

2013

The Adoption of Disabled Children

Bunt, Sarah

<http://hdl.handle.net/10026.1/2854>

<http://dx.doi.org/10.24382/3804>

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with its author and that no quotation from the thesis and no information derived from it may be published without the author's prior consent.

The Adoption of Disabled Children

By

Sarah Bunt

A thesis submitted to Plymouth University
in partial fulfilment for the degree of

DOCTOR OF PHILOSOPHY

School of Social Science and Social Work

Faculty of Health, Education and Society

May 2013

Abstract

Sarah Bunt

The Adoption of Disabled Children

The research has set out to examine the motives that contribute towards the decision to adopt a disabled child. Increased knowledge about placing disabled children for adoption is particularly important as they are regarded as the category hardest to place (Adoption Register 2009). Despite the wide gaps in knowledge, the negativity associated with the social construction of disability has been seen as a cause of disabled children's disadvantage (Cousins 2009). Synthesising a Critical Realist framework with Grounded Theory methods; to examine both the efforts of local authorities to place a disabled child for adoption, as well as the narratives of those adopters who take on disabled child. The findings reveal that social workers often take a tentative approach to placing a disabled child, which impacts upon adoption outcomes, both in the way they represent disabled children and in the way they recruit and assess adopters. The Rationalistic Habitus is a concept used to reflect the way social workers reason their way through particular issues before arriving at a practice judgement. The study, also examines the narratives of adopters and their journey through the process of adopting a child with a significant impairment. Instances where adopters embark on adopting a disabled child are significant because they are making a decision in opposition to a prevailing discourse where disabled children are conceptualised as a burden to their families (Jordan and Sales 2007). An examination of these adopter's motives requires one to think more deeply about how motives are processed. By focusing on the Habitus and reflexivity this research has attempted to bring new insights into how people process the prospect of becoming a parent to a disabled child. However, while the decision to adopt a disabled child might appear unconventional it is not so abnormal that we cannot make sense of their motives. The lifelong nature of the adoption role demonstrates that *commitment* is at the heart of these adoptions. The notion of a Commitment Habitus is reflected when adopters express an innate drive to nurture. In effect, this research contends that the motive to adopt a disabled child is wrapped in an orientation to invest in social relationships.

<u>Table of Contents</u>	Pages
Acknowledgements	6
Authors Declaration	7
Introduction	9
Section 1	28- 123
Chapter 1: Deconstructing a Disabled Childhood	28
Chapter 2: Theorizing Adoption Policy	77
Section 2	124-166
Chapter 3: Critical Grounded Theory	124
Chapter 4: Conducting the Research	144
Section 3	167-274
Chapter 5: Entry into the Adoption Process: Utilising Reflexivity	167
Chapter 6: Recommending a Disabled Child in Adoption.	189
Chapter 7: A Child That I Can Cope With: Making a Decision on the Level and Severity of Impairment.	208
Chapter 8: Using Identity in Family Finding Processes	227
Chapter 9: Unearthing Adopter's Motives: examining the factors and social processes that contribute to the decision to adopt a disabled child.	253
Section 4	275 -321
Chapter 10: Conclusion	275
References	322-336

Appendices	337-388
A Summary Sheet	337
B Information Sheet for Adoptive Parents	342
C Information Sheet for Local Authorities	345
D Research schedule for interviews with the child's key worker.	348
E Research schedule for interviews with adoptive parents.	350
F Memorandums	353
G Coding the Data	354
H Transcript Interview with Kay and Andy (Adoptive Parents of Nicola)	365
I Transcript Interview with Nicola's Social Worker:	375
Figures	
Figure 1: Key Elements of the Adoption Process	102
Figure 2: The Commitment Habitus	266
Figure 3: The Rationalistic Habitus	278

Acknowledgements

My first thanks must go to all my participants who gave up their time, welcomed me into their homes, and responded to my questions with so much enthusiasm. I hope this thesis conveys these adoption stories with the same level of warmth showed towards these children. Sincere thanks to the Adoption Register for England and Wales for their vital input in identifying adoption placements and contacting local authorities on my behalf. In particular, I would like to thank Andy Stott and Helen Watkins at the Adoption Register who has been most generous with their time, encouragement, and support.

There are many others who have helped and supported this research project. I am very grateful for the opportunity the University of Plymouth gave to me to undertake this project by offering me a research studentship. I am very grateful for the input and support shown by staff and students in the Faculty of Health, Education and Society. A special thanks to the supervisory team who have supported me through this process. I would particularly like to thank, Dr Tony Gilbert who encouraged me to think more deeply about the data and whose warmth and kindness made supervisions enjoyable.

A special thank you to my dear friend Heidi Keshet for offering a place to stay when carrying out interviews in the North part of the country. I must acknowledge friends and family, especially my Mother and Father who believed in me and constantly encouraged me to keep going.

AUTHOR'S DECLARATION

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Graduate Committee.

Work submitted for this research degree at the Plymouth University has not formed part of any other degree either at Plymouth University or at another establishment.

This study was financed with the aid of a studentship from the Faculty of Health, Education and Society and carried out in collaboration with the Adoption Register of England and Wales.

Relevant seminars and conferences were regularly attended at which work was often presented; external institutions were visited for consultation purposes and several papers prepared for publication.

Publications

Bunt, S (2012) 'A Framework for the Analysis of the Social Processes in the Adoption of Disabled Children, *Journal of Social Work*. DOI: 10.1177/14680173147890. Retrieved from: <http://jsw.sagepub.com/content/early/2013/03/21/1468017313478901>

Presentation and Conferences Attended:

Bunt, S. (2010) 'The adoption of disabled children'. The 'Child and Childhood in theory and Practice, University of Leeds, (15th September)

Bunt, S (2012) 'Matching the Needs of Disabled Children with Adoptive Families: Findings from a Research Study on the Adoption Process'. Safeguarding and the Family: Policy and Practice Conference, University of Plymouth (23rd February),

Bunt, S. (2012) 'Matching the Needs of Disabled Children with Adoptive Families: Findings from a Research Study on the Adoption Process. Joint University Social Work Education Committee Conference, Manchester (2nd July]

Bunt (2012) Unearthing Adopter's Motives: examining the factors and social processes that contribute to the decision to adopt a disabled child. *Cornwall Disability Research Network* Conference (9th November).

External Contacts:

The Adoption Register for England and Wales. For reasons of confidentiality the Children's Services involved in this study have not been mentioned.

Word count of main body of thesis: 85,504

Signed

Date

Introduction

Disabled children are disadvantaged in the adoption process. Within existing literature there is an assumption that it is unusual for an adopter to respond positively to the prospect of adopting a disabled child. Cousins (2006) argues that there is a mismatch between adopter's expectations and the negativity which is associated with the social construction of disability. Adopter's exist within a culture where parenting a disabled child is conceptualised negatively. Therefore instances where adopters embark on adopting a disabled child are significant because they are making a decision in opposition to a prevailing discourse where disabled children are conceptualised as a burden to their families (Jordan and Sales 2007).

The Disabled People's Movement contend that the disadvantage disabled children and their families experience is part of a wider issue which excludes and marginalises people with impairments. Therefore, most of the attention in disability literature is focused on issues which challenge social inequality. Consequently, there has been little attention paid to the more positive narratives of raising disabled children (Connors and Stalker 2003; McLaughlin and Goodley 2008). The negativity that is associated with 'The disabled family' inevitably impacts upon how the adoptions of children with significant health or learning impairments are perceived, insofar that they are considered unusual. This research attempts to seek out the motivations behind these somewhat unconventional adoptions.

Main Research Aim

To identify the social processes and principle factors that motivate the decision to adopt a disabled child.

Objectives

- To examine the extent to which socially constructed notions of impairment, disability, childhood and the family interplay in the process of adoption.
- To grasp the established rules and character of adoption departments, and the routine social practices and procedures tied with it.
- To explore the motivation and decision making of adopters.

As the outcome for disabled children depends upon the practices of the adoption service, part of the research focuses on how adoption agencies achieve a suitable match for disabled children. Essentially the adoption service can be regarded as a field, structured with its own particular rules, dispositions and practices. The second part, examines the narratives of adopters and their journey through the process of adopting a disabled child. While exploring motive and decision making on the part of adopters is the central aim of this research, this examination is not as straightforward as it might appear. It involves reconciling the extent to which adopters can reflexively make decisions amidst their engagement with the adoption service, and wider dominant perceptions of impairment, disability, childhood and the family, which inevitably interplay into how they approach the adoption process.

Whilst Grounded Theory methods are used to encapsulate these adoption experiences, a Critical Realist framework provides a multilayered framework which allows for deeper levels of analysis, examining both the micro interactions

that occur throughout the adoption process, as well as the impact of wider conceptualisations of disabled lives within society. One of the main concepts drawn on by this research is Bourdieu's (2002) Habitus which goes some way in resolving issues pertaining to agency and structure in decision making. The Habitus is regarded as an internal structure influenced by its external surroundings and responsible for mediating human action. Individuals tend to be orientated towards particular ways of viewing, acting and thinking that are socially conditioned (Pickel 2005). However, the Habitus is not a determinate structure, as cultural conditioning has the power only to influence our actions. Therefore, adopters are first and foremost agents who use their rationality to accept or reject particular types of discourse (Archer 2000).

This thesis has four sections to it:

- **Section One:** consists of two critical literature review chapters. The first chapter "Deconstructing a Disabled Childhood" introduces the reader to themes and concepts from which we can better understand the multi-layered aspects of disability and impairment. Such a chapter is necessary for an in-depth analysis of the discursive and non-discursive factors that interplay in adoption processes. The second chapter "Theorizing Adoption Policy" provides a comprehensive overview of adoption policy. Examining adoption policy, and how it has evolved historically, we can perceive how idealised notions of childhood and the family are implicit and shape the way policy is constructed.
- **Section Two:** is methodologically focused. Chapter Four "Critical Grounded Theory" critically appraises the epistemological position taken up by this research, while Chapter Five 'Conducting the Research'

outlines the methodological tools for gathering, coding and analysing data.

- **Section Three:** contains the analysis chapters. These five chapters explore various themes which emerged from the data gathered from interviews with the child's key worker and their adoptive parents.
- **Section Four:** is the concluding chapter. This chapter brings the threads together from the findings and develops the concepts of the Commitment (adopters) and Rationalistic (social workers) Habituses and the *Game* ensuing from the interplay of the two. The chapter will also highlight the practice relevance from the main findings; restating those issues which disadvantage disabled children; and suggesting a number of strategies which could improve adoption outcomes. This introduction will now provide a more detailed outline into each chapter of this thesis.

Section One

Chapter One: Deconstructing a Disabled Childhood

This chapter draws on Layder's (1993) multi-layered framework to unpack how disabled lives are conceptualised within wider society. Adopters are likely to draw upon socially constructed notions of a disabled childhood in their decision making. Therefore it is necessary to examine how the wider sociocultural factors impact upon how disabled people are perceived. Shakespeare (2006) argues that when a child is identified as disabled there is a danger that all other qualities and characteristics of that child become unnoticed. It is difficult to maintain a positive identity when disability exists in direct contrast to contemporary society's preoccupation with aesthetic beauty and childhood ideals (Murphy 1995). To better comprehend, disabled children's devalued

position in society, this research takes a Critical Realist approach in order to examine disadvantage through the multitude of structures which manifest themselves through a series of discourses and interactions (Layder 1993). Layder's (1993) approach comprises five elements which when combined, provide a clearer picture of the social processes of adoption and how they shape adopters' decisions. There are several dimensions that Layder (1993) isolates. These are:

- ***The macro context***: this section aims to explore the objective macro structures that have contributed to disabled people's devalued position in society. Three causal factors which are perceived to account for the oppression of disabled people will be discussed. These are: Disability and the bio-medical model; Disability as a product of culture; Disability as a class struggle.
- ***Setting***: socially constructed notions of childhood and disability are continually reinforced through the social practices which are integral to particular institutions (Layder 1993). This occurs in any institutional setting which has an organised structure and particular ways of operating. This section will focus on: the family; and social services as institutions with their own cultural frameworks.
- ***Situated activity***: 'Situated activity' explores everyday interactions, particular incidences and meanings behind situations and behaviours. The discrimination which disabled people report in their interactions with

others helps us draw parallels to how we might expect the prospect of adopting a disabled child is likely to be perceived by adopters.

- ***The self***: analyses the difficulty of maintaining a holistic approach to a disabled child's identity.

In the light of the general aversion towards engaging with disabled people in wider society (Murphy, 1995), an aversion to the prospect of adopting a disabled child can be considered an expected reaction by the majority of adopters. Adopters' ability to reject this discourse might be severely impeded due to their unfamiliarity with disability issues, making them more likely to embody dominant negative messages about disability.

However, it must be re-emphasised that in this particular area of interest, we are investigating the actions of adopters who *commit* to an unconventional course of action by adopting a child with a specific impairment need, and therefore it is the factors and social processes that led to this unusual decision that need to be explored further. There is disjunction between how disabled children are negatively conceptualised in wider society and how adopters who take on a disabled child perceive their parenting role. The factors that contribute towards a more positive response towards the prospect of adopting a disabled child need to be accounted for. Therefore Chapter One examines matching processes from past accounts of people who adopted a child with a significant impairment need, taken from three specific studies (Macaskill 1985; Sinclair 1988; Argent 1998).

Chapter Two: Theorizing Adoption Policy

The three studies mentioned above are outdated as both policy and practice in adoption have significantly changed since the publication of these studies. As policy and practice has evolved, gaps in the literature have inevitably emerged and significant research questions have not been addressed. Consequently, there is a real need for up to date research that will broaden understanding of adoption placements for disabled children within the wider context of social change, which has occurred in the family, adoption policy and practice, and in attitudes towards disabled people. Therefore, Chapter Two concentrates on how adoption policy has evolved historically through the way childhood has been constructed more generally. Adoption practice is steeped in a history where only those children that reflected the idealised image of the innocent child were considered worth rearing (Keating, 2009). Ways of viewing childhood, state intervention, and disability can have a relatively enduring effect, which shapes the way policy is constructed. As policies are shaped through socio-cultural forces it is necessary to examine the implicit meanings that underpin legislation. Chapter Two draws on Fox-Harding's (1997) four perspectives of childhood that continue to influence the way in which childhood is conceptualised, and what might explain the disparities amongst professionals as to what intervention is within the best interest of the child. In addition, to the Fox-Hardings (1997) concepts this chapter draws on Potter's (2013) article "*Adopting Commodities: A Burkean Cluster Analysis of Adoption Rhetoric*" to examine the parallels between market commodification strategies and routinized adoption processes (Potter 2013). The different perspectives to childcare presented in Chapter 2 often overlap, however, each approach places a different amount of emphasis on the issues raised.

- *Laissez faire* approach which believes in limited state interference and argues that the family is a private arena.
- *State paternalist* which is essentially a rescue approach to child care, where an emphasis on psychological parenting is given precedence over biological ties.
- *The parental rights* perspective perceives that children's best interests can be met within the family if suitable support systems are in place.
- *Children rights* perspective regards children as individuals with particular rights to speak and be heard in matters that affect them.

The adoption placements found for disabled children is a relatively new concern; since even as late as the 1970's, it was not uncommon for children with minor impairments to be considered 'unfit' for adoption" (Mather 2003). Their inclusion into adoption practice emerged due to wider social changes: various factors in the 1970s such as welfare reforms that enabled single parenting; the introduction of the pill; and abortion; decreased the number of healthy newborn infants available for adoption which consequently led to disabled children being put forward.

Adoption, in its current political context, has sought to turn the culture of adoption away from the needs and interests of adopters to a system which supports the needs of children within the state care system (Allen 2007). The Prime Minister's Review was undertaken in 2000 with the intent of considering if adoption could feature as a permanency solution for many looked after children across the country (DoH 2000). Subsequently The Adoption and Children Act (2002) was updated to align with the principles under the 1989 Children Act; in

that the best interests of the child should be the paramount consideration (Allen 2007). An ambitious target was set to raise the number of adoptions for looked after children by 40% by 2005. In order to increase the adoptions of more hard to place looked after children, the Labour government created new incentives to raise numbers and support and keep stable the adoptions of children with complex needs, including disabled children (Coleman 2003). There were three significant changes; including:

- Widening the pool of people who could adopt;
- Support packages which are tailored to meet the specific needs of the placement; and
- A national database which links disabled children available for adoption with approved adopters.

Although, the 2002 Adoption and Children Act had undoubtedly gone some way to encourage the adoptions of looked after children, delay in placing children continues to be an issue. The document *Action Plan for Adoption* (2011) specifically focuses on measures which prevent delay and improving the chances of looked after children becoming adopted. The Coalition government plan for the following changes:

- Speeding up the judicial process;
- Adoption score cards which monitor the performance of local authority's timeliness and;
- The Fostering for Adoption scheme which intends to place children for adoption before a placement order is granted from the court.

These changes in adoption have implicit consequences for disabled children. While support packages may encourage the adoptions of children with significant impairment needs, adoption score cards, which put pressure on local authorities to place children within a twelve month timeframe, could result in decisions to not put hard to place children forward for adoption. As particular practices determine particular adoption outcomes this chapter also attempts to outline how the adoption process operates. Key elements of the adoption process and their implications for disabled children are discussed throughout the analysis chapters. Therefore, this chapter attempts to provide the context from which practice decisions occur.

Section Two

Chapter Three: Critical Grounded Theory

As this research aims to explore the social processes and principal factors that have contributed towards an adopter's decision to adopt a disabled child Grounded Theory methods within a Critical Realist framework were adopted as the most appropriate for this research project, where the theory generated will be grounded in the accounts of those who have adopted a disabled child, and amongst those agencies that have been involved in the placing of the child.

This study endeavoured to remain open to the possibility of new discoveries emerging through the data sets, although unlike Grounded Theory's traditional inductive stance, this approach acknowledges that the researcher cannot approach the field of research in an objective fashion and therefore adopts the strategies of retroduction and abduction (Blaikie 1993). Inductive Grounded Theory is accused of providing mere descriptions of the social phenomena

under study. Therefore Chapter Three outlines the retroductive approach taken up by this research. Retroduction is the process that builds upon connections between data sets that have emerged (and therefore are considered grounded in the data), to explore the structures and mechanisms that give rise to incidents that emerge. Therefore, an awareness of the context, structures and discourses that give shape to interaction enables researchers to extend conceptual analysis to account for the interwoven nature of reality out of which all action occurs. Essentially, it is difficult to develop a theory explaining how the social practices within adoption place disabled children at a disadvantage, without reflecting upon how disabled lives have been constructed and devalued within wider society. However, causal claims are hypothesised, as in observing structures one can only observe their effect, rather than the structures themselves. Consequently, this research has an abductive aspect, as a recognition that the analysis is likely to feature as an interpretation of events, since hypothesising about structures is subject to the researcher's capacity to explore the complexity of reality as it actually is (Blaikie 1993).

Chapter Four: Conducting the Research

This research focuses on adoption cases entailing interviews with the adoptive parent(s) of a disabled child and a separate interview with the key social work practitioners involved in the adoption. Interconnecting practitioners and adoptive parents through adoption cases, this study has been able to compare and contrast the specific way the same disabled child is conceptualised from the professional and parental lens. The cases were found through the Adoption Register for England and Wales. Staff examined their data in search of disabled children who had been placed. The Register subsequently contacted various

authorities to establish how many of these placements ended in adoption. The very existence of the child's details on the register is indicative of their local authority's difficulty in finding them an adoptive placement within their administrative area (Adoption Register 2009). The wide geographical dispersal also enabled encapsulation of practices of many and diverse adoption agencies, giving findings a greater authority than a narrower study of local authorities.

Adoptive parents and social workers of 18 children (36 in total) were interviewed. All participants were interviewed face-to-face for approximately 90 minutes. The questions within the interview were semi structured to allow participants to elaborate on their experience, whilst ensuring that the conversation stayed reasonably focused on the central issues of interest to the study. Participants were briefed in advance on the three themes that the researcher would like to discuss with them during semi-structured interviews.

Interviews with the child's social worker. Themes are as follows;

- **Profiling the child:** this involves exploring how agencies viewed their role in constructing the child's profile which is used to introduce the child to the adopter.
- **Finding families:** this refers to the methods of family finding used by the local authority in securing the placement of the child.

- **A suitable match:** this entails examining the way in which the needs of the disabled child are investigated and matched with those individuals from the pool of adopters, conceived as best serving the child's needs.

Interviews with adoptive parents of disabled children.

This study asked adoptive parents of disabled children to reconstruct events that occurred, from their initial decision to adopt a child right through until the adoption was completed. The themes discussed in the interview are as follows;

- **Initial Motivation:** refers to the factors involved in the adopter's decision to go through the adoption process as an alternative means of parenting.
- **Social Practices:** the investigation of the social practices that influenced the adoption outcome.
- **Proceeding with the adoption:** the factors involved which influenced the decision to adopt their specific child.

Grounded Theory methods require rigorous analysis. The researcher conceptually builds on the information gathered and immerses themselves in the data, constantly questioning and making comparisons between the data sets. The concepts derived from the findings should "yield meaningful data", meaning that concepts are developed from particular recurring features in the accounts of those interviewed (Glaser and Strauss 1967). In order to develop a theory from the raw data collected I have used three coding methods: open coding, axial coding and selective coding.

Section Three

Chapter Five: Entry into the Adoption Process: Utilising Reflexivity

The decision to adopt and the motives behind it need to be examined within the context of individual circumstances and the internal reflexive processing which have led adopters towards the adoption trajectory. This research considers the reflexive process as one which encompasses three levels:

- The introspective consideration of natural drives,
- The reflexive activity as social agent and
- The reflexive activity as social actor. (Archer 2007).

These three levels overlap and interweave in the reflexive thinking of the adopter, but have been delineated so that their motivating properties can be explored thoroughly. The adopter's perception of their natural drives is developed from their attempts to rationalise their emotions which lead them to consider adoption. These inner drives are experienced as a natural drive to nurture, to build attachments and/or to act altruistically. The adopter as a social agent refers to the processes by which adopters reflect on their circumstances and decide upon a course of action within the constraints of their situation. The adopter as a social actor involves the adoption processes which shape adoption outcomes through interactive exchanges between the adopter and agency which influence decision making. These three identities are linked to reflexive thinking, a process which is outlined and demonstrated using the accounts of these adopters who reflect on the various factors that contributed to their motive to engage in the adoption process, leading to their role as parent to a disabled child.

Chapter Six: Recommending a Disabled Child in Adoption.

This chapter focuses on the factors that need to be considered when putting forward a disabled child for adoption. Local authorities have to make decisions which are in the best interests of children. The options available to disabled children, present a number of risks to the child's welfare. The potential delay in finding a suitable adoptive placement can leave practitioners feeling tentative about putting forward a child for adoption. Yet, other placement options lack the overall stability and permanence that adoption offers. Once a decision is made to recommend a child for adoption social workers often use creative ways to promote the child to an audience of adopters. The findings show that social workers were commonly concerned by the same issue of how to promote the child in a positive yet accurate way. Social workers cannot profile a child in any objective way and this study seeks to demonstrate the ways in which practitioners subjectively prioritise information.

Chapter Seven: A Child That I Can Cope With: Making a Decision on the Level and Severity of Impairment.

Once adopters enter into the process of adoption they must then examine their capacity to meet the needs of children in the care system. Adopters must consider their capabilities, restrictions and constraints. However, adopters may often consciously opt to parent a severely disabled child despite knowing the potential risks to economic and social capital. The findings show that adopters establish their own thresholds on the level and severity of needs that they can care for, based on their own sense of lifestyle, life-fulfilment, and their own conceptualisations of impairment and disability. Consequently, adopters are

prone to draw on the wider cultural messages that are associated with particular types of impairment categories to assist in their decisions. Making decisions on the level of impairment one can and can't cope with requires intense reflexive processing. It is these reflexive processes that this chapter seeks to explore within the context of decision making in relation to the severity of impairment adopters feel they can consider.

Chapter Eight: Using Identity in Family Finding Processes

This chapter centres on the specific ways social workers go about finding families for a child with a significant impairment. This entails the methods used to recruit adopters as well as the assessment processes used on those who express an interest in the child. Social workers' constructions of disabled children may be understood through several role identities with specific issues attached, encapsulating needs *as ascribed by* social workers, each imbued with complexity. Children were conceptualised as: 'a child'; 'a looked after child'; 'a disabled child'; and characterised according their 'assigned impairment category'. The findings reveal that social workers often place an unequal emphasis on the child's impairment compared with other aspect of identity. Their concern centred on the risk that adopters might unintentionally downplay the challenges of the caring role which would consequently be vulnerable to breakdown. Minimising risks appears to be a central feature of how local authorities operate.

Chapter Nine: Unearthing Adopter's Motives: examining the factors and social processes that contribute to the decision to adopt a disabled child.

This chapter examines matching processes which enables adopters to choose from a number of profiles of children needing adoption placements. When an adopter is presented with the profile there is a number of considerations which impact upon the appeal of a child. For many adopters the importance of experiencing a strong emotional connection towards a child's profile was immensely important. This chapter specifically focuses on the reflexive processes which adopters used in identifying the child they go onto adopt. An evaluative judgement is often required where adopters weigh up how the child might alter their existing lifestyle. A range of factors both emotional and rational, interplay in the process from which adopters come to a decision about pursuing the adoption of a specific child.

Section Four

Chapter Ten: Conclusion

The Conclusion develops the notions of a 'Commitment Habitus' and a 'Rationalistic' Habitus occupied, respectively by adopters and social workers, and the *Game* ensuing from their interaction. In examining motive the lifelong nature of the adoption role demonstrates that *commitment* is at the heart of these adoptions. Adopters' narratives relay the events that occurred, they describe the emotions felt, and how they introspectively processed and made sense of them. Adopters draw on their emotions but this does not mean to say that they are governed by them. Adopters predominantly emphasize an experienced drive to nurture; which characterizes humans as social creatures

who invest their time and resources in social relationships (Midgeley 2002). This research contends that the combination of three central themes contributes towards the Commitment Habitus needed for taking on this lifelong role:

- A belief in an innate drive to nurture;
- A spontaneous affective response towards a child;
- An evaluative judgement by which adopters assess their capacity to parent a child with a significant health or learning impairment;

Contrastingly, social workers take a more rationalistic approach (Rationalistic Habitus) to the adoption process. Social workers may feel emotionally invested in a child and their need for permanence. However, a rationalistic approach is their attempt to safeguard the child and their professional integrity from the unintended consequence of the placement breaking down. Rigid criteria such as insisting that only adopters with experience of social caring roles are worth assessing are used to minimise this risk. Assessment tools help practitioners weed out the well-intentioned though misguided adopters from adopters who demonstrate realistic perspective on the implications of the role as parent to a disabled child. Therefore the practice judgements of social workers and how they assess families plays a significant part in adoption outcomes for disabled children. To bring the narratives of adopters together with the practices of social workers which determine the outcomes for disabled children, Bourdieu's (1990) analogy of *Game* provides a helpful metaphor of how social activity is governed by the adoption system. When individuals enter into games there are stakes involved. They must: be aware of their own competence and their opponent's; they must be committed and play passionately; they must endeavour to play by the rules; and they will be expected to respond almost immediately to the

situation. Adopters will go to great lengths in order to achieve their desired outcome to become a parent which necessarily involves being subject to the scrutiny of professionals. This conclusion chapter will also surmise the practice relevance of this study; highlighting the issues which disadvantage disabled children; as well as making a some suggestions which could be implemented into adoption practice to improve outcomes for disabled children.

According to Archer (2000) individuals invest most of their time in roles which they find rewarding. By focusing specifically on the Habitus and reflexivity this research has attempted to bring new insights into how people process the role of becoming parent to a disabled child. Not only do these adopters have the capacity to see beyond negative conjecture in relation to a disabled life, they are at times making a commitment which could leave them materially deprived; since the caring role often prevents engagement in the labour market.

Therefore, this analysis has sought to make sense of individuals who take on a role which is does not appear produce an “outward advantage” (Midgeley 2002 p.113). The research contends that the motive to adopt a disabled child is wrapped in an orientation to invest in social relationships. Thus their role of parent brings with it a sense of purpose and meaning which these adopters consider worthwhile.

Section One

- Chapter One: Deconstructing Disabled Childhoods
- Chapter Two: The Policy Context

Chapter One: Deconstructing a Disabled Childhood

There is a limited amount of information on the adoption of disabled children within the UK. There is a real need for up to date research which will broaden understanding of adoption placements for disabled children within the wider context of social change which has occurred in the family, adoption policy and practice, and in attitudes towards disabled people since previous studies emerged. Moreover, the existing literature is characterised by an empiricist approach. There has been little attempt to contextualise the issue by examining the wider nuances that shape social attitudes towards disabled children which inevitably interplay in the adoption process. This chapter takes a multi-layered approach to examine the connection between disabled children's overall social position and disadvantage with poor adoption outcomes.

