopted children and adult adoptees are in need of specialized services or that they can be helped within the regular domain. More evidence arises that the issues for adoptive and for foster children can be so specific and complex that adoption and foster competent professionalism is required (e.g. Brodzinsky, 2013). For intercounty adoptees professionals should be trained in the specialized adoption knowledge in issues and effective therapies for adoptees, institution specific varieties of disorders (e.g. AD(H)D, autism), culture and ethnic issues and search issues.

Many adopted children need extra services in school and a higher percentage adopted children have been in specialized schooling. From large studies (Berlin et al, 2011) it is obvious that the lesser social attainment of foster children is directly related to school achievements in secondary school.

1.3 Why this questionnaire?

Accredited Bodies (ABs) are specialized in adoption and have historically felt responsible for Post Adoption Services. They usually financed services from the incomes of new adoptions. However, with

the highly decreasing numbers of adoptions, but the still increasing number of adoptees they mediated for (table 1), the EurAdopt ABs feel that they can no longer fulfil the PAS they feel responsible for. And this is the case for practically all ABs all over Europe. But adoption is a lifelong journey (Brodzinsky, 1998).

Therefore EurAdopt formed a working group to evaluate the situation of PAS in the EurAdopt countries and for the EurAdopt ABs. This was done by means of questionnaires for the ABs. The first qualitative questionnaire was presented at the EurAdopt Conference in 2016 in Utrecht and the second, quantitative questionnaire was presented at the EurAdopt Conference in 2018 in Milan.

Adoption organization	Number of children adopted in 2017	Total number of children adopted through organization
bvadopt	28	2400
Evangelische adoption	7	450
aiiem	7	186
Croix Rouge, Luxembourg	7	266
bfa	70	3266
Meiling, The Netherlands	40	2644
Adoptionscentrum, Sweden	142	25000
Adopsjonsforum, Norway	49	9500
Isadopt, Iceland	6	1000
Sourire des enfants	7	3244

Table 1. Present adoptions per year and mediated adoptions till present for some ABs

It was clear from the start that it would be very difficult to compare PAS in the different countries, as the legal and practical situations in the countries differed a lot.

Therefore the results of the questionnaire give an overall overview of PAS in 11 countries (Austria, French Belgium (Wallonia) , Denmark, Finland, France, Germany, Iceland, Luxembourg, The Netherlands, Norway, Sweden, Italy), and in 24 ABs in 11 countries (not France, but Luxembourg included). The questions covered how PAS are organized in the different countries, the role of the ABs in PAS and how PAS are developing in a changing adoption world. The questionnaire only provides data on whether services are provided in the countries and/or ABs, the data give no information on the quality of the provided services. The questionnaires were based on the experiences of the ABs, on scientific literature search and on the HCCH Guide for Good Practices 1 and were answered by the country representatives of the ABs for the country-related overview, and by all ABs for the AB-related overview.

The country results are based on what country representatives of the 11 EurAdopt countries knew about the services provided in their countries and may not always reflect the full practice.

2 Country Questionnaire

2.1 PAS in Law and Regulations

According to the Hague Adoption Convention PAS should be provided by all countries and the Central Authority is primarily responsible. Table 2 shows some of the differences between countries in how

the major issues in PAS, as described in the HCCH, are regulated. It shows that although those issues are addressed in all countries, they are not always anchored in law and/or regulations. Table 2 shows the involvement of all ABs in the obligatory PAS.

According to the country representatives in 4 countries (Austria, France, Germany, and Sweden) Post Adoption Services were not addressed in law, nor in regulations. In 2017 PAS was included in the law in 7 countries, in 4 (Austria, Sweden, France and Germany) not (yet). PAS was not described in regulations derived from the law in Austria, Sweden, Finland and Germany (France not answered) (Table 2).

Type of service	In adoption law and/or regulations (8)	In country (11)	Adoption organizations (24)
Counselling and support immediately after adoption	8	11	24
Information on the adjustment and needs of adoptees	6	11	24
Information on search and reunion issues	3	11	24

Table 2: Obligatory PAS according to the HCCH

The most regularly mentioned Post Adoption Services as being included in law and/or regulations were (table 3):

- Adoption and relinquishment dossier keeping
- Services for adoptive families the first year after arrival
- Information provision for adoptive families and adoptees

Services	Countries with the services in law and/or law-derived regulations
Adoption and relinquishment dossier keeping	6
Rules on Post adoption reports for sending countries	2
Services for adoptive families the first year after arrival	8
Information provision for adoptive families	5
Information provision for adoptees	4
Information provision for professionals	2
Adoption specialized medical care	1
Adoption specialized therapeutical care	1
Adoption specialized services at school	1
Services for searching	3
Post adoption counseling	3
Social services to support families and adoptees	1

Table 3. Number of countries with specified types of PAS included law and/or regulations

Other types of PAS included in law and/or regulation:

- In Sweden social services are meant to support and assist the families and adoptees in whatever way they need.
- In Denmark counselling immediately before and after receiving the child is mandatory.
- In Finland adoptive families have the right to get an evaluation on support needs of the adopted child and the family.
- Two countries had regulations on follow-up reports and two countries had rules on information provision for professionals.