A disabled child's right to family life has been given little attention in disability studies literature. In social work literature, disabled children are usually only discussed within the context of 'specialist' provision of services and are overlooked within the generic context of children services (Cousins, 2006; McLaughlin and Goodley, 2008; Shah and Priestley, 2010). Article 23 of the Convention on the Rights of Persons with Disabilities (CRPD) specifically relates to the right to family life. Within the UN Convention on the Rights of

Persons with Disabilities (2007) there is an explicit emphasis on care planning. The CRPD advises that where State parties endorse an approach which places the best interests of children as paramount they should ensure that this concept is extended towards disabled children. However, in the UK Initial Report on the UN Convention on the Rights of Persons with Disabilities (Office for Disability Issues 2011:66), adoption issues are compacted into a brief statement with its main focus on adoption support; “In the case of adoption, the responsible local authority may provide the prospective adopters with means- tested financial support in particular circumstances”. However, the use of the word “may” indicates that it is not legally compulsory for local authorities to provide substantial support packages. The policy fails to ensure adequate and guaranteed material support according to the needs of the child, which reflects the fact that adoption policy lacks substantive clout. Moreover, the report had neglected to inform that disabled children had been identified by the Adoption Register (2009) as the most disadvantaged in the adoption process. Thus it could be suggested that the report implicitly reflects a lack of commitment by the UK Government to seek out and address those issues which contribute to disabled children’s disadvantage.

According to the Office of Population Censuses and Surveys (OPCS), 25% of the care population are classified as experiencing some type of impairment or disability (Gordon et al. 2000). It is known that disabled children are nine times more likely to enter into the care system, although very little is known about such experiences of living away from the family home (Cousins 2006; Read *et al.*, 2006). The relationship between disability issues and the means by which permanency is achieved is overlooked within the existing body of knowledge.

There are a few studies which give us some indication of disabled children's disadvantage in the context of state care. Baker's (2007) study which looked at the placement arrangements for 596 foster children, found that disabled children are more likely to experience delay in being placed; and are more likely to reside in substandard care arrangements than their non-disabled peers (Baker, 2007; Gordon 2000). The OPCS (2000) study claimed that 25% of their children with looked after statuses were disabled. It's important to note that this did not include those children who spend a large portion of their childhood in residential settings within special schools. The issue of living away from the family home without being recognised in the formal care population was highlighted in Morris' (1995) study "Gone Missing". In a study of eight different local authorities Morris (1995) found that disabled children often spent a large amount of their childhoods in respite care settings, long stay hospitals and residential schools. As disabled children who reside in special needs schools do not possess the status of being 'looked after' they are not afforded the same monitoring of their wellbeing (Read *et al.* 2006). Moreover, the lack of legal status makes it difficult to estimate statistical representativeness of the number of disabled children living away from home.

The Adoption Register for England and Wales has reported that disabled children are often the hardest to place (2009). Consequently, in 2010 the register conducted their own evaluative study of the cases referred to them by local authorities. Out of 72 disabled children referred to the register only 21 were matched with adopters. For the children unmatched: 11 children's plans

changed for long term fostering in their current placement; 9 children had their permanency plan changed from adoption; 31 children had still not been matched at the end of the study but local authorities were still hoping to find adopted placements.

Disability features as part of larger studies on adoption practice (such as within Dance 2010 *et al.*; Lowe *et al.* 2002). Dance's *et al.* (2010) *Linking and Matching: A survey of adoption agency practice in England and Wales* examined the effectiveness of 168 adoption agencies to place disabled children into adoptive families. The number of disabled children placed by each local authority varied significantly from none to 29% of all children placed. While due consideration should be given to the way in which different local authorities define which particular types of impairment constitute disability, it is possible to surmise that some adoption agencies bestow a greater commitment and experience in placing disabled children. Lowe *et al.* (2002) looked at care planning practices and procedures in six local authorities. They found that local authorities frequently opted for long term foster care at the outset if they felt apprehensive that an adoption placement would not be found.

The only work that focuses exclusively on disabled children derives from three very small scale studies carried out more than a decade ago (Macaskill, 1985; Sinclair, 1988; Argent, 1998). The last main study in this area was Heidi Argent's 1998 case study of placements made by Parents for Children, a now disbanded voluntary adoption agency that specifically catered for hard to place children. In 1988 Sinclair carried out a study of placements made for disabled

children by a Barnardos agency in Newcastle. The last UK wide study of adoption placements for disabled children was in 1985, carried out by Catherine Macaskill. These studies brought significant insights into how adoption placements could be secured, for a number of children with various conditions and impairments on the disability spectrum, as well as characterising the lifestyles of those who have sought to adopt a disabled child. However, it is important to note that these studies were largely empiricist and did not attempt to examine their findings within the context of how disabled lives are structured more generally.

Defining Disability

The Social Service Inspectorate (2004) contends that definitions of disability might include broad range of conditions, including; children with physical and sensory impairments, children with a learning disability, and children with emotional and behavioural problems. Rather than a rigid set of impairment classifications, the Social Services Inspectorate (2004) claim that a child should be recognised as disabled if it is established that without assistance, they are “unlikely to achieve their full potential” (this aligns with section 17 of the Children Act 1989). This is rather vague and leaves matters to professional judgement which is likely to be variable. The risk with professional judgement in relation to disability classifications is that the allocation of resources plays a major part in eligibility criteria for the use of services. This often excludes children with mild and perhaps even moderate impairments.

Since any definition of disability will vary and is therefore arbitrary, this makes quantifying information about disabled children problematic (Read *et al.* 2006).

As already stated the OPCS classified 25% of the care population as experiencing some type of impairment or disability (Gordon *et al.* 2000). However, the OPCS is widely criticised for including children with known behavioural problems within the sample base; which amounted to 50% of children classed as disabled.

Furthermore, there is the issue of an unclear diagnosis or even misdiagnosis amongst children in the care population. Impairment may only be defined in vague terms such as developmental delay, global delay, or the product of a disorganised attachment. Nevertheless, the impact of abuse; neglect; drug withdrawal and foetal alcohol syndrome blurs preconceived notions of impairment and disability (Cousins 2006).

Disability may therefore be considered a social construction arising from social processes which may vary. To argue that disability is a construction however, denies the experience of children who may acutely feel the effects of their impairment regardless of how they are conceptualised and defined. Therefore, Shakespeare's (2006 p.55) suggestion that disability is "an interaction between the individual and structural factors" is an appropriate definition for understanding the processes by which disabled children might be disadvantaged in the adoption process. Adopters have to grapple with information in relation to the health and development of a child they're matched with and how it might affect day-to-day activities. However, despite apparent spectrums in the way impairment is experienced, impairment labels have "assigned meanings" which attach themselves to the identity of the individual. Sullivan (2005 p.27) argues that disabled people not only experience their

impairments but also experience the way in which they are “socially interpreted.”

Jennifer Cousins (2009) is a disability consultant for the British Agency of Adoption and Fostering. She attributes the disadvantage disabled children experience in the adoption process with the negativity associated with the social construction of disability. Cousins' (2009 p.345) argues:

the merest mention of the term disability seems to give children a special untouchable status and to prevent many prospective carers from contemplating such a child.

Reconstructing Disability Models

Deconstructing wider cultural notions of a disabled childhood might better inform us of the dominant messages adopters are likely to embody. This research seeks to account for the structural factors which underpin disabled children's disadvantage in society, through a Critical Realist lens. Since, Critical Realism understands reality as complex and laminated, stringent definitions of disability, are regarded by Bhaskar and Danermark (2006) as too restrictive. For instance, while the Social Model does not altogether reject the impact impairment might have on the individual, it chooses to focus the effort on “the collective needs of disabled people” Priestley (1998:85). Consequently, the Social Model advocates an almost exclusive focus on social barriers which disadvantage disabled people. Moreover, social barriers are perceived by advocates of the social model such as Oliver (1990) to be implicitly enmeshed in socio- economic structures. Consequently, though cultural factors are not ignored, culture is often perceived to be interlinked and reinforced through capitalism. This contrasts with the Critical Realist position where a multitude of

structures may exist, although they are not necessarily correlated, and are perceived as relatively enduring (Sayer 2000). The disavowal of the body from analysis along with a singular causal mechanism as an explanatory framework for disability, means that the stringent Social Model approach is incongruent with the Critical Realist position.

However, one must be careful not to appear dismissive of the materialist variant of the Social Model and its contribution towards the achievements of Disabled People's Movement. In examining the collective disadvantage that disabled people as a social group routinely and systematically experience, one can hardly ignore the link between oppression and a capitalist structure which values independent and compliant workers (Priestley 2001). Moreover, this research also aligns with the Social Model's rejection of the definition "children with disabilities". Arguably, the aim of the term serves as a reminder that one should not lose sight of the holistic child. However, it implicitly ignores societal barriers which disadvantage disabled children from full participation in society (Murray 2009). This research prefers to use the term "disabled children". Placing prominence on "disabled" is part of a political statement which recognises that society is structured in a way which discriminates against children who experience impairment (Cousins 2006). . While the term "disabled children" is applied more generally, this research occasionally refers to these adopted children as "children with an impairment needs". This is necessary when the adopter or social worker is required to consider those aspects which specially relate to concerns about the child's impairment and not to disabling barriers. While this research understands disability as a complex fusion between individual and structural factors, adopting two definitions prevents any

conflation between issues which specifically relate to impairment from issues relating to disablism.

Crow (1996) explains that disablism can be experienced in a variety of ways through prejudice, discrimination, inaccessibility in the built environment, and insufficient support. The focus on insufficient support suggests that society should be reorganised to meet a variety of needs. Therefore, in order to ensure disabled peoples inclusion one must address what specific interventions are needed. This consequently necessitates some discussion on the way disabled people experience their life-worlds including the way they experience impairment. While discussions about impairment may not directly conflict with Social Model principles, it is argued that impairment issues should be limited and replaced with a focus on civil rights and eliminating barriers which result in the exclusion of disabled people (Cousins 2006; Priestley 1998). In identifying barriers Priestley (1998) argues that the researcher must the expose the ideological foundations which generate an inequality. Implicit in his notion of ideology is a material infrastructure in operation; namely; capitalism. However, Priestley (1998) does acknowledge alternative dimensions which cause variances in the way in which disabled people individually experience oppression. Therefore, alternative theoretical approaches which capture the intricacies of disabled people's lived reality are not automatically dismissed. Priestley (1998) acknowledges an overlap in a four-fold typology; between:

- *“Individual Materialist”* which is essentially a bio-medical model approach to disability which focuses on bodily dysfunction;
- *“Individual Idealist”* focuses on the interactions and affective experiences captured by symbolic interactionists, psychologists, and phenomologists;

- “*Social Materialist*” interlinks the social barriers which prevent disabled people’s inclusion in society with the socio-economic structure; and
- “*Social Idealist*” which aims to deconstruct cultural associations with disability which underpin disadvantage.

Priestley (1998) contends that this four-fold typology acknowledges ontological pluralism which affords the researcher the possibility of identifying and explaining various nuances in disabled peoples lived realities. However, the Social Model position understands disability not through their shared experience of impairment; but through the way they collectively experience exclusion in society (Barnes and Mercer 2003). Therefore, carrying out research which claims to endorse a social model approach, the researcher should ensure that the focus of inquiry does not deviate from social barriers which collectively exclude disabled people as a social group. In effect, an atypical Social Model contends that an overemphasis on the way disabled people experience their impaired bodies potentially weakens arguments which connect disabled peoples exclusion with capitalist relations, thus potentially thwarting the struggle for equality. Consequently, the Social Model approach tends to promote the civil rights of disabled people above their individual needs (Cousins 2006).

Making causal connections and identifying causal mechanisms both material and social are consistent with the Critical Realist position. It is not enough to recognize that disabled children are disadvantaged in the adoption process; we must seek out the root cause of their disadvantage (Hordyk et al. 2013). However, it is argued that our knowledge of structures can only be observed through effect which consequently requires a laminated approach. The multi-

dimensional approach put forward in this chapter may appear similar to Priestley's (1998) typology, in that it demonstrates how layers of analysis can give us a conceptual framework for understanding the nuances of disability. However, the Critical Realist position contends that theories about structures can only be presented as hypotheses rather than definite social facts (Bhaskar 1978). Social reality is regarded as far too complex to be explained by one structural mechanism which underpins all others. Sayer (2000) contends that while structures may operate in conjunction to generate events, they are not necessarily related or dependent upon each other for their continual existence. Thus, Bhaskar and Danermak (2006) argue that researchers must examine the intricacies of the specific regularities under investigation before hypothesising about causal mechanisms which may vary.

This chapter, is concerned with creating a framework not only for understanding disability but also examining the minutiae of how adoption processes impact upon outcomes for disabled children. This entails grappling with how practitioners might understand disability and impairment issues when presenting disabled children for adoption. Since the health needs of the child may factor into the placement sought for a disabled child we cannot displace the body outside of analysis or reduce it as biologically "given" (Williams 1999). Williams (1999) suggests that bringing the body back into analysis provides an opportunity to demarcate the way disabled people experience their bodies from medicalised conjecture. The layered framework attempts to extend conceptual analysis to account for the interwoven nature of reality out of which all action occurs (Layder 1993). In a bid not to conflate impairment with the social barriers which exclude disabled people Bhaskar's (1978) intransitive and transitive

dimensions provide a framework in which facets specifically relating to bodily impairment (intransitive) can be distinguished from aspects of disablism (transitive). The intransitive refers to real and lasting objects which exist regardless of how we perceive them; whereas, the transitive refers to a set of discursive practices. These two dimensions will be discussed in more depth towards the end of this chapter, though it has been important to highlight that these dimensions demonstrate the possibility to involve impairment into analysis, without conflating it with the social barriers which socially exclude disabled people.

This chapter uses Layder's (1993) research map as a conceptual lens, in order to layer the analysis into sub-components which delineate the various facets of disability. This multi-layered approach, comprises of four elements which, when combined, should give us a clearer picture of the disadvantage; inequality; discrimination and oppression that disabled children routinely experience. There are several dimensions that Layder (1993) isolates which demonstrate the nuanced interaction between social construction; interactions and individual actions. These are:

- ***The macro context:*** this section aims to explore the objective macro structures that have contributed to disabled people's devalued position in society. Therefore three causal factors which are perceived to account for the oppression of disabled people will be discussed. These are: Disability and medicalization; Disability as a product of culture; Disability as a class struggle.

- **Setting:** socially constructed notions of childhood and disability are continually reinforced through the social practices which are integral to particular institutions (Layder 1993). This occurs in any institutional setting which has an organised structure and particular ways of operating. This section will focus on: the family; and social services as institutions with their own cultural frameworks.
- **Situated activity:** 'Situated activity' explores everyday interactions, particular incidences and meanings behind situations and behaviours. The discrimination which disabled people report in their interactions with others in social spaces reveals how the prospect of adopting a disabled child is likely to be perceived by many adopters.
- **The self:** analyses the difficulty of maintaining a holistic approach to a disabled child's identity. At this juncture, Bhaskars (1978) intransitive and transitive dimensions help us determine what is real from what is social constructed.

The Macro Context

The macro context is an essential part of the analysis because it is the frame under which particular values, norms and behaviours operate. This chapter maintains that structural macro features are "interlocked with social activities" and, while structures in themselves are not straightforwardly observable their effects are evidently present (Layder, 1993 p.13).

Disability and Medicalisation

The bio-medical model is the concept which is applied to portray society's dominant view; that disability is a tragic misfortune for the individual who possess a biological deficiency (Morris 1993). A particularly trenchant medicalised view of disability is expressed by Oxford Uehiro Centre of Practical Ethics (2013 online) who states on their website that "On the widespread 'medical model' of disability, we should think of disability as akin to disease: it is a deviation from biological normality that needs to be cured or corrected". Oxford Uehiro focuses on issues pertaining to bioethics which necessarily involves quite ridged decisions about what traits can be considered anomalies.

Lifelong conditions pose a significant deviance because the condition can never be completely overcome. Therefore temporary illness is viewed differently from conditions which endure over the life course. The negative representation of disabled children is endemic in a culture in which the non-disabled majority conceptualise disabled people are fundamentally flawed, as 'victims' only to their own impairment (Barnes and Mercer 2003). The bio-medical model fixates on the impaired limitations of the individual; the extent to which their identity becomes completely wrapped in the bio-medical labels that they are assigned (Barnes and Mercer 2003). Focusing specifically on stigma; Burns (1992 p.185) emphasises this approach; "that no dissociation of the 'ill' part of a patient from the 'well' part is allowed for, still less the capacity to distinguish an inner 'me' from 'what is wrong with me.'"

Frustrated with the fixation on their impaired limitations, the disabled people's movement desired to create an alternative identity, rather than to continue to be defined by the representations that medicalisation imposed. The Social Model of disability emerged from the Union of the Physically Impaired Against Segregation (UPIAS), in 1976 cited in Oliver 2004). In essence, the Social Model aimed to offer an alternative explanation of disability with the aim of eradicating both the bio-medical model, or as some might say the 'pity model' (Barnes and Mercer 2003), which dominated the way disabled people were perceived - as unfortunate "victims" of tragedy. It was a founding member of the UPIAS Michael Oliver (1990) who first coined the term the Social Model of disability. Oliver's (1996) version of the Social Model tried to steer discussions away from medicalization and onto the way people with impairments were excluded by the way society was organised. Disablism, therefore, is due to societal factors such as prejudice, discrimination, inaccessibility in the built environment, and insufficient support (Crowe 1996). Impairment was not only demarked as separate to disability, but was reduced to a mere description of the body (Tremain 2002).

However, examining the origins of medicalised knowledge was regarded particularly important by Hughes (2004) and Tremain (2005) who contend that it gives the disabled people the opportunity to contest the way their bodies have been constructed (Tremain 2005). The disability movement has greatly benefited from post-structuralist's use of Critical Discourse Analysis, which examine the medicalised discourses produced through power/knowledge. Layder (2006 p.119) explains that "discourses are expressions of power relations and reflect the practices and positions tied to them." Therefore

language cannot be regarded as just a descriptive mechanism but it is also embedded in social practices. Influenced by Foucault (1980), the main concern for post-structuralist's surrounds how power is exercised through knowledge which has been legitimated as a fact or truth. Fundamentally, it is asserted by Foucault (1980) that power and knowledge are inextricably bound. Therefore post-structuralism understands disability through the framework of discursive practices. In effect, disablism does not exist independently from discourse.

Foucault (1977) believes that all knowledge is socially produced by power, and knowledge legitimizes and promotes the interests of power. It is believed that the disciplinary power sets the premise of what constitutes impairment, and endorses categorization. Classification is a mechanism of power that individualises people and organises individuals into classificatory cells which assist in making the individual easily governable, by "imposing on it an order". (Rajchman 1991) points out that power relations define what constitutes 'normality', as a means to govern individuals. Ways in which disabled people are excluded from full participation in society can have a massive impact on the individual's sense of self, and the classificatory status of impairment can lead them to internalize their oppression, embodying an identity on the medicalised terms by which they are described. Consequently, the disabled person who perceives him/herself to be essentially "flawed", submits themselves into the control of medicalisation in order to rehabilitate and repair the bodily dysfunction (Imrie 2004).

In Tremain's (2005) *"Foucault and the government of disability"* a Foucauldian analysis is outlined as being significant for the analysis of disablism, identifying

how power operates through what is termed 'bio-power', in which disciplinary powers ensure that subjects modify and correct themselves. Bio-power is a term to explain the mechanisms and processes that reinforce particular discourses that are constituted from power/knowledge. Foucault (1979) argued that disciplinary power comprehends the body as a machine that can be managed and moulded towards achieving its best performance, ultimately benefiting the economy. It is believed that during the enlightenment period the body was perceived as an object that could be fashioned to its peak utility. Under such a regime the individual is subject to a set of regulatory disciplines within particular institutions, such as the army, the school and the hospital, each of which can be used for improving and correcting the functions of the body. Therefore Foucault (1977 p.136) claims that "the body is docile", as it has been manipulated to function efficiently to serve the interests of power. How impairment is represented under the medical gaze has pervasive power. Consequently, the public place value in aesthetic ideal notions of the body, which all individuals are compared against (Foucault 1980). Moreover, disabled people may internalize their oppression, seeing themselves by the terms by which they are described; and therefore embodying the personal tragedy model.

The premise of what constitutes 'normal' and 'abnormal' emerged within the rise of science at the turn of the twentieth century. Increasing attention to the health of the nation emerged in the Post Boer War period. The frailty of British Army recruits led to a growing interest national progression; particularly; efficiency; education; hygiene; parenting and medicine (Morgan 2002). In relation to childhood, compulsory schooling gave opportunity to nationally compare the health and development of children. The school became the site in which the

quality of the child population could be measured. This enabled a range of theories to be constructed with regards to healthy development in childhood. Investigations into the state of children's health revealed the extent of mental and physical impairment amongst school aged children (Hendrick 1997). Consequently, specialist institutions and long-stay hospitals emerged and many disabled children who were given the status of 'subhuman' were segregated from mainstream society (Carlson 2010). The 'subhuman' status meant that they were often subjected to harsh rehabilitative treatments and testing where their emotional wellbeing was neglected. Consequently, disabled children were subordinated under the medical gaze, which fixated on their impairment and neglected other aspects of their identity.

The history of medicalised forms of knowledge in relation to impairment and disability impact upon the way disabled children are conceptualised and treated in contemporary society. Increased use of genetic screening alongside the option of abortion has made it possible to socially engineer and control the number of disabled infants born. Consequently, a decreasing population of young disabled lives has meant that the impaired body becomes only acceptable amongst an aging population (Priestley 2003). The practice of eugenics was influenced by evolutionary overtones, (interestingly Galton, one of the founders of eugenics, was a cousin to Charles Darwin). Fundamentally, Darwinist influenced views had a significant effect on the way in which disabled people were conceptualised, perceiving them to be genetic throwbacks (Vold 1998). Brown and Brown (2003) argue that remnants of its philosophy continue to thrive, though at present it manifests itself in genetic testing for hereditary illnesses, and in testing for anomalies during pregnancy. Wolbring (2003)

argues that whilst genetic science claims to be value free, these advanced technologies are essentially imbued with eugenic overtones based on evolutionary principles. The state endorses a system of abortion in which the fetuses of a disabled baby can be aborted after the normal 24 week legal limit, reveals the extent to which disabled lives are devalued in society. Consequently, the way disabled children are defined and constructed under the medical gaze provides a discursive context for the ways adopters see them.

Disability a Product of Culture and the Habitus

Discourses shape the way that disabled children are constructed. A discursive overview of the way the 'normal' body is constructed is useful because idealised notions of normality are the basis upon which a disabled body is viewed as blemished. This chapter has made the case that such constructions should be identified at the outset if we are to fully comprehend why local authorities find it so difficult to place disabled children. Conjecture about a disabled life feeds into how the non-disabled majority interrelate with disabled people. Disablist attitudes towards people with impairments is manifest through interaction; which will be examined in more depth in the section titled 'situated activity'. But first we must contend with the reproduction of relatively enduring disablist attitudes which are entrenched in the fabric of our society (Barnes 1992).

Bourdieu's (1977) Habitus is a concept which attempts to account for shared dispositions common amongst a particular social group (Webb *et al.* 2002). The Habitus is a useful concept, insofar as it can help explain how individuals tend to be orientated towards particular ways of viewing, acting and thinking that are socially conditioned (Pickel, 2005). Bourdieu (1977) defines the Habitus as an

internal structure which mediates between thought and feeling; shared cultural values; norms and contexts (Reay 2010). Whilst the Habitus is somewhat analogous with the notion of habit, the Habitus differs in the respect that social practices are not necessarily automatic, allowing for the possibility of generative social change.

Consequently, Bourdieu's concept of Habitus plays very a prominent part in the analysis of this research, as it helps to explain the processes by which adopters embody as well reject dominant discourses about disabled life. The concept of Habitus allows us to view individuals as not entirely the products of culture, with the ability rebuff negative conjecture about a disabled life. Nevertheless, adopter's ability to do this might be severely impeded due to unfamiliarity with disability issues, making them more likely to embody dominant negative messages about disability.

Therefore, prejudice towards disabled people does not necessarily derive from the same socialisation processes as other types of discriminations. Children are not often overtly taught to be intolerant towards disabled people. Instilling fear takes a much more subtle approach. In *The Body Silent*, Murphy (1995 p.153) describes how fear, loathing and repulsion of disabled people is socialised:

Children are quite understandably curious about disabled people and often stare at them, only to have their parents yank their arms and say, "Don't look." Nothing could better teach a child to be horrified by disability; that the condition is so terrible that one cannot speak about it or even look at it.

Therefore a disabled child is not only conceptualised through a medical gaze. According to Priestley (2001) disability is also rearticulated through other

socially constructed ideas; for example: notions such as womanhood; masculinity; and phase of the life-course. How disability is manifested varies according to various social constructions, not only across social spaces but, also, across particular times in history. For instance, the way disabled people are portrayed in the media as evil villains is underpinned by historical cultural ideas. It is important to note that attitudes in relation to disabled people have never remained static; conflicting approaches, range from complete neglect for their wellbeing to anxieties about their protection (Connors and Stalker 2003). Moreover the social construction of childhood impacts upon the way disabled children are conceptualised; insofar as they may subvert from childhood ideals. Therefore negative thinking about disabled children is historically located within the ways in which childhood has been constructed generally (James and Prout 1997).

Asserting a positive image of disability is difficult when cultural conditioning is so pervasive. An adopter's understanding of disability might be skewed according to their own socialisation experiences in relation to notions of health, development and normality (Priestley 2003). The Habitus of adopters will have been socially conditioned to conceptualise disability from a certain generational view; meaning that some individuals may be less able to adjust towards contemporary ideas about disability. Socialisation processes occur in particular generational phases in which particular ways of viewing impairment and disability, become pre-fixed. While the Habitus is adaptable, according to Bourdieu (1990) only on the basis of new and profound experiences can an individual see beyond culture. In effect, unless an adopter has had meaningful

contact with a disabled person, they are likely to draw on discursive notions of impairment and disability that are entrenched within culture. Adopters cannot approach the prospect of adopting a child with impairment needs in a neutral and autonomous fashion, as they will draw upon existing socio-cultural knowledge which assists in informing their decision. In Macaskill's (1985) study, almost all adopters had either working or familial relationships with disabled people. Consequently, these individuals are not perturbed by medical labels, as they have previously "known and loved people with these labels" (Macaskill 1985 p. 39).

Disability: a Class Struggle

In *The Politics of Disablement* Oliver (1990) applies a general Marxist framework to describe how disability is shaped by capitalist social relations, which devalue groups who do not easily create surplus value in the capitalist labour market (Irwin 2001). Oliver (1990) argues that disabled peoples' exclusion from the labour market was primarily due to the way in which work came to be organised during the industrial revolution, which made it too problematic for disabled people to engage with. The social change produced by the industrial revolution meant that individuals were compelled to sell their labour power in the context of fast moving production lines. As the only means of independently acquiring one's subsistence came to be restricted to working in large scale industries, disabled people were subjected to a forced dependency, whereby professional control would be applied under the guise of welfare (Thomas 2002).

The enforced segregation of disabled people was a central concern of the UPIAS [Union Physically Impaired Against Segregation] who campaigned for the right for disabled people to exercise a degree of control over their own lives. The disabled people's movement arose out of the Civil Rights movement; where disabled people began to collectively oppose the marginalisation they experienced. It was argued that society was organised in a way that excluded disabled people within their communities. Health, social services and other social bodies neglected the social barriers that prevented disabled peoples' participation in society. Therefore, the Social Model of disability is a concept which politically challenges the social barriers which restrict the lives of people with impairments. Thus the UPIAS declared that the difficulties that disabled people experience came not from their impairment per se but the "social reactions toimpairment" (Thomas 2002 p.66). A clear differentiation was declared between impairment and disability, in which disability is defined as "something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society" (UPIAS 1976 cited Priestley 2001 p. xviii).

Capitalist societies disadvantage disabled children in two ways. Firstly, families of disabled children are often reliant on welfare provision which is often inadequate. Consequently, households with disabled children are 60% likely to live in relative income poverty than those without disabled children (Adams *et al.* 2011). Parents of disabled children often lack opportunity to engage in the labour market and their role as parent is supplanted with the social caring role. The caring role is undervalued within a capitalist system which means that

disabled children are perceived as a burden to their families and a drain on society's resources (Jordon and Sales 2007)

Secondly, if culture impacts upon the way disabled children are conceptualised, then it's important to examine how culture is influenced by capitalist ideology. Priestley (2001) argues that capitalist societies place a premium on socially constructed notions of an independent adulthood. Therefore, when a child is labelled as developmentally delayed; they are effectively being classed as "failing to become the kind of autonomous adult citizen that modern societies appear to require" (Priestley 2003 p.66). Therefore impairment within childhood can be conceived as a form of deviance which interrupts our common assumptions about the natural stages of the life course (Priestley 2003). In order to deconstruct notions of childhood we must first identify the characteristics that separate it from adulthood. Adulthood connotes; being independent, having responsibilities and engaging in the labour market. As disabled children subvert from common associations of 'normal life course' progression they are devalued; and depicted as being "eternally childlike" (Priestley 2003p.72). Therefore, whilst the concept of normality is seen as culturally determined, Armer (2004) suggests that normality is the product of modernity. Priestley (2003) argues that the emergence of standardized developmental milestones has become the yardstick which all children are compared against. Where potential adopters enter the adoption processes with expectations of this 'normal life course' the prospect of adopting a disabled child requires a reappraisal of those expectations (Priestley, 2003).