When focussing on the minimum requirements that the HCCH Guide of Good Practice 1 proposes, the picture is as follows:

- It was not clear for most of the country representatives whether adoption policy was connected to knowledge and experience. The Netherlands has an AB-financed special professorship on adoption and had ADOC – the Knowledge centre on Adoption and Foster Care, to bridge practice and science. Due to financial problems this stopped. Germany started with EFZA, a couple of years ago. Those services are not anchored in law or regulations.
- In seven countries research on the problems of adoptees was identified, in four countries on adult adoptees. Research is not anchored in law or regulations.
- Access to inexpensive qualified counselling for parents and children was identified in 8 countries, in 6 countries it was anchored in law and/or regulations
- Education of social workers, therapists, doctors, nurses, teachers and others who are likely to deal with intercountry adoptions was available in 8 countries, in two countries this was specified in adoption law and/or regulations
- Assistance in the search for family happened in all countries, all ABs provided services in searching, only in 3 countries this was anchored in law and/or regulations
- Access to files was possible in all countries, but the conditions differed.

2.2 Expertise and services centres

Most countries have Adoption Resource Centres (ARC), to provide information and services on adoption. Denmark, Finland and Sweden have no ARC’s. In small countries (The Netherlands and Iceland) the ARC at national level. France, Italy and Sweden only have local ARC, Austria only local, French Belgium regional and local, and Germany has both national, regional and local. In Iceland the CA itself is an adoption resource centre together with the ABs.

National ARC’s are usually (partly) subsidised by the CA, but adoptive parents may have to contribute to services as well. Regional services can be paid by CA delegated organizations, but also by other governmental organizations, social services, or non-commercial organizations. Local ARCs can be financed by local organisations or governmental organizations.

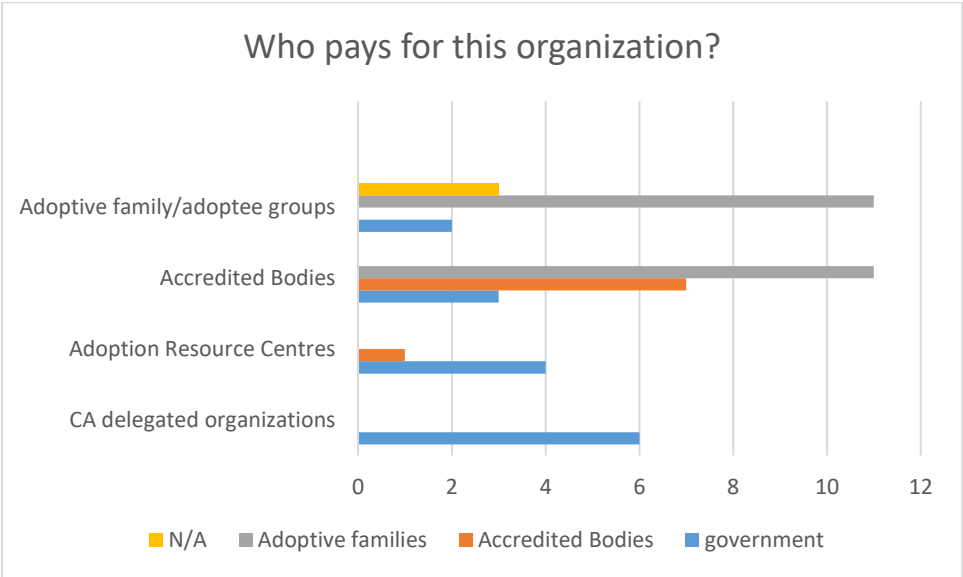
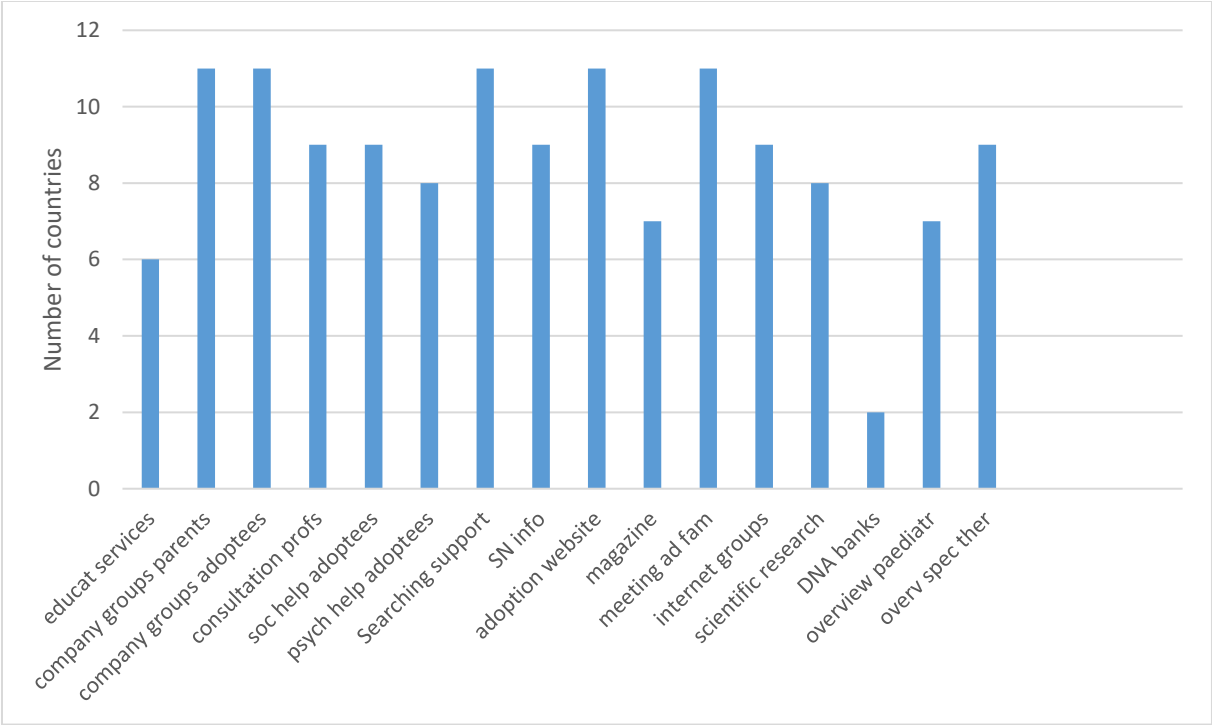


Figure 1. The number of countries (11 in total) in which the PAS involved organizations are financed by government, ABs or adoptive families

Adoptive family and adoptee groups are usually financed by themselves. Only in French Belgium and Finland adoptive family or adoptee groups get subsidies from the government. Accredited Bodies also get funding from adoptive families, through membership, donations, payment of adoptions or payment of services. Only in three countries (French Belgium, Denmark and Finland) they are (partly) subsidised. All Adoption Resource are financed by the government, in Iceland the CA and the AB are closely connected and are in fact a ARC themselves. CA delegated organizations are always financed by the government. This does not mean that services are always free of charge.