Setting

The term setting is not limited to the built or external environment, it can also apply to institutions which govern social activities; such as: the family; or social services. Setting is similar to Bourdieu's notion of field in that focusing on the interactions of people alone without the context in which exchanges between people occur is seen as insufficient (Thompson 2008). Examining the field goes beyond locating surroundings or outlining the history and culture of a given context. Different fields reflect distinctive areas of social life which function according to their own logics (Bourdieu and Wacquant, 1992). Fields also govern the distribution of resources. Therefore, Bourdieu asks us to think about whose particular interests are served within the field (Thompson 2008).

Settings reinforce particular ways of viewing childhood and disability, which are perpetuated through the social practices embedded within the culture of the institution (James and James 2004; Layder 1993). Examining the social practices integral to particular institutions reveals the cultural processes which shape disabled children's disadvantage. This section will specifically focus on how disabled children are represented within the framework of the family and Children Services. Most of the disability studies literature discusses disabled children within the context of their families. Since this study focuses on adoption, it seems appropriate also to explore the issues pertaining to disabled children within the context of Children's Services.

The Family

The family is a social system with its own organised assigned roles and responsibilities. It serves a useful function in society as the primary site of

socialisation in which children are reared into the norms, values and behaviours of society (Rodger 1996). It might be argued that the desire to found a family is based on preprogramed genetic drives to reproduce. However, the practice of adoption suggests that people raise children for reasons other than to reproduce genetic offspring. Familial ideals are underpinned by cultural ideals of the innocent child in need of nurturing. Concern about protecting the innocence of children emerged in the 19th century; where children were regarded as the amusement of women who were confined to domesticity. The harsh realities of the medieval period meant that children aided the economic survival of the family (Safford and Safford 1996). However, social changes gave rise to an alternative way of viewing childrearing which continue to pervade in contemporary society. The domestic idyll of family life infiltrates adoption processes, where adopters seek out children who reflect childhood ideals through looking healthy, happy and aesthetically beautiful (Keating 2009; Palmer 2009). According to Cousins (2008), adopters often approach the adoption service with unrealistic expectations of how the process operates and the types of children available for adoption. Dance *et al.* (2010 p.92) warns that adopters should not make the mistake of “expecting the child to fulfil their needs instead of them meeting the child’s needs”. For many adopters their motivation to adopt will be owing to their experience of childlessness (Palmer 2009). Adoption is thus the next best option for obtaining a family. Therefore the motivation for most adopters is as far as possible, to replicate the normalised role of parenting. Consequently, disabled children are unlikely to feature in adopter’s fantasies of family life, because they deviate from cultural associations of child rearing.

Typical accounts within academic literature portray a negative image of the disabled family due to the child's supposed dependency. There are few positive narratives of families with disabled children. Connors and Stalker (2003) remind us that many parents who have reported on the benefits of having a disabled child have often been dismissed; their positive narratives seen as a sign of denial about their child's disability. Traditionally there has been a focus helping parents "adapt" to their situation. However, McLaughlin and Goodley's (2008) study found that while diagnosis is often sought for by parents to try to grapple with their child's condition, over time, parents adapt to uncertainty, often challenging the ways in which their child is conceptualised through diagnostic labelling. The uncertainty of disabled children's life-course trajectory leads parents to opt eventually for lifestyles which concentrate on the here and now. According to Burke (2004) it is regarded natural for parents to experience a range of emotions from enjoyment of their new born baby to feelings of denial, anger and even grief. One mother, interviewed by Kingston (2007 p.51), reported that "she was grieving for what she should have had but still had something." Projecting into the future is a common practice which all individuals use to gain a sense of control over their life (Midgley 2002), hence the focus on what the prognosis might be for the child. Prior aspirations held by the parent of the envisaged life of their child are thus threatened by the revelation of diagnosis (Priestley 2003).

The number of disabled children aborted after 24 week limit in the year 2011 which is recorded at 146, reveal the extent to which a disabled life is seen as not worth living (Department of Health DoH 2012). The increasing use of genetic screening alongside the option of abortion has made it possible to

socially engineer and control the number of disabled infants born (Priestley 2003). It is often posited that medical science is value neutral, and decisions to terminate are independently made by the mother (Shakespeare 2006). In reality when an anomaly is found, pregnant mothers will be compelled to make a quick decision. Consequently, they may be somewhat guided by how wider society conceptualises a disabled life (Waldschmidt 2005). As Priestley (2003 p. 38) argues:

Birth decisions are of course, not based on any knowledge of the actual life that someone with a particular biological characteristic might live. Rather they rely on our imaginings of the kind of life they might live.

It is alleged that parenting a disabled child will induce significant amounts of stress, as well as harmfully affecting other sibling's wellbeing (Connors and Stalker 2003). Therefore, while the vulnerability of disabled children may evoke feelings of sympathy, these sentiments are often redirected towards parents of disabled children who are often portrayed as tragic victims who deserve pity (Barnes 1992). The rearing of disabled children is conceptualised as intrinsically different to the rearing of 'developmentally' normal infants. In effect, parenting a disabled child is often wrapped in discussions about the social caring role.

Adopters might assume that raising disabled children requires a special set of parenting skills that differ from the skills necessary to parent non-disabled children. The view that adopters of disabled children would be characteristically different is indicated in a slogan "unusual families for unusual children" used in the 1970s to capture interest in relation to adopting a disabled child (Macaskill 1985). The notion that adopters are essentially abnormal for wanting to adopt a disabled child is also augmented by Argent's (1984) study where it was found

that adopters approved by Parents for Children, who had expressed an interest in adopting a disabled child, were met with suspicion, or even hostility, by their local authority. Essentially, as the negative representation of the disabled family prevails, it is little wonder that adoption agencies are often pessimistic about the chances of finding appropriate adoptive families.

However, Oliver and Sapey (2006) argue that the cause of despair amongst caregivers could be misplaced. Parents could simply be responding to the social oppression that is imposed on disabled children in which the whole family experiences the restrictions that disablism imposes. Consequently, this could account for any feelings of despair rather than a direct response to the disabled child themselves. It is only more recently that parent's views about the positive benefits of having a disabled child have been acknowledged within literature. Connors and Stalker (2003) interviews with siblings of disabled children found that there was little or no difference in their relationships than you would expect in households where disability is absent. While siblings did indicate that disability had some impact on their lives they did not represent their situation as tragic.

Children's Services

Social service departments are guided by policy, as well as a set of corporate beliefs and values. Section 17 of the 1989 Children Act grants local authorities powers to intervene in family life so that they can provide support to families to prevent breakdown or find appropriate alternatives if the parental care is inadequate. The 2004 Children Act does not replace the 1989 Act; rather it incorporates the core values rooted in the white paper; *Every Child Matters*

ECM (Department of Education and Skills 2004). The framework embodies the principles of the United Nations Convention on the Rights of the Child, which is commonly broken down into four components known as the four Ps: provision; protection; prevention; participation. Thus while the 1989 Act is specifically focused on interventions for those deemed in need or at risk; the Children Act 2004 takes a universalistic rights approach by constructing aspirations that all children should enjoy childhoods according to five aims: to be healthy, enjoy and achieve, stay safe; make a positive contribution; and achieve economic well-being. However, Sloper *et al.* (2009) dispute that the outcomes of ECM are inclusive of disabled children. For instance, some types of impairment may limit the extent to which one can achieve or, indeed, make a positive contribution (Sloper *et al.* 2009).

The practice guidance: *Safeguarding Disabled Children SDC* (Murray 2009) states that children should enjoy the same rights as non-disabled children. However, this separate document is an indication that the needs of disabled children are not being recognised under generic provision. On the basis of American studies (Sullivan 2000) disabled children are seen as more likely to experience abuse, however they are less likely to be have a child protection plan compared with that of non-disabled children who are considered in need. Disabled children are at increased vulnerability of abuse because disabled children can be abused in ways that are more complex than non-disabled children.

Cousins (2009) argues that reduced budgets mean that social workers only prioritise the elements that they believe are most achievable for the disabled

child and their family. Consequently, lower aspirations are often applied to disabled children within the context of children's services. For instance, Priestley's (et al. 2003) study on the arrangements for young disabled people leaving the care system found there was a failure provide appropriate accommodation and sufficient support. Priestley (et al. 2003) contends that there is an issue in the way young disabled people and young people in state care are perceived as separate policy areas. The holistic approach which ECM aspires excludes disabled children who are only usually considered within the 'specialist' provision of services and are overlooked within the generic context of children services (Cousins, 2006; McLaughlin and Goodley, 2008; Shah and Priestley, 2010).

This concern was emphasised by the Commons Health Committee (1998) after it became apparent from research carried out by Morris (1998) that the quality of care that disabled children outside the home were receiving was unknown. As Children Services were often not directly involved in the provision of care settings it was uncertain whether disabled children's wishes and feelings about placement options were ascertained. It is important to note that the Children and Young Persons Act 2008 now obligates local authorities to maintain contact with disabled children who spend large amounts of time in residential settings to ensure their needs are met. The SDC (2009) stipulated that all *Local Safeguarding Children's Boards* (LSCB) launch a subcommittee that would oversee and review the safeguarding procedures for disabled children within their jurisdiction. However, Ofsted's (2011) thematic inspection found that case file auditing on interventions with disabled children were not being adequately recorded, making it difficult for LSCB's to effectively evaluate practice.

The SDC (2009) expresses concern that children's teams have very limited knowledge of disability. Likewise, social workers who work for disability care teams are often significantly inexperienced in matters of child protection. Moreover social workers in disability care teams may overlook safeguarding issues if they perceive their role as primarily being a support worker for the family (Cousins 2009). Ofsted (2011) found that there was often a reluctance to challenge primary carers which meant there were delays to intervening in circumstances where a disabled child had been significantly neglected.

Gordon's (et al. 2000) study showed that disabled children do not enter into the care system due to voluntarily relinquishment. In fact, 61% of disabled children in the care system have been the result of a legal order, which deems the risks to the child are too high for them to remain with the family (Gordon *et al.* 2000; Department of Education and Skills 2005). In contrast, in Northern Ireland Taggart (et al. 2007) found that there were a variety of reasons for children with learning disabilities entry into state care. Substance abuse, neglect, and domestic violence were amongst some of the reasons; although most cited in case files were the child's challenging behaviour. It is often indicated that the pressures of caring for disabled children contribute to an increased risk of family breakdown (Cousins 2009; Oliver and Sapey 2006). Abuse is seen as more socially acceptable because of what is perceived as the exceptional strain on parents. Oliver and Sapey (2006) argue that this view would not be tolerated in relation to a non-disabled child who experiences abuse and violence.

Disabled children are more likely than non-disabled children to live in residential care; miles away from connecting relatives (Gordon 2000). Cousins (2009) explains that residential schooling is often seen as a solution for families experiencing difficulties. Parents of disabled children often institutionalise their child in the absence of an alternative, because local authorities fail to provide local amenable resources (Abbott et al 2001). However, out of county placements can make it difficult to maintain important relationship ties between parent and child (Priestley et al 2003). Cousins (2009) explains that residential schooling is often suggested to families where there is a perception of risk to the child. The child's absence benefits the family and, in turn, protects the child from stress induced behaviour directed toward them by their parents. Mather (2003) points out that there is a perception that children with cognitive impairments are somehow safeguarded from the trauma of neglectful or abusive experiences directed towards them. When the needs of disabled children are conceptualised differently from non-disabled children, this inevitably impacts upon the care arrangements made for them when they enter into state care.

The benefits that disabled children receive in impairment specific institutions downplay the emotional needs of children to reside near to their attachment figure. Moreover, disabled children may be more open to abuse and neglect in special residential settings (Cousins 2009). Morris (1997) argues that despite the recognition from some families that they are unable to offer their child family life; there is a reluctance from families to consent to other forms of substitute care. Moreover, social services often fail to take action by exploring alternative arrangements such as adoption and fostering with families.

Though issues in relation to informal care have been raised periodically; Morris (1995) found that there were patterns of poor care from the accounts of disabled people with vast generational gaps. It has been found that informal care settings have a specific disadvantage for disabled young people in their transition into adulthood. Priestley's (et al 2003) study on the arrangements for young disabled people leaving care found that as some birth parents technically maintained legal responsibility; it was often wrongly assumed that they would be able to support their child in their transition out of informal care settings. Disabled young people who reside in larger informal care settings lack important advocates who do not always challenge the arrangements made for them.

Disabled children are more likely to be denied the experience of family life than non-disabled children. McConkey (et al.2012) found that age played a significant factor in the placements options for disabled children. The Northern Ireland study found that while young disabled children were more likely to be placed in foster placements there were much lower aspirations for children over ten who were often placed in congregated settings. Oswin (1978) argues that the resigned acceptance towards substandard arrangements for disabled children is often justified through the cultural discourse which embodies the notion that nothing better can be expected for them. The lower aspirations which are applied to disabled children, alongside the negative representation of the disabled family, feeds into adoption practices. Adoption for a disabled child is often bypassed in favour of long term fostering (Cousins 2006). Although, it is

important to note that Ivaldi (2000), recorded that 13% of all adoptions derive from long term foster placements. Long term fostering prevents delay in finding an adoption placement which can adversely affect the welfare of the child. Moreover, the lack of training in disability issues in adoption means that social workers are to some extent ill-equipped to broach with potential adopters the prospect of adopting a child with a significant impairment (Cousins, 2006; Lowe *et al.* 2002).

Situated Activity

Situated activity refers to the interactions that occur within various contexts and settings. All interactions can be seen as having symbolic content. In effect, we can only comprehend how disabled children are conceptualised in society through examining how society interactively responds to people with impairments. The macro factors that have been outlined are “interlocked with social activities”, meaning that they are played out in the context in everyday life (Layder 1993 p.13). Therefore, social structure is evident through the effects of disadvantage which can be manifested through interaction. The direct discrimination which disabled people often encounter in public life such as overt staring, demonstrates the extent to which disablist attitudes are entrenched within culture.

Despite the diverse range of impairments, experiences, and social backgrounds it can be contended that in general, disabled people share a commonality of experience. To quote Becker, (1996 p.218) “what then, do people who have been labelled have in common? At least, they share the label and the

experience of being outsiders.” Thus deviance is a construction, in which a discredited identity is a result of society’s negative reactions towards individuals who are conceptualised as different to conventional norms. Goffman (1963 p.12) explains that the individual with the blemished identity has become “reduced in our minds from a whole and usual person to a tainted discounted one.”

Evading encounters with disabled people is common for non-disabled people who are unsure of how to react towards a person who deviates from the norm. In ‘*The Body Silent*’ Murphy (1995) contends that encounters with disabled people often arouse feelings of fear; loathing; or even repulsion, though these thoughts are rarely expressed. Revealing true sentiments would expose them as not the caring individual that they have tried to impress onto others. In order to relieve their conscience, charitable giving from a secure distance is deployed as a means by which the non-disabled person can sustain the image that they are a generous and compassionate person (Murphy 1995).

Physically disabled children may find it difficult to maintain a positive identity because a visibly disabled body exists in direct contrast to contemporary society’s preoccupation with aesthetic beauty. Essentially, large amounts of time and resources are utilised in pursuit of the desired visual representation. Subsequently, bodily distortion evokes feelings of revulsion in the non-disabled public, and young disabled people are despised for subverting the cultural ideal of youthfulness. As Murphy (1995 p.140) points out, despite the identity that a disabled young person may want to impress onto others, “he is given a negative

identity by society, and much of his social life is a struggle against this imposed image”.

In “Mothering Special Needs” Kingston (2007) retells the narratives of several mothers who parent a child with a learning disability. Kingston (2007) describes how these mothers often feel self-conscious because of their child’s behaviour in public, especially if their child’s disability may not be visually apparent. Lack of understanding by members of the public can evoke negative comments; often blaming the mother for perceived unreasonable behaviour. Reactions from the non-disabled public thus demonstrate intolerance towards those who breach social norms (Murphy 1995).

In Connors and Stalker (2003) study 26 disabled children of varying ages were interviewed about their experiences of daily life. Disabled children commented on instances of inappropriate comments made by adults, overt sympathy, and staring as being common occurrences within their daily activities, such as going to shopping malls, restaurants and other public vicinities. Consequently, these experiences made them feel at times that they wanted to withdraw from public activities altogether. Little or no contact with disabled adults meant that disabled children lack positive role models to whom they can aspire. Some young children even alluded to a belief that they might outgrow their impairment, this, it was supposed, owing to the fact that they had not encountered many disabled adults. Therefore, lack of engagement with a disability community, and high involvement with medical practitioners, means that for disabled children disability is largely conceptualised from a medicalised viewpoint.

Self-perception in the social world is primarily influenced by the experiences and situations that the disabled child is exposed to. As Mead (1934) suggests, developing sense of self is entangled within children's relationships and interactions with significant figures in their lives. Most pertinent to the self-esteem of a disabled child is how their parent interacts and responds towards them. Connors and Stalker (2003) found from their study that disabled children had positive self-identities which were owing to the affirmative relationships they had with their families

According to Oliver and Sapey (2006) the quality of information given to parents of disabled children contributes to how they feel towards having a disabled child. Medical terminology is value laden, and impairment descriptions may conjure up negative stereotypes that are entrenched within our culture.

Moreover the attitudes of medical practitioners towards disability influence the reactions of parents. Harnett *et al.* (2009) explains that consultants often feel obliged to give parents 'a worse case scenarios' to not raise expectations.

Conversely, over positive messages from medical practitioners can be equally damaging. Kingston (2007) argues parents may feel they have failed their child if they do not reach the development potential predicted. Harnett *et al.* (2009) argues that parents respond differently towards their disabled infant depending on how the diagnostic message is delivered and whether it was both positive and realistic

Exploring the way the non-disabled majority interact with disabled people helps anticipate how adopters might respond to the prospect of adopting a child with some form of impairment. The aversion to the prospect of adopting a disabled

child can be considered an expected reaction by the majority of adopters, when we consider the general aversion towards engaging with disabled people within wider society (Murphy 1995). Moreover, the stereotypes which are evoked through the way medicalised labels are interpreted may have some bearing on the way adopters approach processes in adoption. For instance, information which is compiled in the Prospective Adopters Report (a document which their approval to adopt is based) includes Form F. This form requires a tick box approach to establish, from a list of 12 impairment categories, which adopters would be prepared to consider in a child (Cousins 2008). Whilst the presence of impairment does not necessarily determine a dependent or unfulfilling life, this is often assumed to be the case (Harnet *et al.* 2009).

The Self

Disabled children are less likely to experience family life than their non-disabled peers (Cousins 2006). The way disabled children are conceptualised in wider society may affect the way adopters consider the prospect of raising a disabled child (Cousins 2006). Despite the unique character pertaining to the disabled child, their identity is essentially wrapped in the characteristics considered conventional to the impairment label that they have been assigned (Shakespeare 2006). This is reflected in the concept of the 'child first' principle which warns practitioners not to lose sight of the holistic child by being preoccupied by the child's impaired condition; as stated in the practice guidance: 'Safeguarding Disabled Children' (Murray 2009).

Doubts about the adoptability of a disabled child, are based on socially constructed notions of a disabled life and a disabled family (Lowe *et al.* 2002).

Therefore, social worker's must not only recognize the unique personhood of the individual child, they must also consider how the child will be conceptualised in the wider cultural environment. Consequently, social workers may find representing a disabled child problematic, as they must try and reflect unique aspects pertaining to the child's identity while taking into account how they might be perceived by adopters often unfamiliar with disability. Therefore, social workers are challenged with portraying a positive yet not disingenuous representation of a disabled child. This raises questions: to what extent are adoption social workers equipped to plan effectively for, and represent, children with impairment needs? Or furthermore, for preparing and guiding adopters on the scope of impairment. Moreover, Cousins (2006) argues that in many cases, adoption agencies have very limited knowledge about the individual children on their lists. Therefore the identity of the real child and their individual qualities and attributes could become lost due to the social workers' lack of engagement with the child. Inadequate knowledge of how the impairment specifically affects the child could result in the condition being either underplayed or over-exaggerated. Impairment conditions are often experienced on a spectrum and affect the child to a greater or lesser extent. Ultimately, disabled children are not a homogenous social group and their impairment and disability will be experienced differently. There is the danger that when a child is identified as disabled all other qualities and characteristics of the child become unnoticed.

Discussions relating to impairment cannot be excluded from an examination of adoption processes, since adopters may be asked to consider a child that may experience early death, or whose condition is likely to progressively become more chronic. Thomas (2004) has attempted to incorporate what she identifies

as “impairment effects” within the Social Model, to account for the limitations and restrictions that people with impairments experience. She asserts that “disability and impairment are inextricably bound and interactive” (Thomas 2004 p.25). Drawing on the way in which impaired bodies have been constructed within wider society provides a way of theorising and explaining the disadvantaged position of disabled children within the adoption process. To detach the socially constructed ways of viewing disability away from bodily dysfunction, Bhasker’s (1978) principles of transitive and intransitive dimensions of knowledge are particularly useful. Intransitive objects are natural, lasting and real objects that exist regardless of whether we perceive them or have a good understanding of them (Sayer 2000). Therefore, impairment is considered intransitive in nature; meaning that the human condition, which is constantly vulnerable to injury, is a real experience for those it affects. Conversely, if we perceive that disablism is comprised from a number of discursive formations that amount to the exclusion of individuals with impairments, it is deemed transitive in nature; its continued existence lying in the reproduction of sustained social practices. Thus impairment is material and non-discursive, whilst disablism, despite its real implications for disabled people, is a virtual structure, manifest and rearticulated through the reproduction of practices which reinforce the exclusion and marginalisation of disabled people within institutional social systems (Giddens and Pierson 1998).

This chapter so far, has portrayed a somewhat bleak picture of how the lives of disabled children conceptualised. It has argued that the way disabled people are perceived may account for their disadvantage in being placed for adoption. However, if adopters only conceptualise disabled children through the lens of

how they are negatively constructed, then promoting a disabled child for adoption would prove fruitless. As Hughes (2005 p. 90) contends; “if power is reduced to structures of domination, it is not logical for impaired people to contest disablism. Only fatalism makes sense.” Over the last 35 years the disabled people’s movement has campaigned for the inclusion of disabled people to participate within mainstream society. Although, disabled people do still experience structural inequality, their rights to amenities that facilitate inclusion have increased over time. A more inclusive society has resulted in increasing awareness about particular conditions. For instance, the Adoption Register (2009) report achievements in matching families for children with specific conditions such as Down’s syndrome and Foetal Alcohol Syndrome. The adoptions of children with specific forms of impairment could perhaps indicate that some types of impairment are recognised and easily accepted than others. It is argued by Kingston (2007) that the impairments of physically disabled children can be more easily explained to the non-disabled majority and are therefore more accepted due to their visual representation. Conversely, a child with an invisible impairment such as autism, is less likely to be accepted by the non-disabled majority. Therefore adopters maybe more likely to accept a child where their prognosis, however severe, can be envisaged, rather than consider a child where their condition is either unknown to them or where the behaviour is unpredictable (Cousins 2006). The Adoption Register (2009) claim that children with multiple impairments are the most difficult to place.

Instances where adopters embark on adopting a disabled child are significant, as their decision is made in opposition to a prevailing discourse where impairment in childhood appears to threaten the quality of life for all family

members. Although the non-disabled majority may be socialised to respond negatively towards disabled people, individuals are nevertheless culturally conditioned not determined. Consequently individuals are capable to think beyond culture and do at times respond to the prospect of adopting a disabled child positively (Archer 2007).

Matching

According to Macaskill (1985), through the course of the adoption process people often change their mind in relation to adopting a disabled child. This section will examine those factors which sparked an adopters interest to pursue a specific disabled child for adoption from pre-existing studies. At this juncture, Bourdieu's (1984) analysis of *Taste* is a concept that is particularly useful tool for analysis, as the adoption process can be likened to the process of sifting through commodities, where there is a reliance on taste and what one would prefer. This might seem like a somewhat bizarre, or even dehumanising, analogy. However Bourdieu (1984) demonstrates that the choice in purchase is always strategic; our commodities and our tastes in areas such as music, art and even which particular political party we affiliate with, can be seen as reflective objects which reveal our sense of being. Thus an individual's tastes have developed from the type of cultural environment that they have been socialised into, which accounts for the differences in tastes amongst, for example, different ethnic and social class groups.

Palmer (2009, p.154) associates the collection of children's profiles presented to adopters as often like "a bizarre catalogue where the items on view are human beings". Even where adopters do not necessarily have a clear idea of

the sort of child they would like to adopt this does not necessarily mean that the adopter is broad minded about the concept of taking on a disabled child.

Bourdieu (1984) suggests that, often, people come to a decision by restricting their choice, specifying what they don't want rather than what they do want.

People rely on their tastes to make choices - therefore when viewing a brochure of the children available for adoption, the child selected will be one that either most suits the image retained in their mind; or the child that looks "to their taste" (Bourdieu, 1984).

However, Macaskill's (1985) study into the adoption placements of disabled children across the UK, it was found that some adopter's become more open minded about who they would consider during the course of the adoption process. According to Macaskill (1985), adopters who might never have thought about adopting a disabled child may respond to an advertisement campaign. Adopters may feel a particular connectedness to the child based on an image, film clip, or even description of their personality (Cousins 2006). These sentiments could be likened to the experience felt by those who express "love at first sight"; the adopter anticipates that they will experience some sort of "attunement" in the introduction of the child, the positive effect of which is not attenuated by the existence of the impairment. Bourdieu (1984, p.109) explains that when one eventually finds what one is looking for, the term often uttered is "just what I wanted". Bourdieu (1984) reveals how feeling a connection is important in many aspects of our decision making; from choosing a partner, to our religious persuasion, the type of literature read and the music listened too.

According to Argent (1998), the main prerequisite for a good match is the general alignment of tastes between the adopter and child. Bourdieu (1984) discusses how the individual seeking a spouse will generally look for similar tastes, in order to be “well matched”. It can be surmised that a similar realisation needs to occur in the matching process between the parent and child.

Therefore, it is necessary that knowledge pertaining to the child’s interests should be fully incorporated into their profile. An adopter of a disabled child relayed his joy to Argent (1998, p.161) in finding that his adopted disabled son enjoyed the same taste in films and music as him, describing his son as; “like me really. He likes Elvis just like me! That was one of the things we had in common when we first met.” Thus, the adopter is reminded that the disabled child is essentially, first and foremost, a child with their own unique character and personality.

According to Macaskill (1985) adopters of disabled children are often attracted to the prospect of adopting a child with significant health needs due to the fact that the child’s dependency gives them a sense of purpose. Commenting upon what drew them to their specific child, one set of adopters explained that their child looked “ugly, but the photo seemed to say ‘Choose me’. She looked so pathetic. I felt she needed someone like us” Macaskill (1985 p.39). Similar to Macaskill’s findings, Argent (1998) confirms that adopters of disabled children are often motivated out of a sense of altruism, as one adopter commented that she initially discarded the profile of one disabled child reasoning that “Oh no he is so cute. Everyone will be after him. I was looking for a child no one wanted” (Argent 1998 p.5).

There is a disjunction between the motivations often ascribed in wider society to adopters' decision to adopt disabled children and those of the adopters themselves. Bickenbach (1993) argues that acts of altruism elevate the non-disabled person's status while demoting the disabled person to that of 'passive recipient'. Disability in general is often associated with notions of dependency and passivity which are qualities which demark childhood (Priestley 2003). Their childhood status reinforces sentimentality and perception of disabled children as unfortunate and tragic victims. Televised charity events serve to reinforce these images of dependency with rights to amenities dependent on the good will of others (Barnes 1992). Although disabled children deviate from notions of normal life-course progression, their perceived dependence and vulnerability sits in close proximity to socially constructed notions of childhood innocence; where childhood is conceptualised as a carefree time. Children are often characterised as vulnerable objects of concern who should be sheltered from adult cares and concerns (Faulkner 2011).

However, Argent (1998), Macaskill (1985) and Sinclair (1998) all confirm that adopters are less likely to see their efforts as self-sacrificing and were keen to emphasise the fulfilment and enjoyment they have in raising their disabled children. The fact that they find their role in caring for a disabled child rewarding does not make their actions less altruistic. Midgley (2002) argues that altruism can be defined as having regard for others which is itself a motive. Thus for Midgley (2002) an understanding of altruism centres on an idea that human beings are social creatures. In effect "mostly we do what we have to or what we feel like doing; And quite often what we feel like doing is helping or pleasing other people" (Midgley 2002 p.113). This position is therefore, an alternative

Habitus to the notion that human beings are essentially competitive and self-interested. The decision to adopt a disabled child is one of positive intent.

Many of these adopters have been found to be predisposed to disability issues or have worked with disabled people, so that consequently, they were not unduly influenced by misconception and negative messages about disability that are often internalised by other adopters. Both in the study by Macaskill (1985), and in a 1988 study by Sinclair, it was found that a significant number of their sample of adopters had lost a child prior to the adoption, in which the child had died from a specific health condition. For these adopters their desire to adopt was stimulated by their experience of loss and their need to resume their caring role. These adopters were keen to ensure that their motive to adopt was not confused with an endeavour to substitute the child that they had lost; Sinclair (1988, p. 34) explains, “they were seeking to replace a role not a child.” Therefore dependency was not an issue for these adopters – in fact it was a preferred characteristic.

Summary

While the number of research studies on the adoptions of disabled children is limited, they nevertheless provide us with some empirical content which enables us to make sense of the processes involved, and which provide a recognisable account of the dimensions to be considered in the adoption of disabled children.

However, if there is a central point to this discussion, it is that research should not limit itself to the situationally specific, largely empiricist work which has characterised past research. It needs to be informed by a wider appreciation of

the social processes that underlie the actions and practices of the adoption of disabled children. This laminated approach to disability reflects a Critical Realist belief that reality is multifaceted and nuanced. These layers of analysis provide a framework which will help identify the various factors which underpin disabled children's disadvantage in the adoption process. This chapter has sought to avoid a one dimensional model of disability and prefers to understand disabled people's experiences through the lens of the transitive and intransitive. The intransitive dimension is a real and lasting object which exists regardless of whether we identify it; whereas the transitive consists of a set of reproduced and sustained social practices which account for disabled people's disadvantage in society. When referring specifically to impairment the intransitive dimension makes it possible for us to bring the body back into analysis without conflating bodily functions with social barriers which result in the exclusion of disabled people (Williams 1996). While, the laminated approach attempts to identify causal mechanisms which generate sustained practices; social structures are seen as relatively enduring which avoids any over-determinism. The multifaceted nature of this framework "maximises explanatory power" (Bhaskar and Dannermark 2006:292). This allows the research to make connections between the layers of analysis and locate the macro features which are "interlocked" into micro social practices (Layder 1993).

Therefore, a proper understanding of this area cannot, it is being suggested, be generated by an examination of the immediate circumstances of adoptions alone – although these are of course vital. Rather these need to be embedded and understood within a wider appreciation of the socio-cultural factors which

provide the context for, and are interwoven with, the immediate decisions of the adopters themselves, and the professionals and agencies with which they interact. At the same time the notion of 'taste' enables us to give due credit to the actions and perceptions held by the adopters themselves as individuals.. Recognising the key elements of their decision making can help us to find ways of identifying and recruiting suitable candidates for adopting disabled children.

Disabled children have not only been disadvantaged in adoption they have been often excluded through much of adoption history of adoption. In the light of the Adoption Act and Children 2002, we might expect adoption practices to have developed and changed with the advance of the new millennia. According to Allen (2007) there has been a concerted effort to move the culture of adoption practice away from, its history as a system to serve middleclass needs and interests, to a system which supports the adoption of more hard to place, looked after children. It is now the culture and development of adoption policy and practice that the next chapter will examine.

Chapter Two: Theorizing Adoption Policy

Deconstructing notions of disability has been useful to account for why adopters might conceptualize the role of parent to a disabled child negatively. As disabled children deviate from the idealised perception of innocent childhood they have been historically excluded in adoption practice (Keating 2009). Disabled children's inclusion into adoption came about after a series of social changes in the 1970s when there was a decline of healthy, young, infants available for adoption (Macaskill 1985). This chapter concentrates on how adoption policy has evolved historically, through the way childhood has been constructed more generally.

Adoption conveys an image of childless couples parenting young infants either relinquished or orphaned (Keating 2009). So pervasive is this association that adopters often enter into the adoption process with unrealistic expectations (Palmer 2009). An examination of adoption policy will be discussed through the lens of Fox-Harding's (1997) four conflicting approaches to childcare: *laissez faire*; *State paternalist*; *parental rights*; *Children rights*. Differing concerns in relation to adoption policy reflect different ideas about the way children should be raised. In addition, to the perspectives Fox-Hardings (1997) offers this chapter will examine the ways in which children are objectified as commodities through adoption processes (Potter 2013).

This chapter does not aim to provide a sequential overview of adoption policy. Rather, it wants to uncover how adoption policy is shaped through socio-cultural

forces, which involves examining the implicit meanings that underpin legislation. Ways of viewing childhood, state intervention, and disability can have a relatively enduring affect, which shapes the way policy is constructed. There is of course, a temporal element to this chapter since some ideas are more pervasive at specific times in history than others. Adoption, in its current political context has sought to turn the culture of adoption away from the needs and interests of adopters to a system which supports the needs of children within the state care system (Allen 2007). In 2002 The Adoption and Children Act was updated to align with the principles under the 1989 Children Act in that the best interests of the child should be the paramount consideration (Allen 2007). This chapter incorporates an outline of how the adoption process operates. Key elements of the adoption process are discussed throughout the thesis, therefore, this chapter attempts to provide the context of adoption practices.

De facto Adoption

Lindsay (2009) informs us that the practice of adoption formed its roots in Roman society around 5 AD. The early practice of adoption would perhaps be considered as being far removed from the associations of adoption in contemporary society. In its early historical context, it was not principally regarded as the solution to finding homes for orphaned children, as Lindsay (2009 p.2) points out that high instances of abandonment and infanticide indicate that some children were considered as “not thought worth rearing”. Adoption was more associated with companionship and was often considered an alternative to marriage; where privileged men sought out a successor amongst the talented ‘plebeians’ of society. The children selected (usually boys)

were not always orphaned or destitute, and adoption would follow from a request that the birth father should relinquish their control over their son.

Throughout the medieval period, sending children from the parental home for work and apprenticeship opportunities was a frequent practice which aided the economic survival of the family. De facto adoptions and fostered relationships with adults in apprenticeships were actively encouraged, and the child given such opportunity was considered fortunate (Safford and Safford 1996). As there was no clearly defined status of childhood there was no legislation to safeguard them (Aries 1962). The existence of charitable schemes for destitute children were recorded as early as 11th century, although these provisions were often short lived. Orphaned children were generally looked upon with pity, although attitudes towards destitute illegitimate children were generally hostile, which consequently resulted in a loss of public and financial support from charitable establishments.

Aries (1962) reports that only from the 15th century onwards was the inherent nature of childhood theorised and debated. Moreover, the development of the printing press meant that discursive ideas could be expanded and nationalised (Postman 1983). Throughout the 16th century the notion that children were born into Adam's original sin was very pervasive. Religious leaders and philosophers such as Hobbes, focused on preaching messages of strong discipline and correction in order to save the child's soul from their inherent sinful nature (Woodhead and Montgomery 2003).

The notion of original sin had profound effect on the way in which disabled children were perceived. Religious leaders frequently reinforced the notion that disability was the inherited result of family's sin. Therefore, impairment was often linked with the adulterous behaviour of the mother and it was not uncommon for fathers to reject claims that a disabled child belonged to them (Safford and Safford 1996). Disabled children who survived infancy were thus frequently subjected to claims that they bore "the mark of the devil" by religious leaders (Safford and Safford 1996).

Disabled children were also subject to another pervasive discourse which depicted them as passive and pitiable. Disability in general has often been associated with notions of dependency and passivity which are qualities which demark childhood (Priestley 2003). Children have often been characterised as vulnerable objects of concern who should be sheltered from adult cares and concerns (Faulkner 2011). The concept of 'original innocence' was first coined by Rousseau in 1762 and formulated a way of thinking about children referred to as 'the romantics' (Hendrick 1997). Children were defined as sweet and inherently good although vulnerable to adult corruption. Whilst Christianity had been a mechanism which reinforced negative thinking about children, it also adopted the romantic way of seeing childhood, reflected in the development of charitable organisations and hospices.

The 1601 Poor Act made it the responsibility of local parishes to undertake the basic provisions for destitute children, the sick and the disabled at their own expense. Disabled children were often relinquished to parish care under the

auspices of Christian duty; although there was a lack of concern in ensuring their survival and most infants died within the first year of entry into parish care. McClure (1981) argues that parishioners were often particularly resentful that their tithes were spent on children deemed as undeserving of their assistance. Ultimately, this kind of provision was regarded as a dangerous encouragement for unmarried mothers to continue in immorality without having to bear the responsibility of their illegitimate child (McClure1981).

The Poor Law 1834 was amended so that the provision of the destitute poor was removed from the responsibility of the parish to workhouse establishments. Essentially, it was cheaper to house people together under larger institutions, as well as making it possible to regulate their behaviour (Ayers 1971). Frequently, extended relatives of an orphaned child would informally adopt them to spare the child from the harsh reality of the workhouse (Keating 2009). Informal adoption arrangements were legitimated by the state. Orphaned or abandoned children were frequently selected from a poorhouse by adults in an indentured common law contract (Triseliotis 1997 *et al*). The state certainly benefited in monetary terms, as they were free from the burden of providing for destitute children. Although, without protection from the state, children were more open to abuse and exploitation. In fact, for many adopters the desire to home orphaned or abandoned children during the 1800s was a ploy to exploit them in child labour, which meant that children old enough to engage in work were therefore preferable to babies (Bridge and Swindells 2003). Whilst the motivation for adoption was linked to the benefits produced through child labour, it should be noted that children were more likely to receive better treatment than

would otherwise have been the case if they remained in an institution (Bridge and Swindells 2003).

The term adoption was also synonymous with baby farming. Baby farming was a practice in which, for a premium rate of approximately £5, mothers of illegitimate babies could leave their infant in the care of another, and effectively evade the condemnation that surrounded conceiving outside of wedlock. However, the baby farmers in charge of these infants could not always keep them alive. Keating (2009 p. 23) reports that a succession of babies found dead in the streets within the same areas of Brixton and Peckham led to suspicion, and police raids found that many infants were being housed by farmers all “drugged and emaciated.” What is particularly significant about the moral panic surrounding baby farming is the shift in public attitudes regarding the welfare of illegitimate infants. McClure (1981) explains that before the 1834 Poor Law, little public concern was given for the infants that had died precariously whilst in the care of parish nurses, who were often dubbed “killing nurses”. The rise in the number of rescue societies, and their growing influence over child care practices, reflects the changing attitude towards children and their perceived vulnerability. The severance of children from the adult world became most apparent after a succession of child legislation such as the Factory Act (1833), the Infant Life Protection Act (1872), the Prevention of Cruelty to Children Act (1889), also known as the "children's charter", and the Children's Act (1908), all of which illustrate a recognition that children needed special protective interventions from adult harm. Under the Infant Life Protection Act (1872) foster carers were obliged to officially register, whilst the Births and Deaths

Registration Act was a strategy to make it impossible for the infanticide of young babies to go unnoticed. These legislative changes occurred amidst a great deal of social change during the enlightenment period. Essentially the effects of industrialization resulted in the reconstruction of the family, which led to a cultural shift in the way children were conceptualized and came to be perceived as vulnerable. However, the formal recognition of adoption in adoption legislation, the Adoption of Children Act was not realised until 1926.

Within the Best Interests? Conflicting Perspectives of Child

Care in Adoption Policy

All child related policies, including adoption, can be understood through a number of contrasting ideologies about what is in the best interest of children. Ideological assumptions about the nature of childhood and the role of the family are implicit in the specific interventions in which the state has increasingly endeavoured to interfere with the raising of children. The paramount principle in the 1989 Children Act is a reminder to the courts that the rights of the child rather than the rights of birth parents are of priority. However, what remains at issue is exactly how decision makers internalise the concept of best interest? For instance, some social workers may preserve the notion that supporting the family of origin best serves the interest of the child. This chapter will draw on Fox-Harding's (1997) four perspectives of childhood that continue to influence the way in which childhood is conceptualised, and what might explain the disparities amongst professionals as to what intervention is within the best interest of the child. The different perspectives to childcare presented in this chapter often overlap, however, each approach places a different amount of emphasis on the issues raised. The evolution of adoption policy will be

examined through the lens of these four contrasting ideologies, that have, somewhat, influenced child care practices. These four perspectives are as follows:

- *Laissez faire* approach which believes in limited state interference and argues that the family is a private arena.
- *State paternalist* which is essentially a rescue approach to child care, where an emphasis on psychological parenting is given precedence over biological ties.
- *The parental rights* perspective perceives that children's best interests can be met within the family if suitable support systems are in place.
- *Children rights* perspective regards children as individuals with particular rights to speak and be heard in matters that affect them.

Laissez Faire

The laissez faire approach asserts the view that children belong to their biological family, through whom the needs of the child are best served.

Respecting the importance of the parent-child relationship, intervention is kept to a minimum, and only acts within the most extreme of circumstances.

Unnecessary interference from the state is perceived to negatively impact the family, which is thought to be a private arena. Parents should be enabled to raise their children in the way they see fit, providing no serious harm comes to the child. It is contended that the natural bond between parent and child cannot be fulfilled elsewhere (Fox-Harding 1997).

The privatisation of the patriarchal nuclear family emerged with the rise of industrialisation when middle class women's role as largely confined to the

home, was perceived to be the domestic ideal. Prohibited from meaningful work women's identity centred on the maternal care of children. The state valued the institution of the family for its important role of raising children, and hence afforded the patriarchal family unit privacy. Respectability had become substantially important, at least outwardly, and there was significant pressure to conform to conventional nuclear ideals. The pressure to conceive healthy heirs, as well as a keeping up of appearances; intensified the need to parent.

Without a legal framework the adopted family were vulnerable to the return of the birth parents, who would technically still retain legal tenure over the child. This often occurred when children reached an age where they could work. A legal adoption therefore withdrew the rights and responsibilities of the birth parents in favour of the adopters - "as though the adopted child was a child born to the adopter in lawful wedlock" (Tomlin report 1924 cited in Bridge and Swindells 2003 p. 5). With the intention of attracting more desirable adopters and eradicating continuous baby farming scandals that were still occurring, the state was compelled to grant the adoptive family the same rights to privacy as it afforded to natural birth families.

The Tomlin Committee (1924) was appointed to decide the limits in which adoption practice could operate. The major consideration for the Tomlin Committee was whether it was morally right permanently to sever the relationship between the child and their natural mother (Bridge and Swindells 2003). However, this was less to do with the best interests of the child, and more to do with the committee's grave concerns that legalising adoption would encourage abandonment and moral fecklessness. It was feared that the women

wishing to relinquish their children would outnumber those who were willing to raise them (Ball 2002; Keating 2009).

Alternatives to breast feeding meant that adopters could parent very young infants, which increased the number of couples who wished to adopt.

Maintaining respectability and social status was extremely important in the 19th and 20th century, therefore adoption prevented suspicion relating to infertility which was considered embarrassing. Thus, secrecy and privacy became central to adoption practice, so long as the child could pass as the adopter's own.

Secrecy was also regarded as important to maintain for the child's sake due the stigma of illegitimacy. Consequently, seeking out a child that most reflected their personal characteristics was vitally important. Traditionally, only young infants who were both healthy and aesthetically beautiful were selected. Any child that subverted the idealised notion of childhood was disregarded and considered unadoptable (Keating 2009; Mather 2003).

Maintaining links with the birth family still carries significant weight in contemporary adoption practice. The Adoption and Children Act (2002) make clear that the court will have to decide "the likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person." (section 1.1.1.4c). One pertinent concern is the potential separation and loss that the child is likely to experience from being permanently separated from their birth parents. Therefore the court may conclude that other placement options would be less detrimental to the child. Fostering might be preferred in circumstances where direct contact with the birth parent is perceived as beneficial for the child. Moreover, fostering allows siblings to stay

together if local authorities expect to find it difficult to find adoption placements that are willing to take on sibling groups. Ultimately separate adoption and fostering placements run the risk of severing important relationship ties, as well as legal ties for siblings (Lowe *et al.* 2002). However, fostering arrangements where a child has access to the biological parent can be very insecure for the child, who according to the *laissez faire* perspective, needs above all other things, emotional constancy and the knowledge that they are a wanted child (Fox Harding 1997).

Another, alternative care arrangement which could offer the child “the feeling of permanence” outlined in the Adoption and Children Act 2002 is Special Guardianship (Bevan *et al* 2007). Special Guardianship is an order granted by the court which gives non-parents legal status. It does not completely sever the legal relationship between the child and their birth parents, but is more secure than a residency order. Special Guardianship, acknowledges that infants can be attached to more than one figure and will often experience the effects of separation and loss to siblings, fathers, and other extended family members, such as grandparents. It might be considered that special guardianship is preferable to adoption as it offers the child continuity of care and emotional security from their guardians as well the need for identifying with one’s biological and cultural kinship groups. However, all things considered there are several issues at stake in the consideration of the welfare of the child. Family members, when presented with the prospect of assuming parental responsibility may feel obliged, or even pressured, to undertake this role. Furthermore, safeguarding the child from birth parents may become particularly problematic as special guardians will also have a complex relationship to them.

In contemporary adoptions contact between the birth family and the child can still be maintained. There are two ways in which openness about the birth family is preserved: direct contact and communication openness. Direct contact involves an exchange or visit between the adoptive and birth family whereas communication openness entails discussion with the child about information pertaining to their birth family and history (MacDonald and McSherry 2011). Openness in adoption emerged after it became apparent that adults who had been adopted were reporting the damaging impact that secrecy had on their sense of identity (Logon and Smith 2005). Consequently, it was argued that maintaining contact would circumvent feelings of 'genealogical bewilderment' (Logon and Smith 2005 p. 5). Links between the birth family and adopted child can be maintained through exchanging information (such as annual letters) or through direct contact. The frequency of visits is decided in accordance to the child's needs. Groza and Rosenburg (1998) argue that there is little substantive evidence that children need to be in constant contact with their biological parents. This is not to deny the potential issues adopted children may feel due to an absence of their biological reference points, particularly in periods of youth transitions. Physically disabled children's sense of identity maybe further obscured due to their bodies being conceptualised as subverting the aesthetic bodily ideals.

Adopters must agree to contact with the birth family as the court cannot grant conditions on the adoption of a child. Essentially adopters are granted the rights and responsibilities belonging to that of any birth family. Therefore the relationship between birth parent and child is no longer recognised in legal

terms. The court may only offer advice if there is reason to believe that maintaining contact would be in the best interests of the child. Contact is consequently, negotiated at the discretion of the adopter (Parker 1999). The privacy which is afforded to the adopted family does not necessarily contrast with the laissez faire position. Although, the laissez faire perspective has often promoted the importance of not severing the blood tie, there is recognition that in extreme cases it may be necessary to do so. Essentially, its underlying value endorses minimal state interference. Consequently, in order for the adoptive family to function well it must be afforded the same rights to privacy as the birth family.

State Paternalism

This perspective can be found in all policies relating to child care as its emphasis is on special protective measures which prevent children from being subjected to harm. State intervention is seen as essential when the quality of parental care in a family is in doubt. It gives little credence to the laissez faire approach and argues that the natural bond between birth parent and child is over emphasised. State paternalists essentially believe that the child's needs may be best served elsewhere. It is contended that "society suffered from a misplaced faith on the blood tie and an over-romanticised picture of parenthood" (Fox –Harding 1997 p. 43). The rights of parents are of secondary consideration; the child is paramount.

The concern for children's welfare by 'rescue' societies increasingly undermined the sanctity of the family. The official workhouse, at its outset in 1834, was obliged to offer shelter to the destitute children that came forward, although it

was essentially the role of philanthropists, who thought it their moral responsibility to intervene in family life, to “rescue” any children whose parents were deemed incapable of raising them (McClure 1981; Keating 2009). State paternalism has frequently been considered as over enthusiastic in removing children from the homes of their birth parents (Holman 1980). Philanthropists actively intervened into the lives of those families whose impoverished conditions was considered the result of parental idleness (Keating 2009).

Children’s societies also thought it morally right to actively intervene on behalf of disabled children, though rarely was adoption considered for these children. These children were sometimes abandoned, at other times forcefully ejected from their homes by the ‘rescuers’ from children’s societies, who would regularly allege that poor parenting was the cause behind children’s learning disabilities. These children were often raised in institutions with dedicated resources and professionals who could redeem the child from depravity and instil within them moral boundaries (Ferguson 2001). In relation to physically disabled children paediatric care took a more ‘industrial’ approach, concentrating merely on the impairment often failing to notice the child’s emotional wellbeing (Jolley and Shields 2003).

Children considered unsuitable for adoption were regularly sent to work on farmland in Canada a practice that was actually often dubbed as adoption between 1990-1939 (Father Hudson Society 2008). These boarding out arrangements were often organised by children’s charities, such as Dr Barnardo’s, though there was little regard for the welfare post placement. Farmers were charged a monthly rental charge, with fees varying according to

the economic “worth” of the child; children with learning disabilities were amongst their number. Keating (2009 p.40) asserts that these children were not afforded the same concern that children orphaned from the First World War were shown. Rather they were “transported as criminals or delinquents.”

Nevertheless state paternalism has been vital in removing children from dangerous situations. Despite the Infant Life Protection Act (1872), baby farming scandals were still occurring in the 1900s. The need for establishing practice guidelines for children’s societies was campaigned for by the National Children’s Adoption Association NCAA (Keating 2009). However, the campaign for legislation was side-lined during the war era, although the large numbers of children orphaned, and the increase in the number of illegitimate children in the aftermath of World War One, brought the issue of adoption to the fore.

Subsequently, the Hopkinson committee (1921), consisting of several rescue societies and adoption societies, debated the appropriate guidelines for adoption practice (Triseliotis 1997 *et al.*). Ultimately, state paternalism was augmented by the voluntary sector, and, despite their questionable practices, the campaign led by the NCAA to achieve legislation was a bid to prevent unsafe practices and protect children (Keating 2009).

New attitudes towards children and their perceived vulnerability did not extend towards disabled children who deviated from romantic notions of the innocent child. There were few occasions where adopters put forward applications to adopt disabled children (Keating 2009). In the early days of official adoption legislation, health assessments of infants were not consistently carried out across all adoption societies. Children were often returned back into care if

particular medical conditions became apparent. In 1939, the Horsbrugh committee announced that adoption societies needed to ensure that the child put forward for adoption sustained good health. Therefore, disabled children were not entirely prohibited from adoption, though it was necessitated that adopters needed to be fully informed not only of existing conditions but also possible hereditary illnesses. Consequently, adoption societies were actively encouraged to decline infants where impairment and ill health was apparent. Furthermore, children were rejected if the mother appeared mentally defective, or displayed signs of fecklessness. The eugenic movement was still very pervasive especially in the notion of hereditary deviance. This can be seen in an advertisement by the National Children Adoption Association which states: “full enquires are made into the character, health and history of both parents; and none of the children accepted are borne of vicious parents” (Keating 2009 p.46).

Post-World War Two, psychological parenting had gained importance. Attachment theory developed from Bowlby's (1973), work examining the psychological wellbeing of children living in institutional care. Bowlby (1973) asserted that the absence of an attachment figure in the early stages of a child's life had a detrimental effect on children. Poor social relationships; low self-esteem; heightened levels of stress; and weaker immune systems; were just some of the factors seen as symptomatic of poor social support in childhood (Howe *et al.* 1999) Attachment theory reinforced the importance of substitute parenting for providing a secure and loving environment, when it became apparent that the birth family were unable to do so. However, it took longer to recognise that disabled children had the same emotional needs as other children. It was believed that children with learning disabilities did not have the

capacity to experience the same traumatic emotions in consequence of separation. Thus institutional care continued to be perceived as a viable option for them.

Childhood studies which emphasised the role of the family in a child's life, not only influenced childhood policy and practice generally, but also reinforced the belief that adoption is a vital means of safeguarding a child (Triseliotis *et al* 1997). The preference for effective psychological parenting, and the concept of restorative care, overrode the apprehensions about the child experiencing separation and loss from the birth mother (Bevan *et al.* 2007). Subsequently, the Houghton Committee was appointed in 1969 to evaluate adoption law and the process of adoption. In their report the Houghton Committee (1972 cited in Bridge and Swindells 2003) asserted that finding a home for the child should be of central importance and the primary function of adoption. They recommended several amendments including; a national comprehensive adoption service in every local authority, a screening process for all adopters, who only once approved could then be matched with a child, and a probationary period in which a child must live with the adopters for a period of thirteen weeks before an application for a court order be made (Allen 2007). These recommendations cumulated in the 1976 Adoption Act, and although its purpose was to extend adoption practice towards the needs of looked after children, the policy's mandate was not generally enforced nor can it be particularly regarded as mindful of disabled children (Bridge and Swindells 2003).

It was only in the late 1970s that disabled children were starting to be considered for adoption. Children in care who were perceived to be deficient in

some way, even those with the mildest impairments, were stamped “unfit for adoption.” In the 1970s the Association of British Adoption and Fostering Agencies ABAFA (now referred to as the British Association of Adoption and Fostering BAAF) proceeded to examine children already adopted into families (Mather 2003). If doctors found the children to have medical abnormalities, then these children were returned back into care.

Several factors led to the inclusion of disabled children in adoption practice:

- Public scandals about abuse and neglect in relation to institutions and long stay hospitals meant that institutions fell into disrepute (Brown and Brown 2003).
- Institutions also became increasingly overcrowded and expensive to maintain which meant that adoption would resolve this expenditure for the state. (Connors and Stalker 2003).
- Mounting pressure from the disability movement campaigned for disabled people’s inclusion within mainstream society; including mothers who campaigned to raise their children at home
- Macaskill (1985 p.6) explains that in the 1970s a principle emerged “that no child was unadoptable, whatever the degree of handicap”, a concept which surfaced in light of success finding substitute parents for severely disabled children in the USA.
- The decrease of babies available for adoption meant that adoption agencies were compelled to put forward children with complex needs.

Subsequent to the 1989 Children’s Act the Conservative government proposed that a review of adoption law. Although the number of UK adoptions had

declined, the Adoption Law Review (1992) maintained that adoption continued to be a vital service for children who could not return home to their birth family (Allen 2007). However, an adoption bill from the Conservative government never materialised. Thus in 1998 the Labour government began their own review into looked after children, after there were particular concerns surrounding abuse in residential care, as articulated in the Utting review. The House of Commons Select Committee 1998 expressed concern that adoption was not taken as a legitimate option by local authorities for some looked after children, that there were many unnecessary delays in the adoption process and a lack of support from local authorities to support the success of the adoptive placement (Allen 2007).

The Waterhouse report followed, and provided instances of abuse that children experienced within residential settings in North Wales. The report advised the government on 72 amendments that would improve the safeguarding of looked after children, although adoption as a possible solution was absent from any of these recommendations (Allen 2007). In 2000 Alistair Campbell announced that the government proposed to re-evaluate adoption in a Prime Minister's Review, with intent to consider if adoption could feature as part of the resolution for the predicament of the many looked after children across the country (Allen 2007; (DoH 2000)). It became apparent that looked after children were at increased risk of a number of negative outcomes caused by institutional abuse, multiple placement moves and inadequate support for those leaving care. It could be suggested that in recent years there has been a return to a state paternalist approach to child care, amid increasing concerns that social practitioners place too much emphasis on the rights of parents, to the detriment of the welfare of

the child. This apprehension is expressed in the Prime Ministers Review of Adoption (Allen 2007 p. 56) in which former Prime Minister Tony Blair announced that “too many local authorities have performed poorly at helping children out of care and into adoption.” Following the review the Adoption and Children Act (2002) was passed.

Parental Rights

This perspective not only advocates the rights of parents, but also maintains that the *natural bond* between birthparent and child cannot be matched by substitute parents. Unlike the laissez faire approach to child care, this perspective values the intervention of the state, although the state involvement requested in family life is in a supportive capacity (Fox- Harding 1997).

Advocates of parental rights are critical of the paternalist approach, whose history is embedded in taking children away from the parental home only to place them in substandard care arrangements. Holman (1980) argued that whilst poverty has often featured as the cause of greater levels of stress, leading to family breakdown, little is done to relieve the material disadvantage that these parents experience. Prevention of family breakdown, through family support is perceived as the solution to keeping the family together, which ultimately benefits the child.

Parental rights did feature in early adoption legislation. Delay to legislation was due to a concern about whether it was morally right to permanently sever the relationship between the child and their natural mother (Bridge and Swindells 2003). Although, it is important to note this was less to do with the best interests of the child, and more to do with the Tomlin committee’s grave concerns that

legalising adoption would encourage abandonment and moral fecklessness. This was the chief concern of the Tomlin committee (1924), who were selected to decide the rules and principles by which adoption societies should operate (Bridge and Swindells 2003). To ensure that birth parents were not forcefully coerced into a permanent separation from their child, due to what could be temporary circumstances, the Tomlin Committee (1924) included a clause which said that the adoption of a child could only take place if informed consent by the birth parents was obtained. Exceptions to informed consent involved circumstances such as incapacity, abandonment of the child, or if the birth parents subjected the child to ill treatment. In order to guarantee that adoptions were being conducted legitimately, the Tomlin Committee (1924) stipulated that all adoption orders must encompass a judicial decision in a court of law. However, the mothers of illegitimate children were frequently regarded as morally deficient, which technically meant that the need for their consent could be legally dispensed with. Women who conceived children illegitimately were frequently incarcerated into asylums under the 1913 Mental Deficiency Act. Fundamentally, it was believed that the child needed to be “rescued” from the perceived ill effects of immorality (Keating 2009).

In order to prevent the exploitation of birth parents, the Adoption of Children Act (1926) prohibited adoption societies from claiming expenses, and it insisted on the regulation of adoption agency practices. The rights of parents became manifest again in the 1939 Adoption Bill. The consideration of the rights of birth parents was partly due to poor adoption practices, which left children vulnerable to abusive situations. The Horsbrugh Committee (1936) found that adoption agencies were continuing with informal adoption arrangements without ensuring

the welfare of the child. Keating (2009) points out that relinquished children were often shipped to the continent and America, with little investigation into the lives of the adoptive parents they were assigned too.