Figure 2. The number of countries in which the different post adoption services are available



2.3 Post Adoption Services

In all countries a range of PAS is provided for adoptive families and adoptees, but the selection of the services differs between countries, as do the organizations providing the services. Figure 2 shows the number of countries in which different types of PAS are provided. Table 4 shows which services are provided per country (according to the EurAdopt Country representatives).

Services organized by	Medical checks	Social help fam	Psycho logical help fam	Educational services	Companion groups adoptive parents	Companion groups adoptees	Adoption consultation professionals	Social help adult adoptees	Psych help adult adoptees
Austria		a	a		a p	a p		a	a
French Belgium	i	a	a i		i	i	a i	a	a i
Denmark	i				p	d	g		
Finland	i	g a	a		p	a p d	g p	g a	
France	g i	g	g i	g	a p	a d	g i	g	i
Germany		g a	a p	g p	g a p	g a p d	g a p d	g a p d	p d
Iceland	a	a	a	a	a p	a	a	a	a

Italy	i	i	a i	g a	a i p	a i p d	g a i	a i	a i	
Norway	g p		p		p	d			p d	
Sweden	i	g a	g i	g	a	a	g	g	g	
The Netherlands		g a		g	p	d	g	g d		
Total		8	9	9	6	11	11	9	9	8

Table 4 continued

	Support searching	SN info sources	website	Magazine	Meetings ad families	internet groups	Scientific research	DNA banks	Overview paediatricians	Overview therapists
Austria	a		a		a p				a	a
French Belgium	a		g a		g a i				g a	a
Denmark	a	a i	g a p d	p	a p	p d				
Finland	g a	a i	g a p d	a p	g a p	p	u		a	p
France	a p d	a	g a p d	g a p d	a p d	p d	g u	g	g i	g i
Germany	a p	a	g	g	g a p	a p d	g			a
Iceland	a	a	a		a	p	a		a	a
Italy	a	a i	g a		a i p	a p	g a u		a i	a i
Norway	g a	g a	g a	a	a	a p d	g u			a
Sweden	a	g a	g a	a	a	a	g u			
The Netherlands	g a	g a	g a p d	g a p	a	g p d	a u	d	g a	g
Total	11	9	11	7	11	9	8	2	7	9

Table 4. Different post adoption services per country, and by whom the service is organized. g = government; a = accredited bodies; i = insurances; p = adoptive parents; d = adoptees u = university

Where government is mentioned, we mean services that are publicly funded - the services can also be provided by for instance the municipality (Finland). The service can be outsourced to ABs or adoptee organizations.

2.3.1 Adoptive families

General information on adoption

All countries have **websites** with information on adoption. Most websites are provided by ABs or governmental organizations, in some countries websites are developed by adoptive parents or adoptees. In 11 countries the government gives financial support for the website. In 7 countries **adoption magazines** are available, usually organized by government or ABs, in 4 countries by adoptive parents and in France by adoptees. In 2 countries the government co-finances a magazine in 6 the ABs.

Internet groups

Internet groups on adoption exist in all countries, they are usually organized by adoptive parents (7), adoptees (5) or ABs (6). In the Netherlands the government-funded adoption Resource Centre also provides an internet group.

Companion groups and meetings for adoptive families

Market research (Bange et al., 2014) has found that adoptive parents respond positively to input from other adopters and they highly appreciate those contacts. The questionnaire shows that

companion groups for adoptive parents are available in all countries. Most groups are organized by adoptive parents (9), but ABs organize groups in 6 countries and most also provide financing for the groups.

Meetings for adoptive families are organized in all countries, usually by ABs (11) or adoptive families themselves (7). In 7 countries the governments provide financial support for meetings, in 9 countries financial support is (also) provided by ABs.

Social and psychological help for adoptive families

Accredited bodies provide **social help to the families** (7); governmental organizations in 5 countries. In Italy insurances provide social help. Social help is financially covered by the government in 6 countries, by the ABs in 4 countries, but often it has to be paid by the families themselves. In Denmark and Norway no specific adoption related social work is provided.

The availability of **psychological help for families** is comparable to social help, but it is more often covered by insurances. In this questionnaire it is not clear whether the social and psychological help is adoption-specific or whether it is covered by the regular services.

Educational Services

Although we know that help with education is important for children with negative early life experiences, adoption specific **educational** services are provided in only 6 of the 11 countries. In most countries they are organized and paid by the government.

2.3.2 (Adult) Adoptees

Companion groups for adoptees are also available in all countries. The initiative for these groups differ: in 8 countries they are organized by ABs, in 7 countries by adoptees themselves, in 4 countries by adoptive parents and in one (Germany) by the government.

Specialized social help for adult adoptees is organized in all countries but Norway and Denmark, **specialized psychological/psychiatric help** in 8 countries (not in Finland, Italy, The Netherlands and Denmark). The social help is mostly organized by ABs (6 countries) or by government (4), but also by adoptive parents and by adoptees. The **psychological/psychiatric help** is less organized, in Germany and Norway only by adoptive parents and adoptees. Seemingly this is usually handled in the regular domain. In 4 countries governments co-finance psychological/psychiatric help, in 3 countries insurances.

Support for searching is found in all countries, but this is mostly done by ABs, both the organization and the financing. In 3 countries the government provides services (Finland, Norway and The Netherlands) and in 4 countries the government finances help (Iceland extra).

DNA will be very important in searching, but **DNA-banks** are subject to privacy issues. This is an important issue for the vulnerable group of intercountry adoptees. In France DNA-banks are organized and governmentally financed. In the Netherlands an organization connected with ISS helps with a database and adoptees started with DNA-banks, they collect DNA from birthmothers who do not know where their children are.

2.3.3 Adoption competent professionals

In 9 countries an overview of **adoption competent therapists** is available, usually through ABs (5), in 2 through governmental organizations and in one through the insurance. An overview of **specialized paediatricians** is provided in 9 countries, usually by ABs (5), in 4 countries by governmental organizations and in 2 by the insurance.

In 9 countries specific **information on Special Needs adoptions** is available, in all provided by the ABs, in 3 countries by governmental organizations and in 2 countries by insurances.

When adoptees have problems, they may be specific and complex, and adoption competent help is advised. This means that professionals should have access to **adoption consultation**. The questionnaire shows that adoption consultation for professionals is available in 9 countries. It is usually organized and financed by government, but also by ABs and insurances.

Although scientists and paediatricians emphasize the importance of medical checks of arriving adopted children, in 5 countries no specialized **adoption-specialized medical checks** were available (Austria, Finland, Germany, Italy, Sweden). When present, sometimes the government was responsible and organized and paid the checks for the children (France, Norway), in Iceland the AB. In several countries the health insurances organized the checks and covered the costs, but in other countries the medical checks must be paid by the adoptive parents themselves (e.g. The Netherlands).

Many adopted children need **extra help in school**. Seven countries provide specific services for school issues, mostly through governmental help, but in Iceland and Italy ABs provide educational services. In Germany there some services are organized by adoptive parents. Denmark provides free education to teachers, personnel in day care centres etc. on adoption related issues. The PAS counsellors also facilitate children groups. Theme events are arranged by both the accredited body (DIA), the parents association (Adoption & Society) as well as the Central Authority.

2.3.4 Science

Although the Hague Adoption Convention stresses the importance on scientifically underpinned work, adoption research was mentioned for 6 countries, cofinanced by the government, in Iceland and the Netherlands also by ABs. In the Netherlands ABs even financed the first Scientific Chair on Adoption Studies at Leiden University. However, in 7 countries universities have (had) research programs on adoption.

In international scientific journals published articles can be found from:

- Norway: (Groza, Skeveness, Nygard, Dalen) E.g. Development, Language
- Sweden: (Hjern, Berlin), Cohort studies of adult adoptees, foster children and the rest of a 10 years population. Effects on health and social performance
- Denmark Studies based on the Danish Adoption Register – longitudinal research. (o.a. schizophrenia, BMI, smoking, mortality
- The Netherlands Chair on Adoption Studies (Juffer, van IJzendoorn, Tieman, van der Vegt, Hoksbergen), Meta-analytic studies, longitudinal studies, studies on adoptees from India, China, Poland, adult adoptees
- Germany EFZA (Bovenschen), Development of adopted children
- Finland FinAdopt (Raikonen); evacuation study
- Spain (Palacios), ecological studies
- Italy (Rosnat)i: a.o. adoptive parents
- UK: BAAF, Adoption from Care (a.o. Selwyn, Rushton, Selman), Numbers in adoption, Romanian adoption study, Hongkong adult adoptees
- France: Acculturation and micro aggression

2.3.5 Conclusions on the organization and funding of the different post adoption services

In general the picture is that services differ a lot between the countries, and that ABs and adoptive parents are very active in providing services, often from their own resources. The attitude of the governments is different in several countries, with on one hand the Icelandic government, who has supported adoption and other countries where most of the services are provided by Accredited Bodies and adoptive parents. The Dutch government supports adoptive parents through the Adoption Resource Centre. The government in Germany and Sweden provide rather many services, while in French Belgium and Italy the insurances organize and fund many services. Many services are provided by both ABs, governmental organizations, and adoptive parents, but especially in assistance in searching much is left to the ABs while not providing funding to perform the tasks. In Austria most of the services are part of the job of the accredited bodies. In Sweden the health system should provide to the needs of the adoptee and the adoptive family free of charge.

Services focussing on special help in school and medical checks at arrival are important services lacking in too many countries.

2.4 Details on Adoptive families, parents and adoptee groups

In all countries adoptive parents meet and greet and exchange experiences. This may be organized by the adoptive parents themselves, but the groups are also often organized by ABs. Adoptive families are usually visible as being 'different' and may have similar challenges in raising their children, therefore they enjoy to be with others.

In all countries there are adoptive-parent, adoptive-families or young-adoptee groups focussing on the country of origin. Science showed that 'acculturation' is important for the identity building of adoptees. Adoptee narratives show that many adoptees feel connected to adoptees from the same country and they feel comfortable in meetings with adoptees from the same country. Latest research warns for stereotypes in acculturation, but other studies show the pleasure of participating in culture-of-origin related activities, like cooking or celebrating.