By the 1970s the era of “perfect babies for the perfect couple” (Triseliotis 1997 *et al* p.7) was ending. The Department of Health (1993) informs us that in 1968 27,500 children were adopted, compared with 1977 where the number of adoptions was recorded at 15,000. Essentially, the demand from adopters for developmentally “normal” infants outgrew the supply of babies available. Macaskill (1985) explains that in the 1970s the emergence of effective contraception, abortion, and an increasing acceptance of children who had been conceived illegitimately, compelled adoption agencies to put forward disabled children for adoption. Moreover, inspired by the civil rights movement a minority of mothers challenged professional attitudes to institutionalise disabled children, and campaigned for better provision of services (Schwartzenberg 2005). The 1961 Education Act made parenting from home all the more possible since special education became available in most areas (Ashbaker 2011) Moreover, long stay hospitals fell into disrepute since exposure to the poor care and conditions became publicised through a piece of ethnographic research by Maureen Oswin (1978) on *Children Living in Long Stay Hospitals*. Disabled children were increasingly being successfully parented at home, which may have gone some way towards the notion that substitute parents might be found for looked after disabled children.

By the 1990s adoption orders had fallen to approximately 2000 per annum.

Parker (1999) believes that the decline in the number of adoption orders was

partly due to the way in which local authorities interpreted the Children Act (1989). Essentially emerging theories placed an overall importance onto the stable family unit for the developing child. This is reflected in the Children Act (1989) where it states The Act rests on the belief that children are generally best looked after within the family. The 1989 Children Act should be distinguished from Fox Harding's Parental Right's Perspective since the Act gives local authorities powers to remove children when appropriate. Moreover the Act reinforces the notion of parental responsibilities rather than rights. Nevertheless, during the 1990s it was clear that there was an emphasis on the importance of preserving the birth family unit, and local authorities became reluctant to propose adoption. In addition, it was felt that adoption orders would not be approved by the court unless there was unquestionable evidence that the child could not possibly remain with their family, regardless of whatever support could be offered. This view was generally accepted due to the substandard care that was offered to looked after children who were seen to be "drifting" through the care system (Schofield 2009). Essentially, the parental rights perspective became more prevalent, due to the increasing awareness that disadvantage fed into poor parenting practices that could be improved upon with support, rather than withdrawing the child from the family. The focus of social work was directed towards preventing family breakdown by ensuring that the parents felt supported (Smith 1998). However, Parton (2006) argues that social workers are duty bound to intervene when parents appear not to be raising their children effectively, therefore their role is perceived as more about surveilling families than offering them support. According to Smith (1998), the over optimism of some social workers and the precedence given to preventative

intervention became detrimental to the wellbeing of some children, who stayed too long in dangerous situations with their family.

The rights of parents are protected by Section 8 of the European Court of Human Rights which states “*Everyone has the right to respect for his private family life*”. In contemporary practice, parents have the opportunity to avoid court care proceedings by: cooperating with social workers in the first instance; parents might agree to arrangements by which their child might live with a member of their family. If this is not possible parents can agree to their child being voluntarily accommodated in state care. Birth parents often have legal representation in pre-proceedings process but will be granted very little contact with their lawyers. Consequently, lawyers often advise parents to decline the arrangements the local authority offers. If the parent agrees to local authorities proposals this will jeopardise their position in court if they fail to carry out what they have agreed (Masson 2010).

Where court proceedings occur local authorities must provide sufficient evidence to the court before an adoption placement order can be made. Neglect in particular is hard to evidence, and local authorities must demonstrate an accumulative portrayal of neglect which that meets protection thresholds. The use of expert witnesses in care proceedings such as psychologists is frequently called upon to give their assessment of the situation, thus increasing delay and expense (Masson 2010).

The government report ‘*An Action Plan for Adoption: tackling delay*’ (Department of Education 2011) claims that it takes an average time of 55 weeks for care proceedings to reach a conclusion. Masson (2012) explains that

the culture of the family justice system prioritises making right and fair decisions while neglecting to take stock of how delay might adversely affect the child. Consequently, the Coalition have announced changes to the judicial system which speeds up court proceedings, such as limiting the extent to which expert witnesses are used (Family Justice Review Panel 2011). Furthermore, local authorities will have the option of placing the child with adopters who are approved as foster carers prior to court decisions. Local authorities are warned to not allow the placement to cloud their assessment of the birth parents. Although, it is difficult to see how it would not impact on social workers judgements, particularly if the child appears to flourish and thrive in their new placement (Department of Education 2012).

Children's Rights

This approach challenges adult control over children's lives, and argues that decisions made on behalf of children have often been contrary to children's own interests. Denying children the opportunity to make decisions is frequently based on the notion that children do not possess to adult rationality so as to act in their own best interest. However this could be considered somewhat questionable as adults do not always act rationally and frequently make harmful decisions (Franklin 2002).

Historically children's views about their care arrangements were not ascertained. As adoption predominantly catered for childless couples to parent new born infants, it follows that there was no place for listening to children. As already discussed, adoption practice was enshrouded in secrecy. Throughout the most part of the 20th century it was thought within the best interest of the

child, and adopters, that the child should remain ignorant of the adoption. This was generally because of the stigma that surrounded illegitimacy. Even on the revelation of their adoption the rights of the adoptee to ascertain information about their family of origin was not acknowledged and sometimes this information would be destroyed. In occurrences when disabled children were shipped abroad to work on farms, though their opinion was sought, it was only in an extremely cursory way and their views post placement were not acquired. The concept of including children in decision making would not be realised until the 1990s, and is reflected in the UN Convention on the Rights of the Child (CRC Office of the High Commissioner for Human Rights OHCHR).

Article (12.1) States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child.

The Children Act 1989 is congruent with the participation rights outlined in the CRC 1991. In section 47 of the Children Act (1989)

“(5A) local authority shall, so far as is reasonably practicable and consistent with the child’s welfare(a)ascertain the child’s wishes and feelings regarding the action to be taken with respect to him.

The UN Convention on The Rights of Persons with Disabilities (2007) reemphasises the issue of ensuring that the views of disabled children are sought by using a variety of forms of communication. Article 7 states:

States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

A variety of forms can be used to communicate with children. Article 13 of the UNCRC (1990) states “the child has a right to freedom of expression”, although, disabled children are most vulnerable to their concerns being neglected. Franklin and Sloper (2008) argue that this is primarily due to practitioners pre-conceived attitudes about levels of competency amongst children with impairments. If professionals are unable to use alternative means of communication this essentially denies many disabled children the opportunity to exercise their agency, and consequently their voices become excluded from decision making processes. Franklin and Sloper (2008) found in her research of the experiences of non-verbal children using mental health services, that where alternative methods of communication were used, the children were often able to express themselves quite articulately, frequently to the surprise of both parents and practitioners. Lowe et al (2002) point out that for 43 % of the cases that were examined in several local authorities across London, it was decided that the children were either too young or that their impairment prevented them from commenting.

In My Shoes is a computer software programme developed by BAAF. It is aimed to help social workers communicate effectively with children with communication difficulties. The software uses images which reflect everyday life and has been regarded as particularly successful with some children on the autistic spectrum. Cousins and Simmons (2011) research found that social workers found that the software had enhanced social workers’ understanding about the child; and even stated that they were going to revise the child’s profile as a consequence. Social workers agreed that the software was an effective way of ascertaining the wishes and feelings of children. However, the extent to

which adoption agencies make use of *In My Shoes* is unknown. Cousins and Simmons (2011) acknowledge difficulties in engaging with agencies to participate in the study. Sixteen social workers were trained to use the programme, although confidence in using computer software varied. Furthermore, the adoption agencies that participated in the study did not always have access to computer equipment needed to run the software.

Whilst it can be acknowledged that for some learning disabled children their severe impairment may inhibit their ability to understand the complexity of the adoption process, as it may, indeed, with most young children, the lack of monitoring to ensure that wherever feasible the views of children are sought has the effect of ignoring their rights (Franklin and Sloper 2008). Section (1.1.1.4a) of the Adoption and Children Act (2002) obliges the court or adoption agency to ascertain the child's wishes and feelings regarding the decision of adoption "considered in the light of the child's age and understanding". The Independent Reviewing Officer is commissioned to ensure children have been consulted on their wishes and feelings. However, there is little knowledge in the public domain in relation to children's agency in adoption. When the feelings of the child are expressed to the court the right to be heard is only the right to influence the decision, ultimately the perceived best interest of the child may override the sentiments expressed.

Safeguarding Disabled Children (2009) advises local authorities to use an advocacy service if the local authority is unable to communicate effectively and ascertain the wishes and feelings of children. The Disability Advocacy Project managed by the Children's Society and Triangle Advocacy Services has

specialist skills in communicating with disabled children. However, the recent Ofsted (2012) inspection found that records which capture their attempts to ascertain the wishes and feelings of disabled children varied. Social workers stated that they felt they knew the child well enough to assess how they were feeling, which they determined through behaviour. However, children were not often spoken to directly even when they could communicate effectively. Moreover, advocacy services were seldom used.

The Child as a Commodity

Potter (2013) offers a perspective where she argues that adoption processes construct children as commodities. Legal definitions of adoption do not altogether shape the culture of adoption which is regarded as distinct from the birth relationship. Potter (2013) draws from a number of newspaper and magazine articles to look at the specific language used to discuss adoption stories. The research made a number of observations about the way adoption is constructed through language. It was found that adoption relationships were often described as inferior to blood-tie relationships; for instance, the special status of adoption is evident when adopters are perceived as noble. However, the overarching theme was the extent to which the language used to describe adoption processes was akin to marketplace economics. One particularly stark example can be seen when one newspaper reporting on celebrity adoptions headlined the article “the hottest new accessory” (Potter 2013:117).

Constructing children as commodities is deeply embedded in history where children from medieval times to the mid-nineteenth century for work purposes were sent away from the ages of six to aid the economic survival of the family (Safford and Safford 1996). This process, Potter (2013) argues, shaped children

as products that could be purchased. However, de facto adoptions from infancy were always vulnerable to the birth parent reclaiming the child at working age as they still retained “legal tenure” (Bridge and Swindells 2003). One of the main arguments for the need of a legal framework prior to the 1926 Adoption Act was to withdraw the rights and responsibilities of birth parents and transfer these rights to the adopters. Consequently, early adoption legislation constructed children as possessions in which adopters could implicitly gain legal ownership.

Potter (2013) argues that adoption trends have been often described within a “supply and demand” typology. After the First World War there was vast number of small infants left orphaned, therefore the “supply” of infants available meant that only those that reflected the idealised notion of childhood were “selected” by adopters (Keating 2009). In periods of adoption decline; it has been reasoned that the “demand” from adopters for developmentally “normal” infants outgrew the “supply” of healthy infant’s available (The Department of Health 1993). Due to the emergence of effective contraception, abortion, and an increasing acceptance of children who had been conceived illegitimately, it was only in the 1970s that adoption agencies began to put forward children who had previously been considered “unfit for adoption” (Macaskill 1985; Mather 2003).

Potter (2013) argues that contemporary adoption practices are not far removed from these 20th century practices which positioned children as possessions which either adopters or birth parents could legally lay claim to. There are a cluster of contemporary adoption processes which reflects the commodification of adopted children. Particular types of family finding processes are akin to other types of marketing; such as specialist adoption publications which contain

small profiles of the children available for adoption. Therefore, adoption processes create the conditions for adopters to 'self-select'.

Potter (2013) contends these family finding strategies have the effect of 'parading' children around much like beauty pageants which are widely contested for the way they objectify both women and children. The concern that agencies venture to select the best image of the child is reflected by Cousins (2006); who warns that when a child is not fully engaged in the process of having their photograph taken, the result is often an image that is a poor reflection of a child's personality, which frequently leads to them waiting longer before prospective adopters show interest. The concern about the parading of children led to the practice of adoption parties falling out of fashion. These parties were initiated by Parents for Children a specialist agency for disabled children who felt that such occasions would inspire adopters to consider a more hard to place child. It's worth noting that these events have only just been reintroduced in the last year, though they are retitled 'activity days'.

Potter (2013) further critiques the use of the term "adoption placement"; since placing is a descriptor of arrangement; which suggests a process not too dissimilar to positioning ones furniture. Another concern for Potter (2013) is the permissive culture which exists for adopters to "return" a child back into the care system. The permissiveness for adopters to consider return as an option is apparent when local authorities have been made liable for adoption breakdown. Moreover, Potter (2013) argues that the language term "disrupted adoption" used to describe the breakdown of adoption presumes the child to be at fault when compared alongside birth families at risk of breakdown which are described as "dysfunctional".

These examples may not appear overtly related to economic processes, they do however, reflect the new management and bureaucracy that exists within public sector services (Potter 2003). Market strategies are deployed to gain public consent to particular policies; “Every Child Matters” is one example which uses a particularly emotive slogan as branding for a political strategy aimed to challenge social exclusion (Garrett 2009). The effect of public sector organisations emulating private sector is that it positions children as objects to be managed under rational economic calculation. This is evident when local authorities aim to avoid placing a child outside the local jurisdiction in a bid to circumvent an interagency fee; or when adoption support is justified due to its comparison against the cost of keeping the child within the care system (Dance et al.2010).

However, according to Allen (2007) The Adoption and Children Act (2002) has attempted to align adoption with the 1989 Children Act which places best interests of the child paramount concern. This is reinforced by Dance’s (et al 2010) study who found that many agencies often question the motives of people who express an interest in adoption. These agencies commented that they examined with caution the applications of those who primarily focused on how adoption met their own needs and interests.

The Adoption and Children Act 2002

We have already mentioned aspects of the Adoption and Children Act 2002 which reflect aspects of the four conflicting perspectives of child care (Fox Harding 1997). The Adoption and Children Act (2002) followed the Prime

Minister's Review of Adoption. The last adoption bill was dated in 1976; however, adoption was not a completely neglected issue. In 1992 the Conservative government produced an Adoption Law Review. However despite a drafting a bill, the government failed to reform adoption law because the bill was seen as potentially controversial (Allen 2007). Being unable to discriminate on the basis of marriage was contested by some religious adoption agencies who argued that such an amendment would harmfully redefine the family and undermine the significance of marriage. Allen (2007) argued that their decision to dispense with an adoption reform was consequently due to a concern that some amendments would stir up public sentiments and affect their electoral votes.

The Prime Minister's Review (2000), was undertaken with the intent of considering if adoption could feature as a permanency solution for many looked after children across the country (Allen 2007). Consequently, The Labour Government set an ambitious target to raise the number of adoptions for looked after children by 40% by 2005. Thus the Adoption and Children Act (2002) endeavoured to reinstate the interests of children as being the paramount consideration. There are three significant changes which the Labour government felt would encourage and keep stable the adoptions of children with complex needs, including disabled children (Coleman 2003). They are: widening the pool of adopters; support packages which are tailored to meet the specific needs of the placement; and a national database which links disabled children available for adoption with approved adopters.

Widening the pool of adopters: The Adoption and Children Act (2002) tried to bring about a change in adoption practice, whereby the assessment of adopters moved from looking for the ideal of the 'nuclear family' to looking at the individual qualities of the potential adopter to meet the needs of a diverse range of children (Palmer 2009). In the 2002 Act New Labour proposed measures to open up adoption to same sex couples, unmarried couples and single people. However in practice, dominant heterosexual family patterns prevail as the gold standard for the raising of children, whilst other family units are viewed as second rate and essentially deviant. In cases where the child has been put forward for adoption, and where minimal interest is generated in a child's profile, Hill (2009) argues that family placement workers are prepared to consider what they perceive as a less desirable alternative in the matching process. Many adoptions for same sex couples and single adopters are achieved via the National Adoption Register, largely because these adopters have experienced rejection from other agencies. Same sex couples and single adopters, who often experience discrimination in the adoption process, may account for many of the adoptions of disabled children through the Adoption Register, primarily a service for hard to place children (Adoption Register 2009; Hill 2009).

The Adoption Register: is a national strategy used to assist the matching between approved adopters and the children needing adoption, in order to prevent children from languishing in the care system. The National Adoption Register was initiated in 2000 after the Prime Minister's Review of Adoption, and can be used as a resource for matching when agencies have not been able to find a family within their own jurisdiction after a period of three to six months (Dance *et al.* 2010; DoH 2000). The Register intended to help resolve the

situation of the vast number of children, recorded at 2400, that were waiting for families to adopt them, alongside the large number of accepted adopters (1297) who, after a considerable period of time, had still not been successfully matched to a child (Garret 2002). Over the last four years the Register has primarily become a service for those children deemed as the most hard to place. In their 2008/9 annual report, success in finding adoptive placements for black and ethnic minority children, older children and sibling groups, was highlighted. Achievements in matching families for children with the conditions of Down's syndrome and Foetal Alcohol Syndrome were also reported, although, taken as a whole, the Register had difficulty in finding successful matches for children with multiple needs (Adoption Register 2009). This could perhaps indicate that some types of impairment are more recognised, and more easily accepted, by adopters than other conditions.

Supporting Adoption: perhaps the most important aspect of the Adoption and Children Act 2002, imperative for increasing the chances of disabled children being placed, is the emphasis on supporting adoptive placements. The use of tailored support packages to meet individual needs was thought to be the adjustment that would encourage more adopters to consider children with complex needs, including disabled children (Allen 2007). In accordance with the Adoption and Children Act (2002), local authorities are expected not only to provide a range of generic support services they must also provide an assessment of needs outlining the particular needs of the specific adoptive family. However, whilst the law states that local authorities "must" at the request of adopters make an assessment of support needs, it is not compulsory by law to provide them. The decision of whether to provide support services outlined

from the assessment is granted to each local authority (OPSI 2002 section 4:4 online).

An Action Plan for Adoption

It has been long been argued that more could be done to improve the chances of looked after children to become adopted (Masson 2010). The document Action Plan for Adoption (Department of Education 2011) specifically focuses on measures which prevent delay. The Coalition government plan for the following changes:

Speeding up the judicial process: It has been recognised more recently that the emphasis placed on the rights of parents in care proceedings has jeopardised the welfare of the child (Masson 2012). Therefore, disposing of expert witnesses in family courts except in cases where the judge deems it as necessary is one way of preventing delay (Family Justice Review Panel 2011). Courts are given a sixth month limit to conclude cases. Therefore, better training and guidance is recommended to help judges come to swifter decisions.

Adoption score cards: the government has introduced scorecards which indicate the performance of local authority's timeliness. Local authorities are therefore under increasing pressure to find placements for children within a twelve month timeframe. However, this could inadvertently disadvantage disabled children as local authorities might be more reluctant to put forward disabled children if they are not confident they can easily place them. The government has announced that they will take into account complex cases. However, the scorecards do not account for disability in the same way they do

for children over five and children from ethnic minority groups. This could be because of issues relating to the thresholds under which a child may be considered disabled. Consequently, local authorities might have to await inspection to defend those cases where a child's impairment makes placement more complex since health is not accounted for on the scorecard.

The Fostering for Adoption scheme intends to place children for adoption before a placement order is granted from the court. Adopters are approved as foster carers although once an order is granted the placement becomes an adoptive one. Adopters must take the risk that the court may decide that the child should be returned to the birth parents. However, the Fostering for Adoption scheme allows them to parent very young infants which most adopters would favour (Department for Education 2012).

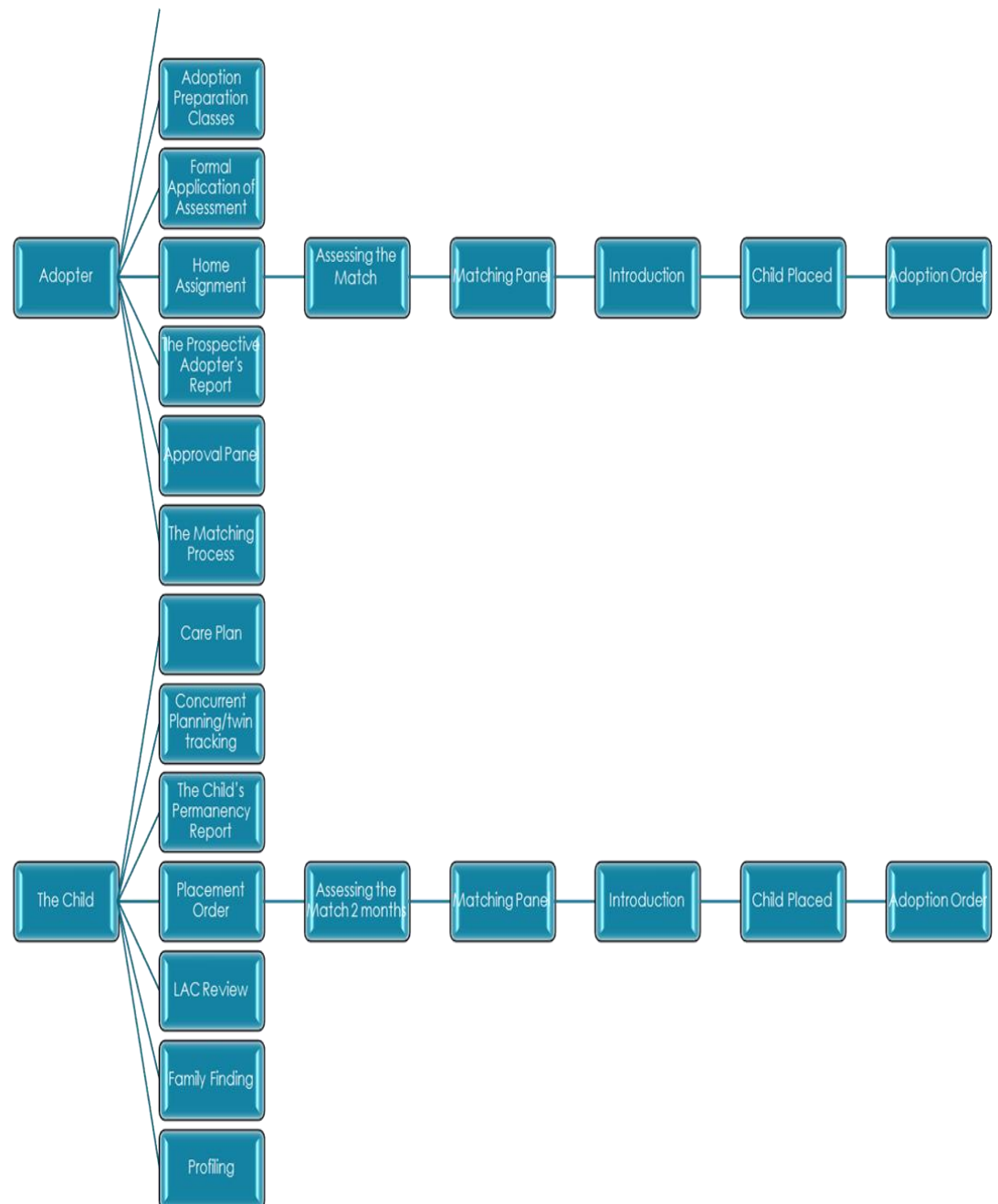
Finding the suitable not perfect placement: it has recently been argued that many children experience delay because of the emphasis social workers place on finding the perfect placement. Children from ethnic minority backgrounds are particularly vulnerable to delay because social workers often search for an ethnically matched placement. The Coalition encourages local authorities to consider the detrimental effects of delay over promoting their cultural heritage.

The Practice Context

The adoption processes takes approximately two years for adopters to be approved, matched and have the child placed with them. Under new guidance local authorities are under increasing pressure to match a child within a twelve

month timeframe of them being placed within local authority care. See the figure below which outlines the processes involved.

Figure 1: Key Elements of the Adoption Process



Following an **Initial Inquiry** the potential adopter will be invited to attend the next available information evening where they will be informed about what the process entails and the children available for adoption. The potential adopter has the opportunity to ask questions. Potential adopters will be then asked to attend a series of **Adoption Preparation Classes** over the course of a few days which they attend with other people wishing to adopt. Classes cover a range of issues relating to adoption such as; the importance of openness, managing the child's history; developmental delay; and the effects of abuse and neglect. Subsequent, to preparation class's potential adopters can then make a **formal application of assessment** to the local authority.

Assessment to become an approved adopter is often referred to as **Home Assignment** where a number of visits are arranged by the adoption agency. The information gathered is compiled in what is known as a Form F and processed in a final document entitled **The Prospective Adopters Report**. The report is a document which assists local authorities in the assessment of adopter's suitability to adopt. The issues under consideration in the report are: the background and life history of the adopter; relationship status; employment status (though income should not rule anyone out in adoption); housing arrangements; character references; CRB checks; interviews with family and those who are likely to be in contact with the child; the type of child a potential adopter should be matched with; including: age; gender sibling group; health assessments. Cousins (2006) argues that disabled adopters are often subject to further scrutiny and assessment than other adopters. This can result in their feeling disheartened and withdrawing their application.

The previous Form F included forty-two impairment categories that adopters were asked to consider. The revised form still lists a few impairment categories, although it is expected that the level and severity of impairment acceptable to adopters is sufficiently discussed within adoption agencies. The quality of information provided to adopters is critical in the formation of an adopter's decision on the type of child they could consider. However this is balanced against the extent to which social workers are equipped to partake in discussions around impairment and disability (Cousins, 2008; Aldgate, 2001). Furthermore, given that agencies are under considerable pressure to ensure that a good match has been made, in order to prevent placement breakdown, some agencies continue to use the previous Prospective Adopters Report form and its tick box approach as a tool for guiding the matching process. This is in order that they might establish with greater clarity the level of impairment that adopters are prepared to consider (Dance *et al.* 2010; Cousins, 2008). The Prospective Adopter Report is given to the Approval Panel made up by professionals and people experienced in adoption. The panel can decline approve and recommend the type of child that would be appropriate.

Once an adopter becomes an approved adopter the **Matching Process** can begin. Adoption agencies may link adopters with children needing placement within the local authority. However, it will be left to the adopter's to decide whether they wish to pursue the match. Adopters have the option of registering with adoption publications such as *Be My Parent* and *Children who Wait* which regularly features children awaiting adoption placements. Adopters also can have their details included on the Adoption Register for England and Wales

which electronically links them with children. Adopters may express an interest with the child's local authority.

When a child becomes the responsibility of state care, the local authority is obliged to devise a **Care Plan** which prevents them from drifting indefinitely in the care system. The care plan should include how should permanence be achieved and what legal orders should be ascertained. If adoption is decided as the best form of permanence for the child, the adoption team will concurrently develop an adoption plan. A child will be referred to the Adoption Department through two ways. The child could be voluntarily relinquished by the birth parents; or following a statutory review which recommends adoption. Adoption agencies can start developing an adoption plan before an adoption order is granted. This is known as **Concurrent Planning/Twin Tracking**. Local authorities could not place children for adoption until an adoption order was granted. However, the Fostering for Adoption scheme now allows children to be placed while the local authorities are still carrying out their assessments of the birth parents.

The Child's Permanency Report CPR is presented to the Matching Panel and the Independent Reviewing Officer who monitor, review and make recommendations in the care planning for the child. The CPR contains a preliminary assessment of the child's needs; the wishes and feelings of child where appropriate; information pertaining to the child's background including hereditary illnesses; The Looked After Children Health Assessment; the wishes and feelings of the birth family in relation to family placement; the level of

recommended contact with the birth family and a later life letter which the child will receive in adulthood.

All looked after children must undergo a thorough medical assessment, the outcome of which is recorded within the Child's Permanence Report. These assessments are legitimised on the grounds that the gaps in many looked after children's health records must be addressed. The report not only includes existing medical conditions pertaining to the child, but also contains information regarding the medical history of their biological family, due to the risk posed by hereditary illness (OPSI 2002 section 4 online; Bingley Miller and Bentovim 2007). The knowledge gathered on hereditary conditions not only serves to prepare the adopter's awareness of impending illness, but also has a function in assisting the matching process (Mather 2003).

Once a Care Plan has been established local authorities are required to hold regular review of how the process is progressing; this is known as a **Looked After Children's Review LAC**. Dance's *et al.* (2010) found that in cases where local authorities prefer adoption as the best option for the child needing long term care provision, they often change their view if suitable adopters have not been found after one year. Therefore, the Care Plan may change in favour of long term fostering to prevent further delay. This is in keeping with article 31A. 2 of the Adoption and Children Act 2002 which states that "the authority must keep any care plan prepared by them under review and, if they are of the opinion some change is required, revise the plan, or make a new plan, accordingly."

According to Dance *et al.* (2010), the majority of local authorities aim to place children with adopters that their own agencies have recruited. Only when adopters cannot be found “in house” are local authorities prepared to look elsewhere; this is partly due to the inter-agency fee that is charged by voluntary agencies. When placing a child internally proves difficult, Dance’s *et al.* (2010) study demonstrates a number of Family Finding methods are used utilised to find adoptive placements.

Family Finding Methods: The Adoption Register has come to be regarded as a vital resource in instances where agencies have been unable to find a family within their own jurisdiction after a period of three to six months (Dance *et al.* 2010). The Register was introduced in the Prime Minister’s Review (2000) as an initiative which would decrease the delay in finding families for children.