	Country	Problems	Type of Special Needs	Religion	Just meeting and exchanging experiences	Policy influencing	Roots search
Austria	1	1			1		
French Belgium	1	1			1		
Finland	1	1	1		1	1	
France	1	1			1		
Germany	1	1	1		1	1	1
Iceland	1	1			1		
Italy	1	1	1				
Norway	1	1			1		
Sweden	1	1	1		1		
The Netherlands	1	1	1	1	1	1	1
Denmark	1				1		

Table 5. Focus of adoptive parent/family groups in the different countries

Except for Denmark all countries have adoptive parent companion groups focussed on problems. Adoptive parents are strengthened by each other, and share experiences and knowledge on the

often complicated issues that may arise, like attachment problems or trauma-related problems. In some countries there are special-needs focussed groups, where parents can exchange knowledge and experiences on Special Needs in general, or on specific Special Needs, like HIV.

In Finland, Germany and the Netherlands, adoptive parents are organized in groups with the aim to influence policy. They are often focussed on availability of services and on public participation on policy around adoption. In Germany and the Netherlands they may also be active in roots searching activities.

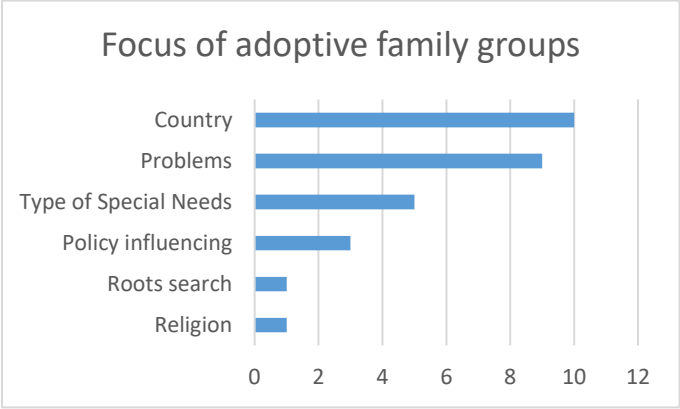


Figure 3. Number of countries where adoptive family groups focus on specific items

Like the adoptive parent, the adoptees mostly organize in groups to meet and greet. This happens in all countries except for Austria, where the children are still too young. Like adoptive parent groups, adoptees try to influence policy in some countries (in Finland, Norway and the Netherlands). One of the main focusses in adoptee groups is to help each other in searching, this is the case in all countries except for Austria and Sweden. In French Belgium and Finland they help each other with therapeutic help.

	Meeting and exchanging experiences	Policy influencing	Help in searching	Therapeutic help	other	N/A
Austria						1
French						
Belgium	1		1	1		
Finland	1	1	1	1	1	
France	1		1			
Germany	1		1			
Iceland	1		1			
Italy	1		1			
Norway	1	1	1			
Sweden						
The Netherlands	1	1	1			
Denmark	1		1			

Table 6. Focus of adoptee groups per country

2.5 Roots

In all countries ABs help adoptees with searching for their roots. This makes sense as the ABs usually mediated in the countries (not really in China), they usually have contact persons who help(ed) adoptive parents when they travelled to the country of origin to get their adopted child(ren), they have adoption papers and may still have contacts with orphanages or other relevant organizations. They also have knowledge on how adoptions in the country took place.

Other organizations may also be involved in helping adoptees and adoptive families in sending countries:

- Adoptive parents or adoptee groups (in 7 countries)
- CA delegated organizations (in 4 countries)
- Non-commercial organizations in sending countries (in 4 countries)

	A CA-delegated organization	Adoption resource centre	A specialized organization for family searching	Accredited bodies	Adoptive parent or adoptee groups	ISS	Other non-commercial organizations	Non-commercial organizations in sending countries	Commercial organizations in your country, like travel agencies	Commercial organizations in the sending countries
Austria				1				1		
French										
Belgium				1	1					
Finland				1						
France				1	1			1		
Germany				1	1	1				
Iceland	1	1		1	1					
Italy				1						
Norway	1			1	1			1		
Sweden	1	1	1	1			1	1		
The Netherlands	1		1	1	1	1			1	1
Denmark				1	1					
Total	4	2	2	11	7	2	1	4	1	1

Table 7. Organizations involved in searching of adoptees, per receiving country.

Although the International Social Services (ISS) in Geneva (branches in different countries) is specialized in searching, in only 2 countries they are mentioned as being involved in searching. In Sweden other non-commercial organizations are mentioned. For help in the sending country 4 countries mention non-commercial organizations in sending countries that are involved in searching. Commercial organizations like travel agencies may also focus on adoption- or search traveling, mostly to help adoptive families or adoptees to get acquainted with the country or origin, but also on search actions. Those organizations are available both in sending and receiving countries.

3 PAS Questionnaire Outcomes Accredited Bodies

3.1 Description of the Accredited Bodies

The number of children ABs mediate for has impressively decreased in the 21st century. Nowadays numbers are usually rather small (Table 8). The largest EurAdopt AB, Adoptionscentrum Sweden mediated in 2017 for 143 children, Aibi (Italy) for 87, DIA (Denmark) for 79 children and BFA (Sweden) for 70. The smallest organizations in number of adoptions are in French Belgium, Luxemburg and Germany. The number of countries ABs work with has also decreased and is summarized in table 9. Most ABs work with 1-6 countries, four organizations work with more than 10 countries.

Number of children adopted in 2017	Number of ABs finishing the adoption of this number of children in 2017
0-10	8
11-25	4
26-50	
51-75	2
75-100	2
100-150	1
Total	25

Table 8. Number of children mediated for by EurAdopt ABs in 2017

Number of Countries	ABs working with this number of countries
1-3	6
4-6	10
7-10	5
11-15	3
28	1

Table 9. Number of countries ABs work with.

3.2 Who offers PAS?

Within the ABs the background of the employees providing PAS may differ: Most organizations do not have specialized PAS employees, some ABs have social workers and/or people with a specialized pedagogy or psychology background. ABs also use experienced adoptive parents or employees with no specific background. Two ABs provide PAS only through experience adoptive parents and/or people with no specific background (Table 10).

social worker	specialized pedagogy or psychology background	experienced adoptive parents	no specific background	Number of ABs
x				4
x	x			10
x	x	x		4
	x			1
x		x		3
		x	x	1
			x	1

Table 10. Background of staff providing PAS in ABs.

3.3 Time and budget for PAS

Table 11 shows that the number of present mediations is way lower than the number of adoptions mediated for since the start of the organizations. All these adoptees may come to the AB for PAS. Tieman's research (2008) into a large group of intercountry adoptees between 24 and 30 years showed that 32% had searched and another 32% was interested in searching. Ter Meulen's research

(2016) showed that 64 % of a large group of adult adoptees had travelled to the country of origin and of this group 45% had searched for information or birth family.

	Adoptions 2017	Adoptions total
aiiem	7	186
Meiling	40	2644
Adoptionscentrum	142	25000
Adopsjonsforum	11	9500
isadopt	6	1000
Sourire d'Enfants	5	3244

Table 11. Comparison of the number of mediations and the total adoptions of Accredited Bodies

Almost all ABs expect an increase in demand for PAS (Figure 4) and especially on the subject of searching (Figure 5).

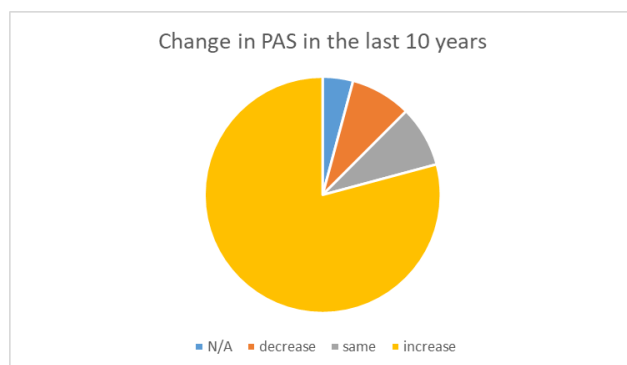


Figure 4 Change in PAS in the last 10 years

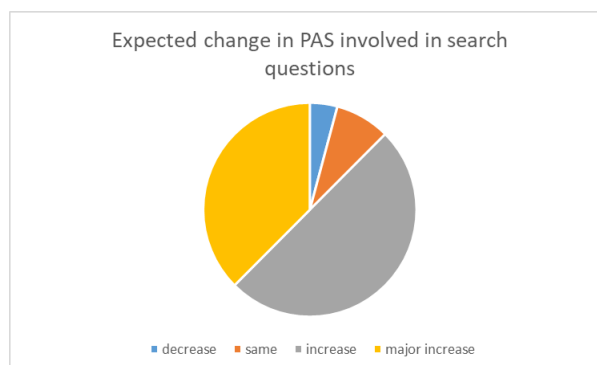


Figure 5 Change in PAS for roots searching

When looking into the time and budget available for PAS and – according to the ABs - necessary for good-quality PAS (Figure 6), we see that 6 organizations have less than 10% of their time available for PAS. None of the organizations consider this to be enough. Three organizations use over 40% of their time for PAS, most organizations use less than 40% of their time. When asked how much time would be necessary to provide good quality PAS, the majority mentions or 10-20% or 30-40%. This is probably related to the composition and age development of the adoptees.

When looking into the budget (Figure 7), 11 of the 24 ABs use less than 10% of their budget on PAS, but only one AB judges this to be enough time. Eight organizations used 10-30% of their budget on PAS and 2 more than 30%. Almost all organizations emphasized that they needed more budget. Most ABs (19) had seen an increase in the demand of PAS in the last 10 years, 2 no difference and 2 saw a decrease. Almost 90% expected an increase in PAS activities in the field of searching – 28% of those even a major increase.

However, when asked to estimate the necessary extra time and budget for good PAS (Figure 8), about half of the organizations only estimated to need 10% more, 7 organizations needed no more time and 5 no more money, 4 organizations needed more than 20% more time and 6 more money.