Until recently, agencies have been reluctant to publicise the profiles of children in mainstream publications and on the internet, due to the issues surrounding disclosure and anonymity. However, featuring children within the media has been a successful method of finding families for hard to place children (Dance *et al.* 2010). Parents for Children (a now disbanded charity) regularly featured disabled children in *The Daily Mail* and *The Sun* newspaper. They found that this way of promoting children had a broader appeal rather than targeting those already approved for adoption. Consequently, people who had never before considered adoption expressed an interest in the children featured (Cousins 2008; Argent 1998).

Therefore, while Palmer (2009 p.19); argues that “The idea of adopting a child is not something that will have just popped in your head”, Cousins (2008) argues that adoption should not be regarded as merely a service for those who experience infertility. Adopters may not experience “a light bulb moment” as Palmer (2009 p.19) suggests; however, the “dripping tap approach” which Cousins (2008 p.6) advises, is essential in raising the awareness of children needing stable families to those who may not otherwise considered adoption. One adopter commented to Argent (1998 p.5) that she had never thought about adoption until “I found out from an article in Nursery World that you didn’t have to be married.”

A small number of agencies have run evening events whereby approved adopters can view a film-clip of the children available for adoption. Additionally, the Adoption Register host exchange days, with local authorities having their own stands for approved adopters to walk around the venue, talking to social workers and viewing DVD clips of the children (Cousins 2006). Families for Children (cited in Cousins 2006: 32) explain that “showing the video helps people see the picture of the real child, not just a child with disabilities.”

These innovative ways of finding families for children were principally pioneered by Parents for Children, who specialised in placing severely disabled children. In addition to using local and national press, they also used niche magazines such as “Nursery World” and “Farmers Weekly”, which resulted in successful matches, Parents for Children also held other events; art exhibitions, in which adopters viewed posters that were made by children to represent themselves, as well as the slightly controversial activity days (also known as adoption

parties), where a party is organised for children available for adoption while potential parents take the role as helpers, allowing them to meet some of the children at the same time (Argent 1984; Argent 1998; Cousins 2009). These were discontinued however, after criticism which likened the way in which some parties were conducted as not dissimilar to that of beauty contests. Adoption parties, as initiated by Parents for Children, often had the effect of introducing adopters to real children and dispelling common misconceptions about disability (Argent 1984). Adoption Activity Days have been brought back as a way of finding families for the most hard to place children; including disabled children. BAAF 19% of children have been placed subsequent to 3 activity days.

In developing the **child's profile** Cousins (2006) argues that social workers will need to impart a favourable impression of the child to the adopters, while paradoxically ensuring that they are displaying an accurate, not disingenuous, representation. Furthermore, adoption agencies must endeavour to give insight into the unique character of the child, although Cousins (2008) argues that this is often missed through the over use of generic, loose terms that are associated with childhood such as "energetic", "bubbly" or "affectionate". Argent (2003) argues that only limited information concerning the child's condition should feature in their profile, with the intention of providing a detailed disclosure of the child's health status at a later stage. However, many agencies may fear the sending out of unclear messages about a child's health status, as this could have repercussions on them as providers of misleading information. Consequently, erring on the side of caution might be considered necessary in the construction of a profile such that the most damaging outcomes for the child's prognosis are anticipated (Cousins, 2006).

Once an adopter expresses an interest with the child's local authority, the local authority will then make a decision as to whether they are satisfied to proceed with **Assessing the Match**. If the child's local authority is satisfied they will commend the match to the **Matching Panel**. The matching panel consists of professionals and people with experience of adoption who will assess the potential match. Matching panels need to feel satisfied that the placement will be able to meet the needs of the specific child as outlined in the Child's Permanency Report. The role of the matching panel is to make recommendations to the local authority, although, ultimately it is the local authority who has final decision about whether the match should go ahead. The role of matching panels has more recently been discarded mainly due to the additional time and expense it adds to the process. Under new guidelines, the match will be go ahead if the local authority is satisfied. Once the match has been approved there will be an agreed date on which the local authority will start the **Introduction Process**. Adopters will usually meet the child in their current placement over a period of two weeks. Adopters will familiarise themselves with the child and their routine which eases the transition for when the child is placed with them. **The Child is Placed** with the Adopter and the child's social worker pays frequent visits until adopters apply to the court for an **Adoption Order**, which can be granted after 10 weeks. When an adoption order is granted where the adopter becomes the **Legal Parent**.

Summary

Section One, has intended to provide the reader with concepts from which we might explain the disadvantage disabled children experience through drawing on the literature available. The picture emerging is one in which poorer

outcomes in adoption are linked to: the ways in which a disabled life is conceptualised (Chapter One); and the culture of adoption which embodies idealised notions of childhood and the family (Chapter Two).

Section Two, Critical Grounded Theory critically appraises the methodological approach taken up by this research. The study maintains the multi-dimensional approach which has so far been used to unpack the literature on adoption. Disabled children, amongst other marginalised social groups, are particularly disadvantaged in society, and therefore taking into account structural oppression is necessary for an in-depth analysis of how this disadvantage transferred in adoption. Therefore the methodology in this research must take a multi-layered retroductive approach to enable us to identify the context, structures and discourses which shape adoption outcomes.

Section Two

- Chapter Three: Critical Grounded Theory
- Chapter Four: Conducting the Research

Chapter Three: Critical Grounded Theory

Grounded Theory emerged in 1967 from Barney Glaser and Anselm Strauss, who endeavoured to develop an alternative research method that would dissuade researchers from developing hypotheses that would limit their research to only uncovering what was expected to be found. The Grounded Theory framework promotes using discovery to generate theoretical principles about the social world through the following; observation, direct accounts from people, and the collection of documents, all of which can serve as evidence to verify particular causation claims pertaining to social phenomena (Dyson and Brown 2006). It is, therefore, a more in-depth approach, which encourages the researcher to remain open to the possibility of new social discoveries. Initially Grounded Theory prided itself on its pioneering approach in developing theory, based on inductive data collection, proclaiming that as long as the researcher remained objective they could candidly encapsulate social reality within their explanations. Therefore Grounded Theory had a positivist endorsement, as it emphasised that objective truths could be gleaned if researchers were stringent in adhering to analytical guidelines in comparing and contrasting data sets, allowing a logical conclusion to emerge (Denzin 2005).

This positivist orientation employed the tools of symbolic interactionism to carry out a process of discovery. Hence 'The *Discovery of Grounded Theory*' was the title of Glaser and Strauss's (1967) first book on the subject. Grounded Theory's epistemology originated from both (positivist) symbolic interactionism and pragmatist schools of thought. Fundamentally, for symbolic interactionists, gaining an understanding of the social world entails investigating the symbols, signs and language used during interactions, in a bid to comprehend the meanings behind particular actions (Corbin and Strauss 2008; Grbich 2007).

Symbolic interactionism believes in the possibility of ascertaining the motives behind particular courses of action as agents operate within a world of shared norms, values and behaviours, which can be universally understood, given that individuals are socialised into "shared stocks of knowledge" (Schutz and Luckmann 1983; Corbin and Strauss 2008). Symbolic interactionism comprehends human behaviour as socially constrained through these structured laws, norms, values and behaviours which exert power over agents and limit their activity. That said, positivist symbolic interactionists do not consider human agents to be utterly socially determined and there is an emphasis on the changing nature of social reality that occurs through complex interactive social processes, and which can account for shifts in attitudes over time and space (Grbich 2007). Corbin and Strauss (2008) remind us that agents produce new meanings through interaction, as well as sustaining traditional shared meanings. Therefore adopting Goffman's (1971) methodological framework entitled "interaction ethology", leads the researcher to seek an understanding of the life worlds of the research participants, as though he/she

was unfamiliar with their terms, references and other interaction codes, so that the possibility of discovering new meanings is not overlooked.

In symbolic interactionism the cultural references and the economic situation pertaining to the particular individual interviewed are accounted for, as interactionists do recognise the differential power of particular social groups, and often observe which social groups wield power over others (Sheppard 2004). However, interactionists consider it uncertain as to whether one can account for structural powers which exist outside of human interaction, and are therefore regarded as micro-subjectivists since their focus remains on subjective lines of inquiry which can actually be observed (Musolf 2003).

Strauss later acknowledged that structural aspects can be incorporated into our explanations, to support the analysis of the micro observation, he emphasizes that meanings derived from data are not contingent on the presence of structural factors. Essentially, to place too much emphasis on structural conditions would be to disregard human beings as the source of created meaning (Layder 1993).

Grounded Theory originally subscribed to only inductive research for fear that the researcher would only seek to reaffirm pre-existing dispositions which aligned with their original thinking (Glaser and Strauss 1967). Consequently, Glaser and Strauss (1967) advised that a review of literature should only be carried out after the first core categories had been identified and coded from the data sets collected. They asserted that if the researcher became too familiar with what is known about their topic area they would anticipate the responses of

their research participants, leading them to overlook potential, but unforeseen, findings (Corbin and Strauss 2008).

Interpretivist Grounded Theory

Despite Grounded Theory's association with symbolic interactionism, the method has been more regularly applied by researchers who may not necessarily concur with its original underlying theoretical approach to social reality, but who, nevertheless, use its rigorous analytical guidelines to develop credible theoretical explanations which can be verified against the data gathered (Morse 2009). Symbolic interactionism can be criticised for its neglect of historical social processes that provide the cultural context from which the individual can be located. Symbolic interactionism fails to account for both the discursive and non-discursive aspects of people's lives, and, therefore, the accounts produced are in danger of distorting the lived reality of the participant. One example of this can be seen in the suggestion that the marginal position of disabled people within contemporary society is historically located in concepts of 'normalisation', which emerged with the rise of medicalisation during the industrial revolution (Oliver 1990). Therefore, Grounded Theory's failure to incorporate the context from which interaction emerges is mainly criticised by postmodernist Interpretivist accounts that have traded Grounded Theory's acclamations of discovery for more self-effacing and partial causal explanations.

Grounded Theory, as introduced by Glaser and Strauss in 1967, has been heavily criticised for its rather simplistic formula: that is reducing subjective bias as the means of coming closer to discovering social facts about the world.

There appears to be a certain naivety about the researcher's aptitude to detach

themselves from taken for granted rules of behaviour, becoming alien to the social world, in order to gain fresh experience of it and retrieve a better sense of meaning behind action (Willems 2004). The degree to which researchers can adequately reflect the subjective accounts of their research participants is frequently contested.

Subsequently, Grounded Theory has become divided between two binary positions; one in which it can be regarded as unproblematic to hold up objective claims about social reality and the other where the theory generated from the data can be considered plausible but is, nevertheless, considered a mere interpretation of what is taking place (Denzin 2005; Charmaz 2009). Whilst the researcher's theoretical explanations of social issues may arise out of data sets, it is argued by Charmaz (2009) that it is impossible to approach social inquiry in a neutral fashion. Therefore, all causal claims can be considered partial to the researcher's own world view, which ultimately impacts upon their capacity to adequately mirror the multi-dimensional factors that are occurring within the particular field of interest (Charmaz 2009).

Critical Realist Grounded Theory

Whilst Grounded Theory methods are a highly regarded tool for gathering qualitative data, this research does not align with the way in which symbolic interactionism and social constructivists view the ontological world. In *New Strategies to Social Research*, Layder (1993) provides us with a realist alternative approach to both the Interpretivist and inductive approaches to Grounded Theory. Layder (1993) develops a concept entitled 'situated activity', which suggests that the interactions that are accounted for in Grounded Theory

are situated within a particular context which affects the nature of the interaction. Therefore an awareness of the context, structures and discourses that give shape to interaction enables researchers to extend conceptual analysis to account for the interwoven nature of reality out of which all action occurs. Acknowledging that the researcher cannot approach the field of research in an objective fashion, this research adopts the strategies of retroduction and abduction (Blaikie 1993). Inductive Grounded Theory is accused of providing mere descriptions of the social phenomena under study, whereas retroduction is the process that builds upon connections between data sets that have emerged (and therefore are considered grounded in the data), to explore the structures and mechanisms that give rise to incidents that emerge. However, causal claims are hypothesised, as in structures one can only be observed in their effect. Therefore this research has an abductive aspect, in recognition that the analysis is likely to feature as an interpretation of events, since hypothesising about structures is subject to the researcher's capacity to explore the complexity of reality as it actually is (Blaikie 1993).

While social constructivists, such as Charmaz (2009), regard Glaser and Strauss' (1967) inductive approach to Grounded Theory as problematic, the principle of remaining open to facets that could not be predicted or foreseen prior to the research taking place can still be regarded as good practice (Charmaz 2009; Corbin and Strauss 2008). Therefore whilst one might accept that different researchers would generate different meanings from the data, the researcher should still aspire to reflect the meanings behind the terms used by the participant, to get a sense of how they understand their life world and interpret their own situation (Hermanns 2004). In the realisation that complete

objectivity is unlikely to be achieved by the researcher, Grounded Theory no longer prescribes to the caution of becoming too familiar with previous literature on the topic of interest. The Critical Realist framework lends itself to the exploration of new terrains of knowledge, without the insistence that the researcher should close themselves off from the conceptualised world (Layder, 1993; Sayer 1992). Alternatively, sensitivity through engaging with a variety of perspectives in the literature is promoted as a means of helping the researcher to tune into what is taking place. Corbin and Strauss (2008) argue that engaging in a variety of insights actually assists the researcher in illuminating subjective bias so that they can more readily anticipate alternative viewpoints. Ultimately, in engaging with literature one is not necessarily approaching the research within closed boundaries. To quote Corbin and Strauss (2008 p.32); “there is a difference between open mind and empty head”.

Therefore in retroductive research, Bhaskar (1998) has identified three domains of knowledge that the researcher should endeavour to uncover; these are classified as the Observable, the Actual and the Real. Observable knowledge simply refers to taking note of the interactive messages that are conveyed throughout the time spent with the research participants. The realm of the Actual emerges during the process of analysis when the researcher perceives connections between the variables. The comparative exercises stipulated within Grounded Theory should assist in this process. Once categories that reflect a commonality of experience have been established, and the researcher is in the throes of developing a theory, the next step is to hypothesize the real structures and mechanisms that could account for the relationships between the categories established. Ascertaining the realms of the Real is not simply a

matter of finding a theory that fits, it is more a matter of exhausting all possible causal explanations to find the most plausible (Blaikie 1993). It cannot be indisputably claimed that the researcher will be able to get a full grasp of the specific structures, either material or social, that are involved in their micro study since, as explained previously, only the effects of structure can be observed. Nevertheless, the incidents observed can make us more confident that structures exist and that they impact upon the life worlds of the participants (Sayer 2000). Therefore, the Critical Realist position adopted by this research departs from Grounded Theory's traditional stance of only accounting for those facets that are straightforwardly observable. Instead, it argues that structural macro features are "interlocked with social activities" and it can therefore be seen as the role of the researcher to ascertain the multiple restrictions and facilitations which are apparent in the life worlds of the research participants (Layder 1993 p.13).

There are three principles that Critical Realism combines in its approach to the production of knowledge, which will be explored within the next section. They are;

- Provisional knowledge [human beings as the producers of knowledge means that explanations often distort reality]
- Judgmental rationality [the researcher's endeavour to think reflexively about how they approach the data]
- Ontological realism [the real external world, independent of our belief systems] (Archer *et al.* 1998)

Concerning the discovery of knowledge, Critical Realism shares a similar cynicism to Postmodernist thinkers in relation to the way that social science is vulnerable to ideological distortion in the methods chosen, and in the explanations that are derived from them. Therefore, it accepts the fallibility of human knowledge in the development of knowledge about the social world (Potter and Lopez 2001). The conclusions drawn from the research are written in a cultural context where pre-existing knowledge serves as the base out of which findings are seen as credible, meaning that it is always possible that the researcher could reproduce existing discursive conjectures rather than contribute new insights into social reality (Sayer 2000). Benton (2001) explains that social scientists are always susceptible to their cultural disposition, or 'Habitus', which will ultimately impact upon the analysis.

Bourdieu's (1977) concept of the Habitus, perceives all social phenomenon as an abstraction derived from the result of a series of ritualised interactions. These abstractions do not in themselves dominate or have power over individuals in society, but their enduring presence can be seen as a subsequent continuation of a particular set of ideas. Consequently, our thoughts about the world are not only fallible, they are also limited as the researcher is able to view the world with only an inadequate capacity to make observations and gain understanding. Ultimately, research helps us accumulate knowledge in the endeavour to produce an accurate account of reality.

As the Habitus is the main structure that an individual lives with, conceptual tools, such as Critical Discourse Analysis, assist us in identifying particular patterns of behaviour or dispositions (Bourdieu 2002). According to Burman and Parker

(1993) it is within language that individuals can attempt to make sense of their world, which in turn impacts upon their action as agents. Layder (2006 p.119) explains that “discourses are expressions of power relations and reflect the practices and positions tied to them.” Therefore language cannot be regarded as just a descriptive mechanism. For example, the manner in which an adopter will try to convey to the adoption panel that they have the characteristics necessary to make suitable parents for a disabled child, will require the embodiment of a set of eminent principles situated in language that indicate what it means to raise a disabled child, thus reproducing the cultural definition of parenting of a child with impairment needs. Wood and Kroger (2000) argue that, despite assertions that the Critical Discourse Analysis overlooks the implicit meanings within text, due to a preoccupation with representational language, its analysis works at a deeper level to uncover the underlying socio-cultural content implied in the language terms used by the individual. Discourse Analysis scrutinizes the properties of what is spoken within collected data, until all possible meanings are exhausted (Fairclough 1995). Therefore this contextual analysis differs from Glaser and Strauss’ (1967) incident by incident approach, as the content of what participants say cannot be regarded as self-evident but, rather, language is loaded with multi-semiotic meanings that are often imbued within the discursive (Fairclough 1995).

This approach emphasises that the discursive can somewhat shape and distort how we conceptualise reality, and yet does not dispense altogether with the idea that there is an external reality to be discovered. Discovery of reality alongside the interpretation of it is united in Bhasker’s principles of Transitive and Intransitive dimensions of knowledge. Intransitive objects are natural,

lasting and real objects and exist regardless of whether we perceive them or have a good understanding of them. For instance, it could be considered that impairment is intransitive in nature; meaning that the human condition, which is constantly vulnerable to injury, is a real and lasting object. Conversely, if we perceive that disability is created through social constructions which amount to the exclusion of individuals with impairments, it is deemed transitive in nature; meaning that the causation of disability is being constantly reconstructed. Thus impairment is material and non-discursive, whilst disability, despite its real implications for disabled people, is transitive and likely to change. Nevertheless, the social practices which constitute expressions of power can be examined and explored as though they were a genuine object of study. This is not a denial of disability, but, rather, a statement which claims that the causation of disability is likely to continually transform (Sayer 2000). Unlike social constructivists, this position acknowledges that positivist science has a relevant part to play in explaining social life (Benton and Craib 2001). Whilst there are many conflicting transitive theories in existence, the intransitive dimension remains unchanged regardless of how people conceptualise it; To quote Sayer (2000 p.11), “when researchers change their mind it is unlikely to produce a significant change in the phenomena they study.”

However, Postmodernists, in their criticisms of the concept of ideology, which endeavours to separate socially constructed appearances from reality, express serious doubts that there is an existent ‘truth’ that can be objectively unearthed if we can remove the contrived ideological foundations which mask reality.

Therefore Foucault (1980) elucidates that the concept of multiple discourses serves to replace this notion of ideology, due to the position that discourses are

not presented as true or false. According to Foucault (1980), the notion of projected ideologies indicates that a material infrastructure is in operation – a notion that is treated as ‘circumspect’. Postmodernists possess the common position that social reality is so complex that the researcher should be resigned to the fact that their attempts to encapsulate it are purely subjective as there can be no way of adequately testing the credibility of claims (Potter and Lopez 2001). Burman and Parker (1993) contend that the world cannot be conceptualised outside of language and, therefore, it is how social construction shapes the nature of reality which is of most concern. Postmodernists regard positivist claims of progressive scientific discovery as misconceived and perceive the production of knowledge as regenerating yet another social construction. It is also considered impossible to give precedence to particular types of knowledge as being closer to external reality than others. Instead it is contended by Baudrillard (1995) that we live in the hyper-reality, meaning that the interlocked nature of social construction with an external reality makes it unfeasible to distinguish between the real and the subjective. By examining the authenticity of certain types of knowledge it is claimed that there is no singular absolute truth, rather that there are a variety of discourses that are produced through power/knowledge (Fairclough 1995).

One major concern with postmodernist conjecture is its failure to distinguish between the variables of those oppressed social groups that are particularly exploited, instead projecting a notion that power is evenly distributed in equal measures which constrain the movements of all human activity through disciplinary mechanisms (Fairclough 1995). It must be considered that disabled children, amongst other marginalised social groups, are particularly

disadvantaged in society, and therefore the structural features which underpin such oppression are of particular interest. Therefore the way in which this research project views discourses differs from the Postmodernist conjecture and aligns more with Fairclough's (1995) materialist account in that discourses can be regarded as a by-product of ideologies constituted from social structures, which in turn shape the very structures from which they derive.

Although Foucault (1980) alludes to a notion that discourses are governed by power relations, his relativist positioning deems it problematic to try to identify a material infrastructure that represents governance over human agents. While the Critical Realist stance also considers it problematical to attribute causal explanations to any singular mechanism, it nevertheless perceives it probable that a multitude of both material and social structures can work in conjunction and impact on human agency, both enabling and constraining the ability to act autonomously.

However, these multiple dimensions are not always related; for instance both patriarchy and capitalism are structures which may exist within contemporary society and, although they may operate in conjunction, they are not necessarily interrelated or dependent on each other for their continual existence. It is therefore, the role of the researcher to ascertain the multi-dimensional factors, both discursive and non-discursive, that are present in the life worlds of the participant. This does not mean that, by using ideology, Critical Realism considers itself in the advantaged position of identifying with complete certainty as to what can be regarded as a cultural construction and what can be regarded as external to human construction, although nor does it dispense with the notion that there is indeed an actual reality beyond that of language (Fairclough 1995).

Consequently, whilst all our theoretical claims can be regarded as provisional this does not mean that Critical Realists necessarily share the epistemological relativism that Postmodernists endorse.

Critical Realism argues that it is not enough to assert that our claims represent an absolute mirror image of what is actually taking place, based on comparative exercises of the data sets. Just because explanations appear intelligible and generalisable does not necessarily mean that they reflect the intricateness of the social processes that are involved in the particular field of interest (Sayer 1992). All theoretical claims must be meticulously critically analysed, as researchers are also vulnerable to “misleading appearances” and social constructions that shape their perceptions and prevent them from capturing the whole picture (Delanty 1997; Miles and Huberman 1997; Benton and Craib 2001 p.121). Nevertheless, the limitations of the researcher in not having acquired an oracular knowledge need not send them into a comatose state of “resigned acceptance” towards the unknown, because, in principle, it is possible for all knowledge to be discovered (Benton and Craib 2001 p.120). Bhaskar (1978) justifies the possibility of valid science, although he does highlight that science is never context free.

Despite the fact that the production of knowledge can always be deemed provisional due to its vulnerability to error, this does not mean to say that we should dispense with the idea that knowledge is progressional. Consequently, claims about the ontological world are considered provisional until more convincing arguments take their place. Critical Realists maintain that individuals retain judgemental rationality, so that they can assess which of the meanings

available provide the most credible explanations. As Potter and Lopez (2001p.7) suggest, whilst knowledge is provisional “one can have good grounds for the preference of one theory over another.” Social research for Critical Realists is a process that refines our knowledge about the ontological world and remains steadfast to the idea that the external exists regardless of whether we can encapsulate it within the constraints of expressions available to us in language. Most importantly to Critical Realists is the sense that the external world acts independently of any belief systems and theories that exist. Therefore Critical Realism refuses to be reduced to either constructivism or positivist science (Benton and Criab 2001). Fundamentally, the epistemological position is sympathetic towards the notion that research is always fallible to correction and alternative viewpoints, although it does not embrace constructivists attempts to “insulate themselves from the possibility of being proved wrong by doing away with the idea of a knowable independent reality” (Benton and Craib 2001p.121).

Reflexivity

The recognition that the interpretation of data will be subject to the world view of the interpreter indicates the need for reflexivity about the possibility of subjective bias in data analyses (Corbin and Strauss 2008). The concept of reflexivity originated from Critical Discourse Analysis, in which the researcher is encouraged to lay bare their own epistemological foundations and the way in which they ontologically view the world, as their subjective bias will influence the way they approach the research. This is seen as especially important to Postmodernist conjecture, due to the fact that, whilst the individual may proclaim that the language they utilize is a matter of conscience, the way in

which language is spoken, written and interpreted is ultimately socially constructed (Doherty *et al.* 1992). At issue is to what extent do 'values' interplay in the research project. I have endeavoured to remain candid in relation to the intent of the research agenda and the values that underpin it within the methods. Reflexivity is considered a technique which helps to reduce subjective bias by considering our interpretations as researchers as problematic, so that all possible alternative meanings to data can be exhausted (Burman and Parker 1993). Although the interviewer may strive to produce an account that reflects the sentiments expressed by the participants, both the interviewer and the interviewed are involved in a process of co-construction as they cannot easily take their own subjectivity out of the equation. As Interpretivists deem that all knowledge is historically situated in discourse, they consider it difficult to distinguish whether or not the individual is independently thinking, or whether they have internalized the discourses that are socially produced and made available to them. Doherty (1992 *et al.*) reminds us that the meaning behind the language expressed is not always transparent and therefore, unless reflexive measures are taken the researcher is in danger of misrepresenting what the participant is trying to reflect. Consequently, providing the participants opportunity to feedback on the analysis is a measure which further reduces the power imbalance between the researcher and participant in the co-construction of the research. Hence for example, in this case Preliminary findings were sent out to all research participants who were interviewed in this study. Participants were encouraged to discuss any of the aspects of the findings and comment on the extent to which it reflected their experience (Appendix A).

However, reflexivity is also a concept that is featured within Critical Realist thinking. In *Being Human: the Problem with Agency* Archer (2000) examines human capacity to think reflexively. She rejects the Postmodernist conjecture that presumes us to be passive and undermining of our human ability to think outside of culture. Instead Archer (2000) portrays human agents as beings who, although constrained by society's norms and values which are socialised and embodied within consciousness, also contain a self-mastery which is creative enough to think beyond cultural understandings. Therefore, Critical Realism's understanding that our perceptions of the world are fallible to social construction, coupled with the principle that an external reality does exist, can better equip us to commit to the quest for truth (if provisional) rather than to take the Interpretivist Postmodernist position which suggests that all knowledge has equal validity.

Reflexivity as a Personal Power

Meltzer (*et al.* 1975 p. 94) points out that

“how one defines the self is very much related to how one defines or conceives of such concepts and issues such as social control, culture, socialisation, social change, and methodology.”

This research conceptualises human agency and the participators as the producers of meaning. Critical Realism aims to re-centre the individual as an active, morally responsible agent. Secord (1990) argues that people are not entirely autonomous but neither are their actions totally determined, even in the face of the constraints of their circumstance. Porpora (2001) reminds us that social structure, as well as constraining, also enables and motivates us into courses of action. Within academic research individuals tend to be portrayed within one of the two extremes, as an autonomous person or as a subject. The

person perspective understands the agent as an autonomous being in which their every action is one of intent. Conversely, applying the status of the subject depicts the individual as “an organism responding to some stimulus under certain conditions” (Secord 1990 p.180). Therefore a more balanced view is to see individuals as agents who, whilst susceptible to embodying socio-cultural knowledge, also use their judgemental rationality to rebuff knowledge. Shotter (1990) rejects the implication that agents passively embody social rules and values, and argues that failure to discard societal norms and values is not always due to an inability, but rather a lack of commitment to going against societal norms. Despite constraints, individuals may choose behave to in ways which are counter cultural (Midgley 2002).

This research views participants as agents who have consciously committed themselves to a course of action to take up the role of the parent of a disabled child. Rather than Blumer’s (1969) Symbolic-Interactionist notion that the self is developed as a process of social interaction, Archer (2000) argues that social roles occur out of what she describes as an ‘*internal conversation*’, in which the agent deliberates over the social identity they desire to personify. Essentially one must embody their chosen social role in order to perform it effectively. Archer (2000) understands identity as partly socially conditioned, although not without reflexive thought. Whilst individuals are afforded the opportunity to make free choices, there are limits to an individual’s capacity for self-rule (Bouveresse 1999). Ultimately, particular tastes, manners and ways of seeing the world are socialised into one’s personhood and Habitus, which is why a unity of lifestyles can be seen amongst neighbouring communities and classes (Bourdieu 1984). Nevertheless, Archer (2000) describes many of the social roles that individual’s

engage with as 'greedy,' in the sense that they demand much of our time; therefore, whilst individuals sustain multiple roles, how much time, energy and resources they invest in them is a matter of choice. Agents are free to 'strike their own balance' in the lifestyle they choose to lead, despite whether it may seem extreme to others. Therefore, before and during the process of adoption it can be assumed that the adopter would be continually evaluating in their internal conversations whether what they are doing is worthwhile, and how much of their resources they are prepared to devote to the social role they are embarking on as parent. Archer (2000) suggests, that individuals engage most in the roles that give them the most satisfaction and the most self-worth.