Figure 6. Actual and necessary time for PAS in Accredited Bodies

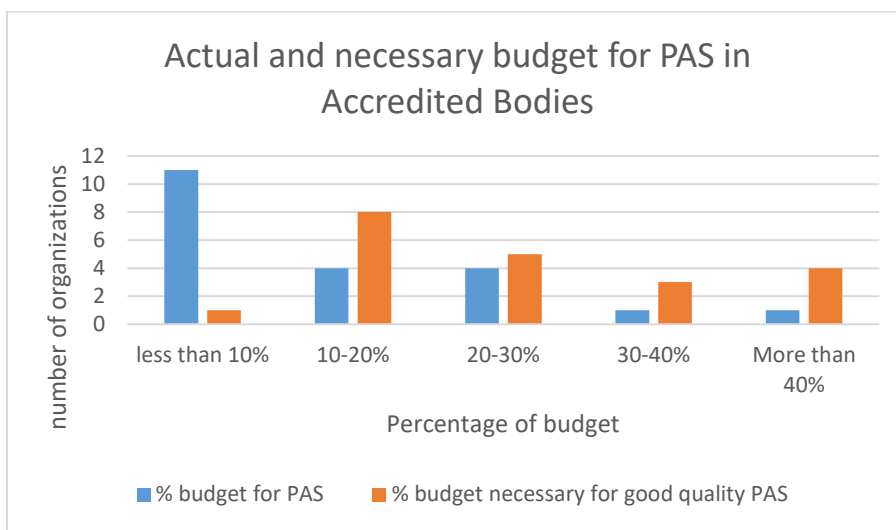


Figure 7. Actual and necessary budget for PAS in Accredited Bodies

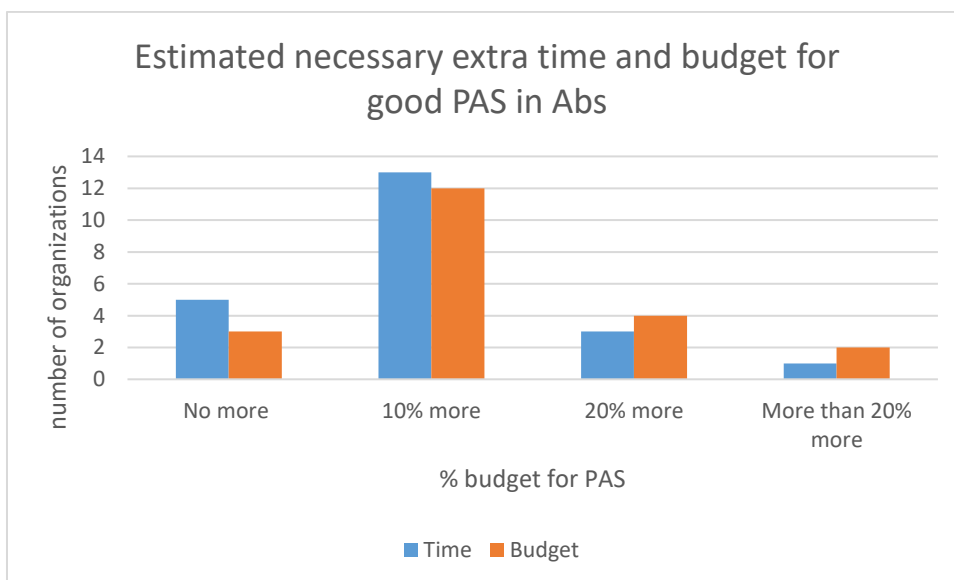


Figure 8. Estimated necessary extra time and budget for good PAS in Abs.

3.4 Content of PAS

The type of Post Adoption Services the ABs provided are projected in table 12

Services provided:	Number of organizations
Meetings for adoptive families with children	16
Informative meetings with presentations	8
On our website	12
A telephone and email helpdesk	16
A magazine for parents	8
A helpdesk for adoptees	5
Help in searching in the country of origin	13
Offering roots traveling	9
Helping in roots travelling (tips and tricks, do's and don'ts)	14
Showing dossiers to adoptees	20
Mental support for adoptees when they saw their dossiers	17
Services in contacts with birth families	12
Help to birthfamilies when they try to contact their child(ren)	10
No PAS	0

Table 12. Post Adoption Services provided by 24 ABs

The majority of the ABs provided the service of showing dossiers to adoptees (when this was not provided by ABs the files had been transferred to another organization) and giving mental support after showing the files.

Most ABs provided general information, like websites, magazines, helpdesks, informative and social meetings.

The services around searching differed, they ranged from providing tips to helping with the search in the country of origin and offering roots-travelling. Less help was provided to contacts from adoptees with their birth families and to birth families trying to find the adoptees.

Other services provided included:

- Meetings for adoptive parents from the same region
- Support during and directly after the adoption placement. This may include requests from parents who did not "close" their procedure in the past in the proper way (for instance request for change of birth certificates)
- Educational advice, as there was not sufficient adoption competent knowledge in the regular domain
- Mental support for adoptees in crisis
- Services for the young adult adoptees and adolescents, like peer groups or other focus groups, psychiatric consultation, therapist services.
- Questionnaires and research, to find out what kind of support is needed and available
- Training days for adoptive parents
- Organised youth work.
- Closed supervision groups for longer time

The ABs also mentioned types of PAS they could no longer provide due to lack of resources. As one organization stated: "Parents expect to get psycho-social support and advice regarding several issues,

and we do not have the resources to provide that any more". Another organization had to stop follow-up monitoring.

The focus on adoptive families and adoptees was reflected in the answers to the question for whom they provided the services: 14 ABs provided the services to adoptive families during the first year after arrival, 22 for adoptive families during their life time, 18 to young adoptees and 20 to adult adoptees. 10 provided services to family members of adoptees (siblings, partners, grandparents). The services to birthparents were apparently felt as the responsibility of the country of origin by most ABs, but 6 organizations also provided services to birth mothers.

3.5 Specification of different types of PAS

3.5.1 Emotional support when/after the parents receive their child in the country of origin

Almost all ABS provided emotional support when and after the adoptive parents received their child(ren) in the country of origin. In most organizations the parents could reach them by telephone or skype. Sometimes the country representative is connected 24/7 during the parents' stay in the country of origin. In 16 organizations the local contact person in the sending country supported the parents both practically and emotionally. In 5 organizations someone from the organization accompanied the parents. Organizations visited parents at home or met them in their offices. Otherwise they tried to have adoption competent experts to meet the families in the region where they lived.

After the adoptive families arrive home all but one organization (In Sweden all PAS is done by the Government) contact the adoptive parents during the first year after arrival. In a normal situations, 10 ABs contact the adoptive parents more than 3 times during the first year, 4 ABs 3 times, 2 ABs 2 times and 5 ABs only once. Most of the time the person from the AB contacting them is the person who guided them through the procedure or a specialized PAS staff member, in 2 ABs the person that accompanied them during their stay abroad.

When adoptive parents do have problems, most ABs refer the parents to adoption specialist therapists they know (20), or to the PAS specialists within the organization (15), to a specialized adoption resource centre (11), or to general (mental) health care (8).