Although the adopter may be restricted by language, in that they can only express their inner motivations through the vocabulary that is available to them, the Critical Realist position wholeheartedly rejects the conjecture that individuals cannot think outside of language or culture. Despite attempts from both Symbolic Interactionists and Postmodernists to disassociate the individual from their human needs, actions are motivated by emotions, intentions and aspirations as well as by interactions and social processes, which interrelate together in their internal conversations (Archer 2000; Porpora 2001; Meltzer *et al.* 1975). However, it can be acknowledged that impression management on behalf of the participant during interviews, as well as the researcher's inability to access their participant's inner meanings in the co-construction of the research, will inevitably have resulted in an interpretation that may be considered adequate, but leaves some terrains unexplored (Sayer 2000). Despite the limitations of portraying the complex processes from which actions occur and are motivated from, action remains meaningful. Therefore, the commitment

required to take up a particular social role, such as that of an adoptive parent, can be regarded, as Archer (2000 p. 297) would contend as; “truly theirs (it is not the product of socialisation) and it is a real commitment.”

Summary

This chapter has attempted to critically appraise the epistemological position taken up by this research. Grounded Theory methods allow us to glimpse into the lifeworlds of the participants while Critical Realism’s retroductive approach offers a multi-layered framework which facilitates a deeper analysis. An in-depth analysis is necessary in an examination of the adoption processes to gauge the extent to which wider conceptualisations of disabled lives within society impact on adoption outcomes. An awareness of the context, structures and discourses that give shape to interactions enables researchers to extend conceptual analysis to account for the interwoven nature of reality out of which all action occurs.

The next chapter will set out the way this study has gathered the information necessary to fulfil its purpose; establishing the factors that motivate the decision to adopt a disabled child. . As a key element of Grounded Theory is to empathise with the subjective world of the participant, semi structured interviews were believed to be the most appropriate for drawing out information matching with the objectives of the study, while affording the participant the opportunity to give a detailed response, encouraging new, previously unconsidered information to emerge (Charmaz 2006).

Chapter Four: Conducting the Research

This research was interested in adoption cases which entail interviews with where the adoptive parent(s) of disabled children and separate interviews with the social workers in placing the child. The cases were found through the Adoption Register for England and Wales who contacted specific local authorities who had referred a child to their service for help with family finding. In conjunction with the Adoption Register, I planned to approach 40 families with successful adoptions within the previous 24 months , anticipating 20 would agree to participate (and the adoptive child's social workers). In the event the Adoption Register was able to identify 29 families and 18 agreed to participate: the data analysed here are based on interviews with those 18 families and their adopted child's social workers (36 in total). This was a national study which covered a wide geographic area, from Newcastle to Devon, London to Pembroke, and Belfast.

Of those approached but not interviewed , four families were unable to participate because of placement difficulties (breakdown vulnerability) and two families though consenting to be involved, were not because, respectively, of time constraints and hospital admission. The rest refused participation [3 social workers were interviewed where families were not but these are not included in this research].

Gaining Access

Accessing Adopters and adoptive children's social workers is not straightforward - they represent a 'hard to reach' group. Mainstream adoption

agencies are bureaucracies with high expectations of confidentiality and subject to public scrutiny which can leave them wary of close examination of practices. The 'closed' nature of these organisations became apparent in my early exploratory approaches to local authorities, when reluctance to engage with enquiries, or having engaged, refusal to participate in research occurred with a number of local authorities approached. Indeed, it was also apparent that individual authorities generally defined very few adoptions (sometimes none) as involving disabled children.

The solution proved to be approaching the Adoption Register. This is a nationwide data base [set up for 'hard to place' children] that contains limited information about approved adopters and children awaiting permanent adoption placements. Using the information pertaining to adopters and children, potential matches are proposed. These links are passed onto the child's social worker, who then decides whether to proceed with any of the potential adopters identified. The Adoption Register emerged from the Prime Minister's Review of Adoption in 2000, to decrease the delay in finding families for children.

Although discussions with them were protracted, they eventually agreed – with the approval of the Department for Education and Welsh Government - to be involved. This had clear advantages over approaching local authorities. Their national (England and Wales) focus enabled recruitment from a wide variety of agencies, in different geographical areas and their close working relationship with local authorities enabled access to be given which might otherwise have been denied. The sample contained adopters and social workers experiencing a wide range of practices, from diverse geographical areas in a range of local

authorities, drawn nationally. The national scale on which this research is based allowed for engaging a greater breadth of institutional practices than a more restricted group of local authorities

A key for using the Adoption Register as a point of access is that the very existence of the child's details on the register was indicative of the local authority's difficulty in finding them an adoptive placement within the administrative area (Adoption Register 2009).

As this research is concerned with the representation (social construction) of impairment, determining inclusion criteria based on 'severity' of disability is not required. Nevertheless, disability classification determined on the definitions prescribed by the Adoption Register enabled us to draw on the 'social practices' employed with adoption, The Adoption Register identifies a child as disabled if they have two or more impairment conditions as outlined on their database.

The hierarchal nature of negotiation with multiple gatekeepers and their associated bodies, necessary to gain access to the participants, was potentially problematic. Firstly, the Adoption Register might, as a condition for involvement, have particular expectations influencing the direction of research. This is especially problematic for a Grounded Theory approach in that the researcher should remain open to the theory which emerges during the process of research. However, the Adoption Register's suggestions were consistent with this research. For instance, my initial intent was to examine the narratives of adopters. However, the Adoption Register reasoned that the adoption outcomes for disabled children would be better understood if the practices of adoption agencies were examined in conjunction with adopters' accounts. The

disadvantage disabled children experience in family placement has so far been linked to a culture in adoption where adopters seek out young healthy infants (Cousins 2006; Palmer 2009). This research has benefited from an understanding of the adoption practices that impact upon adoption outcomes. Furthermore, interconnecting the interviews with adopters who have taken on a child with a significant impairment with the key practitioner responsible for finding a suitable placement has brought specific insights. Through examining adoption cases; this study was able to examine the way the same child was conceptualised through professional and parental lens.

Conducting research that was accredited by the Adoption Register was helpful in gaining the approval of gatekeepers, in this case; managers of adoption departments and directors of children's services. Despite the endorsement gained through the Adoption Register and the Department for Education, approval was still required by the child's local authority for participating in the research, as well as in gaining access to families which could only be achieved at the local authority's discretion.

Once permission was obtained from the child's local authority a letter was sent to adoptive families. The letter contained information pertaining to; the purpose of the research, what aspects will be discussed, what the information will be used for, and the length of time involved. As time constraints could prevent participants from being involved it was helpful to convey that the daily activities of the participants, in so far as is possible, would not be heavily disrupted. A letter which outlined what the research entailed was circulated to these various administrative jurisdictions (Appendix B and C).

The fear of close scrutiny represented a major potential barrier to accessing participants. Even where access is gained the department may have been cautious about the information disclosed, especially to an outsider, such as myself (Miles and Huberman 1994). This is not to say that participant's would deliberately give information that was misleading; as Seidman (2006 p.78) points out, "it is not untrue; it is guarded." Adoption Register approval certainly 'smoothed' the access process. I also found that social workers were generally, quite candid about how they went about family finding for disabled children; with some stating that they had little expertise in the area of disability. Essentially what underlies a decision to partake in the research is trust that is based on the participant's understanding of the purpose, intent and integrity of the research (Giddens 1991). The success of this project depended on building the confidence of these local authorities that the research was not an exercise to scrutinise negatively their work, but rather to inspire them so that they realise that their contribution is valuable for the dissemination of the information gathered about adoption practices, to better serve disabled children in care (May 2001).

Managing Interviewer Effect

The quality of the data collected in qualitative research is inevitably affected by the researcher. Consequently, it is necessary to discuss how my presence as the researcher may have influenced the information gathered. The initial moments of the interview were spent outlining the structure of the interview to the participant to try and foster an ambience in which they felt comfortable enough to open up about their experience of adoption, in a way that goes beyond superficial discussion. I was aware that participants would want to build

a rapport with me as the interviewer, before they felt safe enough to discuss their personal experience; therefore fostering a good first impression was vital for collecting meaningful data (Hermanns 2004).

Historically, Grounded Theory did not give much thought towards the effect that the interviewer might have on the quality of the responses that the participant reveals, assuming it unproblematic for the interviewer to obtain objective generalisable results (Mills *et al* 2006). However, more recently researchers are encouraged, by Corbin and Strauss (2008), to anticipate how their presence might influence what is expressed during the interaction, in order to minimise the effect. For instance, one might suppose that if another interviewer were to conduct the interview the responses would differ. I reflected that if I had the status of an experienced social worker I would perhaps better relate to the practices and procedures which social workers referred to. My lack of experience in adoption practice positioned me as an outsider where the dynamics and culture of adoption processes were unfamiliar and experienced as new.

In this research social class barriers were minimised due to what Seidman (2006 p. 104) refers to as “class versatility.” Essentially, my personal history prior to entry in academic study, in my years spent as a hairdresser enabled me to interact effectively with people both lower and higher in the class gradient. Corbin and Strauss (2008) point out that interviewer effect can have a positive impact upon the participant, where they might feel empowered to explore their experience at a deeper level in speaking with a researcher who takes an interest in the valuable insights that their narrative can bring. Seidman (2006 p.

23) preserves an optimistic view of the human researcher, describing them as an “instrument” that can quickly respond to the comments of their participants with ‘tact’, ‘understanding’ and ‘flexibility’, in a way that cannot be replicated when using quantitative methods, and so draws out meaningful data. However, this does demand a degree of impression management. Participants were often curious to know my own biography, how I became involved in the study and why it had interested me. My experience in disability issues with looked after children, was helpful in building a rapport with adopters and social workers who often convey passion about their roles.

Whether the presence of the interviewer has a positive or negative impact upon the participant, interviewer effect is inevitable. Ultimately, Strauss and Corbin (2008) argue that the data gathered should be considered a co-construction between the researcher and the respondent. Despite the fact that the purpose of the research is to understand the ideas and meanings behind the respondent’s experience, interviews are essentially an interactive collaboration. According to Charmaz (2009) the researcher needs to ensure that the respondent feels that their contribution is valued, and, thus, showing a genuine interest in what the participant has to say, and encouraging the respondent to expand on their answers, preventing the researcher from leaving the interview with only vague generalities. It is also important to note that participants were not regarded as mere carriers of knowledge but as experts and creators of knowledge within the field of interest.

Code of Ethics

The research conformed to the ethical guidelines stipulated by the University of Plymouth. The University of Plymouth's (2007 p. 72) code of ethics states that the informed consent from the research participant does not discharge the researcher's responsibility to "protect participants from physical and psychological harm at all times during the investigation". Similarly, The British Sociological Association BSA states that researcher's should "consider carefully the possibility that the research experience may be a disturbing one" (BSA cited in Bryman 2004 p 510). In relation to this study, carrying out a thorough literature review helped me to anticipate the potential harm that could surface through participants recalling possibly painful events in their life during the semi structured interview. It is possible that, for some of the research participants, their motivation to adopt would have arisen from issues of fertility, which participants may feel uncomfortable discussing. Furthermore, in similar studies, both Sinclair (1998) and Macaskill (1985) found that a significant number of adopters interviewed had lost a child prior to the adoption, many of whom had had specific health conditions; for these adopters their desire to adopt was stimulated by their experience of loss and their need to resume their caring role. Therefore, the potential for distress was clear.

As potential harm was identified, this study took all possible steps to minimise potential harm. Throughout the duration of the interview I endeavoured to be sensitive to signs of distress. In retelling their adoption narrative, adopters touched upon a number of issues, ranging from; miscarriage; bereavement; and infertility. The interview would have ceased when appropriate, although no signs of distress occurred during interviews. Participants were given written and

verbal information which outlined the aspects of their adoption experience to be discussed during interview (Appendix B and C). Thus, all participants were appropriately briefed in advance of the interview schedule and were therefore better prepared to make an informed decision about whether they would find any of the aspects discussed at interview in anyway distressing. Adopters were also briefed in the initial moments of the interview.

Informed consent involves giving as much information to the participant as possible, in such a way that they are able to fully comprehend the implications of their involvement before they agree to be a part of the research. The Informed Consent of the following agencies was required:

- The Department of Education
- The Adoption Register
- The relevant local authorities
- The adoptive family

The University of Plymouth (2007 p. 71) states that all “potential participants should be informed at the outset of the study that they have the right to withdraw.” This right was upheld during the course of the interview. The participant was granted the right to refuse to answer particular questions for any reason (Bryman 2004). The participant had a further six weeks in which they could withdraw the data collected from the study, which was discussed with them before the commencement of the interview. The nature of Grounded Theory means that interviews with participants will inform the revised nature of the subsequent interviews and questions; using this time limit enables them to

retract their involvement before this next phase of questions are in the field - essentially, it may otherwise be impossible to absolutely eradicate their contribution from the research.

Informed consent to the use of a tape recorder was obtained, and permission to use information that was given outside of the recording was asked, although, without agreement, anything said off the record was kept confidential. Every attempt was made to protect the anonymity of respondents. Data were anonymised and participants given pseudonyms. In relation to one particular case, the adoptive parents were concerned that if the condition of the child was mentioned in the research that the child would be identifiable. Therefore, the child's impairment was described in the vaguest terms possible. Participants were given pseudo names and codes were designated to distinguish between different areas, preventing local authorities from being identifiable. All personal data pertaining to the participant was kept confidential through computer passcodes. All recorded data was kept in a locked cupboard, where it will be disposed of after ten years.

Conducting the Interviews

A key element of Grounded Theory is to attempt to empathise with the subjective world view of the participant (Sheppard 2004). Therefore semi structured interviews were believed to be the most appropriate research method for gathering the detailed information required in this study. Open ended questions were used in order to draw out the events that occurred, which afforded the participant the opportunity to give a detailed response, encouraging new, previously unconsidered information to emerge (Charmaz 2006).

Interview with the child's social worker

Adoptions occur in the context of a set of complex interactions amongst the following; the child's local authority, the adoption register, the adoption agency, the adopters, and the adoption panel. The child's local authority is responsible for developing their profile, which includes providing a background history, medical record, and features of the child's attributes and personality. The child's social worker also has a significant influence on approving the placement when a match has been found. By interviewing both the local authorities and the adoptive parents, this study attempts to grasp 'the rules of the game', where social practices can be considered as forms of play in which the field of adoption is viewed as the 'pitch' from which the game is played (Bourdieu 1990). Therefore the outcomes for children and for adopters will be dependent on how the game is played in that specific local authority.

Interviews with the child's social worker provide valuable insights into the difficulties of finding a placement within the administrative jurisdiction, as well as highlighting whether there are any specific requirements or characteristics which are looked for in potential adopters of a disabled child. There were three themes that explored during semi-structured interviews with the child's social worker. They were;

- **Profiling the child:** this involves exploring how agencies viewed their role in constructing the child's profile which is used to introduce the child to the adopter.

- **Finding families:** this refers to the methods of family finding used by the local authority.
- **A suitable match:** this entails investigating the needs of the disabled child and the pool of adopters that they conceived as best serving the child's needs.

Practitioners had the opportunity to express their views about the challenges of disclosing the health reports of children and how they went about assessing adopters that have expressed an interest in a child. Spending time with various local authorities allows the researcher to differentiate between the universal practices and language terms that are similar across all local authorities and those practices and shared language terms particular to the organisational culture of each specific adoption department (Rubin and Rubin 2008).

Interviews were carried out with key social workers who were involved in the adoption of the child. This could be the child's adoption link worker or the child's key social worker. On one occasion a joint interview with the child's social worker and the adoption worker took place. This worked well as they were able to prompt each other about key events that occurred throughout the family finding process. A copy of the interview schedule can be seen in Appendix D.

Interviews with adoptive parents of disabled children

This research views participants as active agents who have decided to embark on a course of action. Actions occur out from complex social processes but they are also driven by interests and intent (Archer 2000). In order to elucidate the

motivating factors involved in their decision to adopt a disabled child, semi-structured questions were focused on three central themes thought most likely to have featured as part of the adopter's experience and which may or may not have impacted upon their decision making (Rubin and Rubin 2005). These themes are as follows;

- **Initial Motivation:** refers to the factors involved in the adopter's decision to go through the adoption process as an alternative means of parenting.
- **Social Practices:** the adoption process is approximately a two year process, therefore this study investigated the social practices that influenced the adoption outcome, including the development of the Prospective Adopters Report form.
- **Proceeding with the adoption:** The factors involved which influenced the decision to adopt their specific child.

This study asked participants to reconstruct the events that occurred, from the initial decision to adopt a child right through until the adoption was completed. This provided a sense of the factors which motivated the respondent to adopt, and identified possible social processes in adoption practice which may have shaped decision making. Within these in-depth interviews I attempted to obtain the participants interpretation of their experience, which entailed being sensitive to the range of emotions and feelings expressed, which give meaning to the terms of reference used to describe the events that occurred (Corbin and Strauss 2008; Rubin and Rubin 2005). Priestley (2003) argues that whilst narratives can often appear to be unique portrayals, and are therefore

frequently criticised as having little significance to sociological study, they often reflect a consistent commonality of experience that reveals dominant patterns. For instance, feeling emotionally connected to a profile which sets the child apart from other profiles viewed was a reoccurring theme. At times both adoptive parents would partake in the interview, on other occasions one parent would agree to interview. Due to time constraints it was not possible to stipulate that both adoptive parents should be present for interview. Joint interviews of couples that had adopted worked well and they often prompted and expanded on issues their partner made. A copy of the interview schedule can be seen in Appendix E.

The Interview Schedule

The questions within the interview were semi structured in order to allow the participant to elaborate on their experience, whilst ensuring that the conversation stayed reasonably focused on the central issues of interest to the study. May (2001) asserts that keeping the questions slightly focused assists in achieving a greater comparability of experiences in the analysis. Asking a question provides a context giving the participant direction to discuss specific aspects of their experience, whilst not being so rigid as to quash potential insights that could not have been anticipated. For instance, I did not anticipate the relatively significant amount of interest a disabled child's profile generated. The fact that there were adopters willing to consider disabled children led to further questions, such as what qualities social workers value most in adopters, and what factors they took into account when assessing the suitability of those who express an interest.

Seidman (2006) advises that by asking to discuss aspects of their experience, participants, who might feel slightly intimidated at being interviewed, are given a framework through which they can organise their experience, particularly if they are not sure where to begin. Spradley (1979) recommends using what he calls a “grand tour” question, in which the main question is rephrased so that the participant is given the opportunity to explain their experience, placing more emphasis on those aspects that they deem as most important. However, asking the respondent to talk me through their experience of adoption process would be too ambiguous for the respondent and, subsequently, the option of a “mini-tour” can be applied, where the criteria to answer the main question is compartmentalised into segments from which the adopter can expand on their experience (May 2001). Consequently, the interview was divided into stages where the respondent could discuss the sequence of events that occurred, from their thoughts and feelings in the initial contact with the adoption agency, right through to the period post-placement of their adopted child. In this way I tried to capture the complex interactions that occurred between the agency and the adopters throughout the process. The “mini-tour” proved to be a useful strategy, since some adopters were keen to relay their frustrations about disability support which led them off track from the interviews aims and objectives. Information relating to support provided some insight and was used within the analysis, however, the ‘mini-tour’ approach reoriented adopters to discuss other more pertinent aspects of their adoption experience (see Appendix E).

Grounded Theory suggests that after the first set of data has been gathered a series of follow up questions should be devised for the next interview. Rubin and Rubin (2005) claim that the basis for this is that if unanticipated themes

occur during the course of an interview, the researcher can incorporate that theme into the next set of questions, so that it is possible to investigate if other participant's encounter similar experiences. On one particular occasion, a social worker gave a detailed response about the characteristics they were looking for in adopters for a child from the outset. Consequently, a further question was added to the interview schedule which concentrated on "How did you assess families as being suitable? What characteristics were you looking for in adopters?" This question focused on how social workers managed their aspirations for the type of placement envisaged compared with the reality of those who came forward with an expressed interest for the child.

At times respondents might give a cursory explanation to an issue that the researcher considers of considerable importance. This requires a timely follow up response, in which the researcher asks for clarification or more details (Seidman 2006). It was also necessary to follow up on any nuances of the participant, where, perhaps, they might exaggerate aspects of their experience or apply words which connote several meanings (Rubin and Rubin 2005). May (2001) recommends reflecting back on some of the respondents comments so that the interviewer can confirm that their understanding of what is expressed is indeed correct. In one particular case a social worker explained that those that came forward to express an interest in the child were not suitable. The comment needed further clarifying; was the social worker referring to interest generated from people unapproved for adoption? Or were those who had expressed an interest approved but still considered unsuitable.

Analysing the Data: informing the research and developing theory

Grounded Theory is known for its rigorous analysis; the researcher conceptually builds on the information gathered and immerses themselves in the data, constantly questioning and making comparisons between the data sets. Coding is a useful tool in Grounded Theory that processes and fragments large amounts of raw data to assist conceptual analysis. The significant themes that emerge in the data are then categorised using a system of open coding. Open coding refers to the process whereby the researcher constantly revises a transcript giving names to significant incidences that emerge in the data (Bartlett and Payne 1997). Grounded Theory often refers to particular terms used by the participant as an in-vivo code. Using in-vivo codes requires discernment in revising the transcripts, in order to only select the phrases uttered that are of immense significance to the research. These in-vivo codes are then further explored and compared against other data sets (Charmaz 2006). One example of an in-vivo code in this research occurred when an adopter commented that she felt 'emotionally invested' towards her adopted child prior to placement. Similar sentiments were expressed, though some adopters found it difficult to articulate exactly the connection they felt towards a child they were matched with but who was not yet placed with them. 'Emotional investment' is an in-vivo code which encapsulates the lifelong commitment that adopters pledge towards a child not yet in their care.

The use of questioning is recommended by Corbin and Strauss (2008) to assist in being sensitive during the process of establishing what is actually occurring. Asking questions gives the researcher a starting point to think analytically about the mass of data they have collected. These questions assist the researcher to

think inductively about their data in the anticipation that, through questioning, new themes of discovery might emerge;

- What is going on here?
- What if – this or that changed?
- Who are the significant others involved?

In addition to open coding the interview transcripts, memorandums are used in Grounded Theory as a reflective tool to immediately record ideas, insights and hypotheses, before they are forgotten in the mind of the researcher (Grbich 2007; Mills *et al* 2006). Grounded Theory places immense importance on the use of memo's for developing theory out of data. In fact, Glasser (1978 p.83) asserts of the researcher that "if the analysis skips this stage by going directly from coding to sorting or to writing – he is not doing Grounded Theory." Memo's can be of great help to the researcher in their attempt to condense the mass of data that they have collected so that the most important and significant concepts in the research can be concentrated on. Memo's are multifunctional; they were used in the recording of aspects of the data that were developed into significant concepts; recording the reflections about the interaction between the researcher and participant and recording recommendations for the next interview. Keeping a record of analytic proceedings also invites public scrutiny about the decisions that have been made (Corbin and Strauss 2008). Memos proved useful for making note of the emphasis adopters placed on the words they chose to describe their experience. A copy of a memo which was filled in after each data collection can be seen in Appendix F.

After a few data sets have been open coded the research engaged in the next level of analysis; axial coding. As initial coding fragments the data into distinctive codes, axial coding rebuilds the data and organises it into conceptual categories (see Appendix J). The researcher must decipher which codes are of high significance to the study, and can be developed into the main concepts of the research piece. This is not to say that the remaining basic concepts are completely discarded, as they often contain a certain amount of detailed information linked to higher level concepts (Corbin and Strauss 2008).

According to Bartlett and Payne (1997) axial coding is heuristic tool that assists in stratifying high and low categories according to their relevance, whilst taking into account the relationship between the categories. Corbin and Strauss (2008 p.72) have developed a series of questions that support this next stage of axial coding, they are as follows;

- What is the relationship between one concept and another?
- How do events and actions change over time?
- What are the larger structural issues involved and how are they manifested, or effect what I have observed?

When it becomes clear to the researcher that nothing new is being added to a particular category, the researcher does not continue attaching surplus information to it, unless of course the information brings fresh insights to the category (Bartlett and Payne 1997). At the point at which developing new categories ceases, the research has reached what Glaser and Strauss (1967) describe as theoretical saturation, and should move towards the next stage of the research. When incidents are identified they are compared with other incidences, and where similarities occur these incidents are grouped together.

In Grounded Theory a great emphasis is placed on the value of making comparisons to validate theory (Charmaz 2006). The perspectives of key participants are compared and contrasted to see where facets of their experience are similar or indeed different (Glaser and Strauss 1967). By comparing the data, the analyst will be better able to understand what accounts for variations in the data, and the factors involved that contribute to such differences. According to Glaser and Strauss (1967), all theoretical explanations should be substantiated by evidencing their generalisability, through compare and contrast techniques. Ultimately, the concepts derived from the findings should “yield meaningful data”, meaning that concepts are developed from particular recurring features in the accounts of those interviewed (Glaser and Strauss 1967).

The final coding process which formulates Grounded Theory in its entirety, is selective coding. Selective coding entails amalgamating both the empirical data and the memos that have been accruing throughout the research process. It establishes one specific category which encompasses the fundamental insight of the research interest above all other categories. The remaining sub-categories which are included should only serve to support the main theoretical explanation. At this point of the study, the researcher has achieved theoretical integration of the findings. Bartlett and Payne (1997 p.193) describe the process as “identifying the story line of your research.” Once the theory has been developed Bartlett and Payne (1997) explain that the researcher must revise all the individual case statements to confirm that the theory identified is concurrent with the findings; in effect that the theory is implicitly grounded in the data collected. This involves rigorously scrutinising the data to make certain that

there is a commonality across the accounts. At the same time the researcher will investigate the accounts that diverge from the central explanation and will try to grasp the factors involved that account for the difference. This is not to say that cases that do not fit the main pattern invalidate the theory developed, rather, they are indicators that the world is complex, and, therefore, the researcher need only explore the meaning of these divergent cases.

Validating the Research

Processing data is a constant interaction, in which the researcher is continuously trying to decipher the meanings and actions behind the participant's account from their perspective. Charmaz (2006) reminds us of the researcher's subjectivity due to the words assigned to code aspects of the data. While it may seem to mirror an empirical reality the researcher should be aware that others may derive different meanings out of the data. At issue is the way in which one ensures that their analysis of data reflects an adequate picture of reality. Corbin and Strauss (2008 p. 47) advise that providing that the researcher has immersed themselves in the data, they can rely on their "gut feeling" until they develop an explanation that appears logical. This appears rather like relying on common sense, which often naturalises conjecture and consequently reproduces existing social constructions. However, the researcher does not aim to create theory based on rational thinking; rather, the in-depth nature of qualitative research assists the researcher in becoming familiar with the social processes involved in the field of interest so that they grasp "a feel for the game." (Bourdieu 1990; Sayer 1992). To ensure that the analysis can be deemed reliable this study participants were invited to give their feedback on

the summary of findings (see Appendix A) to ensure that the concepts derived from the data was congruent with their experience.

Summary

Fundamentally, what separates academic research from journalism is the way in which theoretical knowledge can be used to sensitively appraise what is taking place, whilst at the same time remaining dubious about explanations that are not indicated by the data itself. In addition to grounding the theory in data collected, this study attempted to validate the plausibility of the analysis by asking academic staff at the University of Plymouth to examine the credibility of its conclusions. Sayer (1992) explains that the presupposed knowledge of the world is the “anchorpoint” out of which all knowledge can be judged as valid. Therefore, it is a matter of validating our theoretical explanations in light of the “knowledge about which both believers and sceptics feel most confident” (Sayer 1992 p.66).

Having outlined the methodology behind this study, we will now move onto Section 3, the analysis chapters. These five chapters explore various themes which emerged from the data gathered from interviews with the child’s key worker and their adoptive parents. The decision to adopt and the motives behind have been examined within the context of what prompts the decision to start to the adoption process, the factors taken into account when deciding upon the level and severity of impairment adopters are prepared to consider in child; and their final decision making processes when presented with the profiles of real children needing adoption. The two most pertinent themes that emerged from interviews with the child’s key workers centred on how they profiled and

represented the child; and how the child's identity impacted on how they recruit and assessed adopters.

Section Three

- Chapter Five: Entry into the Adoption Process: Utilising Reflexivity
- Chapter Six: Recommending a Disabled Child in Adoption.
- Chapter Seven: A Child That I Can Cope With: Making a Decision on the Level and Severity of Impairment.
- Chapter Eight: Using Identity in Family Finding Processes
- Chapter Nine: Unearthing Adopter's Motives: examining the factors and social processes that contribute to the decision to adopt a disabled child.

Chapter Five: Entry into the Adoption Process: Utilising Reflexivity

Adopting a disabled child can be regarded an unusual project compared with the projects that most people take up in their lives. The fact that their lives might be regarded as unconventional was not unnoticed by the adopters who often reflected on the fact that their decision to adopt a child with a significant impairment appeared extreme to others:

Victoria's Adoptive Mother (AM): 'You know I think some people think we are slightly mad – I've had some people say what made you adopt her? Why did you take that on?'