3.5.2 Follow-up

With one exception ABs had to provide follow-up reports to all countries. Twenty organizations sent the follow-up reports to the CA, 18 to the partner in the country of origin and 11 to the institution/orphanage. When sent to the CA, the follow-up will probably go to the country of origin, but it is not clear who will get the report in the country of origin. We asked the ABs in how many countries of origin the birthmother would be able to see the follow-up, as we know that the well-being of the birthmother increases when she knows that her child is doing well. Seven ABs had no country where the birthmother could see the reports, 6 ABs one country, 3 ABs 2 or 3 countries, one 7 countries and 1 nine countries. ABs may still have to provide reports for countries where adoptions stopped.

Follow-up reports may be written by social workers or local youth service, or by the adoptive parents themselves. In the latter case, the ABs have to collect them from the adoptive parents. Sometimes the parent follow-up report has to be combined with an assessment of the AB.

When the adoptive parents have to deliver the follow-up report, there may be a problem when parents do not send them freely, as the AB is obliged by the country of origin to provide them. We asked how ABs they dealt with adoptive parents not sending the follow-up reports. 15 ABs could put

some kind of pressure on adoptive parents, 6 ABs sometimes and 2 could not. The ABs regulated the receiving of follow-up reports of reluctant adoptive parents by:

- Having had the prospective adoptive parents sign an agreement to accept this process before they received their child
- Reminding the parents that they had agreed to provide the required reports in a written contract. The social services in the municipality could be involved in this process.
- Sending a letter with the announcement of a possible fine
- Calling the adoptive parents (again and again)
- Reporting the family to the CA, who then could try to request the family to fulfil their obligation
- Reporting the family to the social services, responsible for the adoption

When the ABs find worrying information in the follow-up reports 14 ABs use this information for alertness in PAS, 7 do this sometimes and 2 never.

3.5.3 Access to adoption dossiers

All 24 ABs give adoptees the opportunity to see their adoption dossiers, but there are different restrictions concerning age:

- A right to see their dossiers from the age of 14 (Austria)
- Free access after the age of 18 – after the age of 12 if accompanied by their parents (French Belgium)
- Only in case they are 25 years old and they have the permission of the Court (Italy)

In Austria intercountry adopted children are still too young, but most of the other ABs have the adoptees see their dossiers (when they, and not the CA have the dossier) for free. 2 ABs charge the costs they make (e.g. as the dossier had to be collected from storage) and 1 charges an extra.

The 5 Dutch adoption agencies study the possibility to have adoption files stored in a central place, with a help desk available.

The moment of access to the information in the dossier may be emotional, therefore we asked how ABs organized this. 14 ABs had the adoptee come to the office to see the dossier, 6 did not. Some ABs let it depend on the case, the adoptee and/or the available information. Sixteen ABs had someone from the organization present at the moment that the adoptee would see the dossier, in order to give support when necessary. Six did not. One AB offered this support but on a voluntary basis. Another AB told us that the adoptee got privacy when he/she read the dossier, but someone was available to support the adoptee when necessary.

3.5.4 Roots services

All ABs provide roots searching services, but the type of services may differ (see table 13). Services may be free of charge, paid or partly paid.

Most ABs provide at least advice, travel kits, do's and don'ts. Half of the ABs organize meetings for families and/or adult adoptees, who intend to go to their place of origin. 17 ABs organize contacts with foster parents, institutions, and/or official organizations in the country of origin. Half of the ABs organize roots travelling for families and adoptees themselves, sometimes even free of charge. The roots services are mostly provided by the country specialists within the organizations, specialized roots staff members and/or the contact persons in the country of origin. Most organizations use volunteers helping adoptive families and adoptees.

Fifteen organizations help in the actual searching, 7 do not. One AB mediates contacts abroad to enable searching.

Other important roots services, mentioned by several ABs are

- Advise to adoptees what they can expect practically and emotionally
- Meeting with the families and adoptees after they come back from roots travelling
- Searching for original birth certificates
- A fund where adult adoptees between 18 and 28 can apply for financial contribution to learn more about their background.
- Organization of meetings, supervision and biography groups after a homeland visit/ meeting biological family to balance emotional feelings

One AB (The Netherlands) reports to be held responsible by adoptees for lack of information. The adoptees (or groups of adoptees) (adopted 20- 40 years ago), who are not happy with the (lack of) information in their adoption files, impose that the AB helps searching for more information.

Roots searching services	Free of charge	Paid service	Free of charge/ paid service	We do not offer this service
We organize roots travelling for families and adoptees	3	8		13
We provide advice, travelkits, do's and don'ts	14	4		6
We organize meetings for families going to the place of origin	7	5		12
We organize meetings for adult adoptees going to the place of origin	6	1	3	14
We have specialized staff member for roots travelling	6	1	4	13
Our country specialist in our organization is also involved in roots travelling	8	1	5	10
Our contact person in the country of origin helps the families	10	2	8	4
We have volunteers helping adoptive families and adoptees	6	1		17
We organize the contacts with foster parents, institutions, official organizations in the country of origin	11	2	4	7
Other Services	7	3		14

Table 13. Roots travelling services provided by ABs

3.5.5 Evaluation of PAS

Five organizations evaluated PAS. In 4 organizations the adoptive parents said there was enough PAS, in 2 not enough. In one organization a roots search program was stopped after evaluation.

3.6 Conclusion

Accredited Bodies provide a vast amount of Post Adoption Services, and have a lot of expertise. However, with the increasing demand, and the highly decreasing numbers of adoptions, it is hard for ABs to continue to provide these services, however dedicated they are. Almost all ABs indicate that they need more time and financial support for PAS, although their requests are modest considering the figures.

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