Sean's AM: 'People that you think are going to be behind you, think you're stupid'

The term project here is used to describe a course of action which realises our drives and concerns (Archer 2007). Adopting a disabled child is a risky project; the time consuming nature of taking parental responsibility of a child with a significant impairment restricts the level of engagement within the labour

market, consequently, leaving disability households more susceptible to poverty (The Children's Society 2011). Although, some adoptive families are given some adoption support packages, amounts significantly vary and are often only secured over a three year period. The disadvantage that is associated with the caring role, such as restrictions in lifestyle, the inability to take up other roles and projects, and the risk of poverty makes the actions of these adopters who have deliberately chosen to raise a child with a significant impairment all the more strange. While as Archer (2007) suggests, people are free to make decisions that are counter to their objective interests, it is reasonable to suppose that the more risks imposed in a project the less likely people will take it up.

The actions of those adopters who can naturally have biological children, yet choose to adopt a disabled child might be regarded as doubly deviant. Not only have they positively chosen adoption as the means by which they realise their desired role of parent, they are also voluntarily choosing to take on the role of parent to a disabled child – a role that arguably threatens quality of life. This is reflected in Marianne's and Tony's (Oliver's Adoptive Parents) experience when they made initial enquiries into adopting a child with Down's syndrome:

Oliver's AM: 'It seemed to be quite a problem for people that we could have birth children. They seemed to be quite caught up with that fact for some reason. So we had to do a lot of fast talking to convince people to come and meet us'

As it is possible for people to act in opposition to cultural norms we might reject the idea that individuals are almost entirely the products of culture and opt for a more comprehensive way of viewing how people reject the lifestyles and goals that appear mapped out for them. It is the Habitus that mediates between

cultural conditioning, our natural drives, and our reasoning. While the Habitus has been primarily used as a concept which explains continuities in lifestyle, it can also be used to explain discontinuity (Reed-Danahay 2005). As it is in no way a determinative structure the concept of reflexivity can be embraced within its operations. Under this premise, cultural conditioning has the power only to influence our actions not determine them. Thus exposure to new experiences and nuances can account for changes to perception and variances in lifestyle (Archer 2007; Reed-Danahay 2005). Thus, adopters who had direct relationships with a disabled person were better positioned to reject negative conjecture and were consequently able to view the social caring role more positively, as can be seen in the following responses;

Louis AM: 'I would have given adoption, you know, a lot of consideration, but I think I wouldn't have thought of adopting a disabled child. You know until I saw at first hand I probably wouldn't have felt as confident in adopting a disabled child.'

Adam AM: 'But because of the job that I have been in and the experience I have had I just thought no this is a child who I can cope with'.

Victoria AM: 'I've been a nurse and a midwife all my life. I've done 30 years in the NHS so it wasn't something that phased me'.

It is important to note that for a minority of adopters, while they were keen to adopt through experiencing a strong drive to nurture, taking on a child with impairment needs was not part of their initial motivation. In the case of Louise and Brian (Connor's Adoptive Parents) it was their desire to adopt a young infant which led them to consider a young baby with Down's syndrome. They conceded that;

Connor's Adoptive Father (AF): 'Louise was very much heart ruled the head, yes you know it's a baby that's what I want, which basically was what it was like'.

The process by which these subset of adopters arrive at the decision to have a disabled child placed with them will be examined in more depth in later chapters. The point made here is that even where adopters have limited exposure to disability, on receiving new information, they are able to use reflexivity as a tool to think around issues and perhaps rebuff dominant conjecture about the role as parent to a disabled child.

Reflexive processes may take the form of inner dialogues or '*internal conversations*' that we have with ourselves, which can be particularly pertinent in the process of making life-changing decisions. According to Archer (2007) references to the concept of reflexivity are often tokenistic within the social sciences with much more emphasis placed on the social situation of people as they try to make their own way in the world. Although the social positioning of individuals often constrains or enables them in the projects they take up, it is nevertheless the case that reflexivity is the process by which an individual examines their external world, their place within it and their capabilities to pursue the projects that they identify as most important to them. This reflexive process is present within these adopter's accounts. For instance, although Laura (Adam's Adoptive Mother) routinely works with children with life limiting conditions her objective circumstances meant that she was compelled to restrict the level of need she could consider in a child, she comments:

Adam's AM: 'Because I work with very complicated children I knew for a fact that I didn't want to take on that role as a single parent, I might have done if I had a partner'.

This example, demonstrates that adopters do not make decisions independent of their contextual circumstances. We have to be cautious about presenting adopter's as either uninhibited or ignorant and desensitised to the risks

involved. Nevertheless, whilst we cannot divorce the context from the inner dialogues of adopters, we might accept that reflexivity is a tool by which people “initiate ideas, develop thought, be creative, and respond intelligently to discourse, plan, control feelings, solve problems, or develop self-esteem” (Tomlinson 2000 p.123; Archer 2007).

In order to get a clearer picture of the motives and social processes that contributed towards the decision to adopt a disabled child, it is necessary to delineate those powers belonging to structures and those belonging to the individual. Social structure relates to the social positioning of the adopter; the amounts of economic, cultural; social, and symbolic capital impacts upon the extent of the project. Thus reduced amounts of social and economic capital might deter an adopter from considering a child with a significant amount of need, as in the case of a single adopter June (Louis’ Adoptive Mother) who commented:

Louis’ AM: ‘Now there were a few things that I said I definitely couldn’t cope with. You know. Severe learning difficulties. I mean I had to consider that I was here by myself’.

Structure is also embedded within the culture of the adoption system in which professional power wields control over the adopter who must comply within its core values and processes if they are to achieve their desired goal of becoming an adoptive parent. For instance, Sean’s Adoptive Mother recounts her experience of the matching panel where the suitability of the match between adopter and child is assessed;

Sean’s AM: ‘And I started to cry and I realised at that point they could give my son or they could take him away in one, in a ten minute slot’.

The power relating to the individual is manifested through the capacity of the adopter, to think their way through problems and issues, becoming tactical in order that they might achieve their objective. For example, Glenda (Ian's Adoptive Mother) had to prepare her responses in anticipation of the difficult questioning that may emerge about her suitability to adopt her foster child on the grounds of her age. She reports;

Ian's AM: 'obviously social services weren't keen on the idea, because of my age..... Fight it to the end I suppose.... I said well if that's the case why am I still fostering? If you don't think that I can adopt a child but you are quite willing to let me look after him to whatever age and that's how it went as such'.

The individual that makes the decision to adopt a disabled child is an individual that is; a human being, a social agent and a social actor (Archer 2007). Each identity will be explored individually in relation to adoption through the rest of the chapter, but first it is necessary to outline how these identities shape adopter's decisions:

- The introspective consideration of adopter's sense of natural drives is a crucial factor in this analysis on motive and cannot be neglected. This examines how adopters through their own descriptions make sense (fallibly) of their emotions. Emotion is not absent in Bourdieu's concept of the Habitus, rather the Habitus has a mediatory function where culture shapes and gives meaning to feelings.
- The social agent embodies the strategies that emerge from reflexive processes where the individual strategizes how they might obtain their goals and ambitions while recognising limitations to their actions.

- The individual as social actor. Having already established that the route of adoption is the means by which the individual can satisfy their inner drive to nurture, the adopter must then engage in the adoption game. This involves comprehending the established rules in adoption and playing accordingly. This may entail: making compromises on their initial desires; appearing sympathetic towards adoption values and beliefs; being subject to invasive assessments, impression managing their identity, and responding well to the scrutiny of social work professionals.

The Introspective Consideration of Adopters' Sense of Natural Drives

Adopters' sense of inner drives which prompt social action involve a mediatory process by which human beings attempt to make sense of their feelings through a number of constructed meanings available. The internal structure of the Habitus serves this mediatory function as it negotiates between; thought and feeling; shared cultural values; norms and contexts. Bourdieu does not altogether disregard the existence of emotion in Habitus he rather, infers to its presence through his notion of disposition which he posits orientates people towards particular conclusions about themselves and their place in the world (Reed-Danahay 2005).

Adopters attempt to describe their inner emotions which they assert lay behind their motive to adopt. This involves drawing on collective ideas about the intrinsic nature of the human being to articulate their experience. Many of these adopters had normalised their yearning to adopt which they linked to innate

drives to nurture, build attachments and act altruistically. As one adopter commented:

Nicola's AM: 'I think there is a school of thought that says carers become carers because they liked to be needed. They have a need to be needed. And I think that's probably true if you analyse it'.

To reiterate, this is not to say that adopters do not genuinely experience the emotions they attempt to describe, but how they interpret these feelings is fallible to socially constructed values. By drawing on the work of moral philosopher Midgeley (2002) and psychologist Weiss (1991) this section examines the content of adopter's comments where they infer to inner drives, emotions and attachments.

Achieving a family is an important milestone in the life-course of many people. There is a certain amount of expectation for some couples to pro-create depending on the sociocultural context, and the inability to realize the social role of becoming a parent can leave individuals with feelings of despair (Palmer 2009). However, social expectation to have a family has weakened over the last fifty years, particularly with the emergence of women engaging in full time work. Many women opt to substitute family life with a focus on their careers (Hakim 2000). However, whilst for some people childlessness is their preferred state, the fact that it is more acceptable to dispense with the parenting role, implies that these individuals adopt for reasons that could be ascribed to an innate desire to nurture, whereas in the early 20th century, Keating (2009) points out that adoption secrecy was a means of maintaining respectability, particularly as infertility issues were regarded particularly embarrassing. Although, the pressure to conform to the conventional family norms can intensify an

individual's longing to parent it is unlikely that adopters attribute this as a motive in contemporary open adoption (Palmer 2009).

This is where Midgely's (2002) distinction between open and closed instincts becomes useful for heuristic purposes. Closed instincts are inbuilt fixed patterns that exist within a species. Consequently, the desire to procreate, or look after young, is regarded by Midgely (2002) as an inbuilt drive. Open instincts are those desires that emerge out of experience. So experience leads us to desire attaining certain goals or taking up particular projects or social roles. For instance, some adopters had opted to adopt a disabled child having already experienced raising a disabled birth child. Their experience of the role of parent to a disabled child led them to consider that the role was worthwhile and rewarding. Thus the desire to achieve their closed instinct to extend their family is combined with an open instinct which views parenting a child with a significant impairment positively. Naomi's (Henry's Adoptive Mother) experience of the social caring role through parenting a birth child with a hearing impairment led her to be more open to consider a range of children with varying degrees of impairment even where it stepped outside her area of skills and experience;

Henry's AM: 'I think disabled children are so much more rewarding. I mean Henry came to be I mean okay he is deaf but I didn't know anything about mobility difficulties I didn't know anything about visual difficulties, but you just learn it as you go, and I just see Henry, as Henry and he is a lovely kid'.

Adoption is normally perceived as a second rate option for achieving a family for those who experience infertility (Palmer 2009). However, adopters infer they have additional natural drives which are separate from reproducing genetic

offspring and can make adoption an attractive and viable alternative option. In *Beast and Man* Midgeley (2002); depicts human beings as social, nurturing and altruistic rather than exclusively egotistic. These three aspects of human nature are evident when we look after each other's young, build attachments, and invest in social relationships. Consequently, the drive to invest in social relationships maybe stronger in some people, than the drive for self-preservation, leading some of these adopters to embark upon an action that does not produce an "outward advantage" (Midgeley 2002 p.113). While it could be argued that the adopter must have processed the substitute benefits in making their decision, reducing motive to egocentric intentions neglects how emotions and general affection for others might interplay with rational thought (Archer 2007; Midgley 2002). Within these adoption narratives it could be suggested that the referential drive to nurture feeds into the affection for others. The attachments then intertwine with innate capabilities forming acts of altruism that are not entirely self-orientated. For instance, foster carers who had decided to adopt the child placed with them described the challenges of parenting a child with a significant physical impairment;

Jason AM: 'But in order to look after Jason you need someone as well to support you. Because when it's hard it is really hard'.

This family's decision to adopt the child emerged four years after he was placed with them, they reasoned;

Jason's AM: 'then we thought we'd make Jason ours. Because it wouldn't be fair for him to move now. He'd be heartbroken. We love him to bits anyway. We have always treated him as one of our own'.

This statement points towards several aspects that reveal the complexity of motive. Motive in this case is tied up with experiencing drives to nurture, to act altruistically and includes its emotional rewards in sustaining adult/child attachments.

Weiss (1991) argues that the desire to maintain strong attachments exists within adulthood, which means there is a mutual co-dependence between child and adult. This concept aligns with the comments of some adopters who expressed their need for reciprocal relationship, where the care offered had some rewarding features. For one set of adopters, they were more reluctant to take on children with attachment disorders where it would be difficult to build a strong bond. They felt that these bonds were more likely to be achieved with children with severely life-limiting conditions, they comment;

Nicola's AM: 'And I suppose what that flags up to us is that we needed that amount of, we needed that affection then didn't we. Because we couldn't just do it without that level of affection'.

According to Weiss (1991), the importance of an attachment figure is not only a basic necessity for our childhood years, rather, forming, developing and maintaining healthy attachment relationships contributes to well-being across the life-course. As children progress into their transition into adulthood their need for the attachment relationships does not diminish, although, it is likely that the original attachment figure is replaced by another. These adult attachments are also separate and distinct from relationships of community as they appear to be "critical to continuing security and so to the maintenance of emotional stability" (Weiss 1991p. 75). According to Weiss (1991) not all relationships

between child and adult contain attachment properties. The presence of attachment will be dependent on the degree in “closeness, in trustworthiness, in the extent to which they elicit feelings of protectiveness” (Weiss 1991p.70).

Weiss (1991) bases his argument in the suggestion that the absence or collapse of the relationship can produce similar effects as those observed amongst children that experience separation and loss. Separation distress might take an alternative form to what we might observe in childhood, it is likely to appear more externally subdued, but differences in outward expression is not an indicator that separation grief does not occur. Furthermore, studies on loneliness seem to suggest that the feeling is engendered by one of two factors. The first is absence of an attachment figure; the other is the lack of relationships within community. Weiss (1991) argues that the quality of both forms of relationship impact upon the well-being of individuals. Consequently it is not surprising that foster carers opt to make the placement of the child they have become attached to more permanent, even in those situations where they find aspects of caring for the child difficult and challenging, as in the case of Ian’s Adoptive Mother who states her reasons for adopting her foster child;

Ian’s AM: ‘It wasn’t the plan of adopting him at all, we’d had him so long he had grown on us. We sort of, he loved us we loved him and it just went from there’.

However, these attachment feelings do not just emerge out of pre-existing relationships where there is a developed bond between adult and child.

According to Weiss (1991) emotional investment of this kind can be evident in “only the idea of having children.” The notion of adult attachment to children is

evident in the narratives of adopters who despite never meeting the child they are matched with feel a strong sense of commitment to their adopted children;

Nicola's AM: 'It was [a] fictitious picture ... and a fictitious name, but it was still that desire to do it, and I think, so you have to have that desire in the first place and then when you see the videos, you know, you probably feel hopefully, you feel even more of a stronger pull.'

Conceptualising the adopter as a human being who regards themselves as a person with innate needs and desires is necessary in the examination of adoption motives, where drives to nurture are often intertwined with the capacity for altruism. As one adopter commented:

Zac's AM: 'I do look at things like *Be My Parent* and *Adoption UK* and think, there is no need out there for anybody to be childless if they don't want to be...you just have to look through that *Adoption UK* and it breaks your heart'.

The Reflexive Activity as Social Agent

The last section discussed the inner drives that inevitably orient adopters towards the adoption trajectory. This section reflects on the processes by which the adopter reflexively concludes that adoption facilitates their drive to nurture and undertake the desired role of parent. Therefore, as a social agent the adopter; assesses their situation, evaluates the constraints under which they can shape their circumstances and decisively enters into the adoption process (Jeffery 2011). Therefore, although agency interlinks with underlying drives and desires which prompt action it is more concerned with the ways in which individuals decide to or not to act.

As part of adjusting to their circumstances, we might expect that couples who experience infertility use reflexivity to come up with new goals and ambitions to replace former aspirations that are no longer viable. This is confirmed by

Peterson's (*et al.* 2006) research, who reported that 'problem solving' reduced the amount of distress experienced by couples. Peterson (*et al.* 2006) suggests that couples re-focus their attention in a range of different ways by; throwing themselves into work, putting plans for family to one side, traveling or perhaps consider adoption. These are the ways in which individuals exercise their agency by processing their circumstances and transferring their focus onto new projects:

Connor's AF: 'We took the decision at that point to stop. We had a year left in America, we said right okay we will enjoy our final year in the States, travel, enjoy ourselves and when we get back think about adoption'.

Those that decide to enter into the adoption process do so at the time that they consider is right for them. It is often entails many years of reflexive processing, and theoretically exhausting all options before they commit on a course of action to adopt. In the following adopters disclose that they considered fostering, but in the final analysis adoption offered adopters placement security,

Adam's AM: 'Erm I think I just got to a stage in my life that I hadn't met Mr Right I wanted to be a mum and erm and I thought well this is a way to look into, I mean it wasn't an easy decision it was erm it took really seven years because I looked into fostering and decided that that wasn't for me so it took two years of – erm I don't rush into anything so two years of reading up and talking to people and making the decision'.

Carl's AM: 'I had to give up fertility treatment, the doctor said it wasn't worth pursuing any longer so we thought what's our options here, didn't even consider surrogacy, it's not the sort of thing we would do and egg donation we didn't consider really. We didn't seem to think that any of that would work with us and so we just drew a line with it very quickly and decided adoption...'

Carl's AF: "Thought about fostering, I thought no I couldn't cope with that, looking after a child for a time and then having to give it back – so adoption."

Adoption as a substitute project for having a genetic family of one's own provokes incredulity amongst social workers who often question whether these adopters have been truly capable of replacing one desire for another which is discussed in more detail in Chapter eight. This anxiety is at least understandable on the part of social workers, particularly as fantasy can contaminate our internal reflexive thinking (Archer 2007). Yet, while we might accept that the decisions that adopters arrive at might be fallible to social construction or perhaps be based on over romanticised ideals, adopters are presented with the realities of the types of children in care and the potential difficulties that can arise in adoption, at an early stage in the process. When presented with such information in preparation classes, it is likely that adopters will then use reflexive processes to question their own motives and balance out the information they have been given alongside their innate drives. These reflexive processes are evident in many of the adopter's responses;

Adam's AM: 'I think I prepared myself and I've read loads of books about adoption and about you know attachment difficulties'.

Louis' AM: 'but you just have to think to yourself, you know, what am I capable of? And the other thing I thought about was. If I was to have a birth child – there's no guarantee that your birth child is going to be normal, you know not be born disabled either. So that was another thing I thought about. And aware of pros and cons of emotional damage to children in care, and that have been abused and that, to the other side of it'.

Justin's AF: "So realistically adopters should think automatically think of the future, and think about how it's going to change their life. It isn't just about getting the child in your house, and expecting that child just to abide by your rules and everything will be hunky-dory."

Consequently, although adopters may be initially disappointed about their inability to plan a family naturally, this doesn't mean to say that they are automatically likely to be deluded about the reality of the adoptive role. It is

possible that the adopter considers whether adoption is a viable option by gathering information where they can reflexively weigh up all the factors before committing to the process.

According to Giddens (1984) what an agent does should be distinguished from what they intended to do. For instance, one couple enquiring into fostering a specific child with a life-limiting condition was asked by the agency to consider adoption. This led them to weigh up the benefits and disadvantages of both the role of the foster carer against the role of the adopter, leading them to conclude that adoption gave them the opportunity of private family life. This is consistent with the laissez faire approach to childcare outlined in chapter two which promotes minimal state interference for the family to function effectively (Fox Harding 1997). Private family life limits the involvement of social workers which Nicola's Adopted Parents had previously found intrusive;

Nicola's AM: 'adoption is a huge commitment. And then the more we thought about it, we thought hang on a minute, it would be us responsible no decisions would be taken that wouldn't be within the children's interests, no matter how they were dressed up, you know. They'd never be taken away and it seemed quite a good option then'.

For some adopters, experiencing inner drives to have a family prompted their entry into the process. However, this is not to say that the needs of disabled children in care went unnoticed. The benefits accrued by adopters in realising their desire to parent, do not preclude altruistic intentions to proactively parent a child with a significant levels of need:

Justin's AF: 'I have always, always wanted to be a father, ... and because of my sexuality people would say "oh have you tried surrogacy, go to surrogacy Toby" and I thought no I don't want to do that. One I want to be a father and two I want to help children'.

Altruistic properties also interplayed in adoptions where the adopter had previously been the disabled child's foster carer. Adopters in these cases felt that their decision to permanently secure the placement through the route of adoption was in the best interests of the child:

Jack's AM: 'I thought hang on a minute. He could stay for four years, five years and then they'll knock on the door and say we've found somebody now. And it's going to be even worse for me, even worse for him. And so I then went back to fostering and said what I need to do to kind of make this a bit more permanent'.

Empathy was reflected in these adopters' comments, which according to Batson (1991) is a necessary characteristic for altruism to occur. These, former foster carers were aware that they had become significant attachment figures and had anticipated the impact that separation and loss might have on the child:

Jason's AM: 'and he's so used to the family environment he's grown up in, he's used to be being part of a big family. He's never been treated any differently, he's always been accepted the same... And we said for Jason it would be like a bereavement because at four years old he had very much identified with us as his family'.

On the surface it would appear that these foster carers were motivated to adopt for reasons other than their own interests. However, Batson (1991) argues that self-interest is always the motive behind altruistic acts. In this instance, we might suppose that the foster carer decides to adopt to circumvent feelings of guilt. Yet, we have to take into account the level of commitment required in taking up the role of adoptive parent to a disabled child, and whether it is plausible that a foster carer would be motivated purely on self-interest grounds. It is more likely, that the altruistic motive arises from the strong bonds that have been developed between foster carer and child. Of course, there are benefits to

the adopter in this circumstance as adoption secures the co-dependent attachment relationship which stabilises emotional security for the adult as well as the child (Weiss 1991):

Ian's AM: 'And I said to my husband, I can't see him go to a family, to a family, to a family, because that's the way it would be with social services. And I just couldn't part with him basically, and he's obviously my little boy, he called me mum anyway'.

Yet, affection for another which creates motive in action can hardly be considered egocentric, a notion which Batson (1991) argues strongly in *The Altruism Question: toward a social-psychological answer*. To suggest that altruistic acts are always entirely based on self-interest would strongly undermine the possibility of unconditional love, and the ability of human beings to vicariously embody the needs and interests of the people they care for and identify with most (Ozinga 1999; Sheppard 1995).

The Reflexive Activity as Social Actor

So far, the inner drives and processes which prompt individuals to engage in the adoption process have been examined. Conceptualising the adopter as a social actor demonstrates the lengths adopters will go through in order to achieve their desired outcome to become a parent. This involves being subject to the scrutiny of other professionals about their suitability to parent a child with a significant impairment. This entails invasive assessment procedures, which indicates the adopter's level of commitment to the adoption project.

The field of adoption is viewed as the "pitch" from which the game is played (Read-Danahy 2005). Therefore the outcomes for adopters may be dependent

on how the game is played in that specific local authority. Many of these adopters start the process with limited knowledge about how the adoption operates;

Justin's AF: 'I made the phone call, and I genuinely, honestly thought, six months I would have a child with me. I was naive, and you are when you don't know'.

Consequently, they must develop a feel for the game in which they comprehend the role they must play in the process, a role that is subordinate to professional powers. This disempowering role was frequently discussed by adopters who found the assessment procedures particularly intrusive:

Ian's AM: 'They want to know everything, I felt that I had no identity left because they had taken it all'.

Nicola's AF: 'The seemingly needless questioning of you know'

Nicola's AM: 'Well you found that difficult didn't you? Whereas I found it just a process'

Nicola's AF: 'Well it's incredibly invasive, and half of it is just so irrelevant you know'.

Adopters are expected to embody the principles and core values which are embedded within adoption practice. For example, adopters discussed with some level of understanding concepts known in social work such as therapeutic parenting – a notion which may have in all probability been alien to them prior to their engagement in the process:

Carl's AM: 'Well they're saying that they want the CAMS to get involved, and teach us as parent's therapeutic parenting skills.... I have researched and read all those books on attachment'.

However, even where adopters disagree with the principles espoused by social work professionals, they must appear to be sympathetic, to do otherwise would potentially jeopardise the adoption outcome.

Carl's AF: 'With our first adoption I think there was a reasonable balance, they would push, if we had an idea that would clash with theirs about how to look after Chris, they would discuss it with us and they would come over and come to some kind of conclusion. Whereas, with Carl's local authority, it's our way or the high way'.

In order that adopters achieve their desired outcome they will inevitably utilize impression management strategies to convince social workers that they would make suitable parents. This involves becoming strategic in their responses where the adopter attempts to gauge what would generate a positive reaction from the social worker;

Henry's AM: 'And I think you are in a catch 22 because you're nervous of the foster carer and the family finder coming out anyway, and you are in a position where you think how many questions do I ask?, because if I don't ask enough questions they will think I am not prepared enough, but if I ask too many they will think I am just focused on the disability and not the child. So it's really hard to know exactly where to pitch it'.

This willingness to engage in these uncomfortable processes reflects the level of commitment adopters possess to achieve their objective. One foster carer who decided to adopt found the adoption process so stressful that she would have not have continued if the child had not already been placed with her:

Jack's AM: 'From my point of view I got Jack sat in front of me. I would have just said I don't want to do this. It's too intrusive or whatever, but as I say I knew it was that or lose him really. It was; right for his benefit I'll do it'.

Examining adopters as social actors is indispensable to our analysis as it impacts significantly on the introspection of the adopter. The interactions with social workers can cause adopter's to re-evaluate themselves and their motives:

Ian's AM: 'and I don't think they encourage you, I know they are just trying to make you aware of what you are taking on, which is good, but the way they make it sound, they make you sound like you're not good enough, they don't really want you to do it, and they say things to you to get you out of it'.

As adopters had already been through rigorous assessment procedures that required them to conjure up responses that support their application to adopt, It is not surprising that during interviews adopters found no difficulty in stating the qualities that made them suitable adopters for a disabled child, These included characteristics such as; 'being patient', 'tolerant', 'having life-experience' and having 'realistic expectations'.

Summary

This chapter has explored how the various aspects to the individual interweave in decision making processes. The adopter as a human being, social agent and social actor is an important fusion for us to understand the range of factors which generate motive. Natural drives to nurture often prompt the adopter towards an adoption trajectory, whilst agency is the process by which the individual concludes that adoption is the means to which they can realize their desired role to become a parent. The adopter as a social actor demonstrates the level of commitment these adopters have in achieving the role, as they voluntarily submit themselves to invasive assessment procedures and impression management to secure a positive outcome. However, impression

management is not only utilized by adopters in adoption processes, it is also used by social workers that are commissioned to find a family for a disabled child. In the next chapter, I will be exploring the ways in which social worker's try to present a child with a significant impairment by being cautious with the amount of information they choose to give potential adopters. Impression management strategies are especially applied in profile writing where the social worker tries to balance out the child's impairment identity with more positive attributes about the child. This is an important chapter, as the quality of impression managed identities of children feed into the way adopters choose to accept or reject the profiles of children presented to them in the matching process.

Chapter Six: Recommending a Disabled Child in

Adoption.

Habitus is the process by which social workers regulate the practice decisions they make on behalf of the child. It is a concept which attempts to account for shared dispositions common amongst a particular social group. Social workers impart mutual expressions which are rooted in core social work values. Thus the reproduction of particular practices within social work is a consequence of the internalisation of the dispositional beliefs embedded in social work discourse (Webb *et al.* 2002). This is prevalent in the instances where social workers referred to the 'disabled child' as 'a child first':

Nicola's Social Worker (SW): 'And because they have got a disability you know they are children first the disability comes second. It's just part of who they are. It doesn't mean to say that they don't deserve a long term you know family for them, so that they will commit to finding them a family if we can'.

Oliver's SW: 'If you work with disabled kids you fairly quickly, that the first thing they are, you know, is children. You know, and the disability is just something else they're having to deal with'.

Victoria's SW: 'It's about making sure that child is recognised as a child first and not by their disability really'.

Connor's SW: 'Whoever is going to adopt him remember this is a child first and foremost. He has a disability but that shouldn't be the thing that defines him.'

Reference to this child first principle is in no way a pure cognitive reflection on the part of these social workers, it is rather embedded in a doctrine espoused in social work, that the practitioner should not lose sight of the holistic child by being preoccupied by the child's impaired condition (Murray 2009). This tenet has been instilled within the Habitus of social workers who naturalise the

concept and express its logic as though it were intuitively obvious (Bourdieu 2000). However, ratifying the notion of the disabled child as an individual first is more complex in practice, than merely affirming that the child has attributes and qualities other than their impairment that make up their identity. Social worker's must not only recognize the unique personhood of the individual child, rather, they must consider the individual child within their external context. This involves recognising the disabled child's position in society and how they are perceived, which is essentially a 'person-in-environment' concern (Dupre 2012). Thus the devalued social position of disabled people will almost certainly impact upon the reflexive thought processes of the social workers who while appreciating the positive attributes of a child are fully aware that the child's disabled status masks their accurate identity within wider society. Despite their own feelings about the child, social workers were acutely aware of the potential negative reactions that occur at an interactional level. The mindfulness of social workers of how a disabled child might be conceptualised in wider society is consistent with the paradigm "situated activity" discussed in the literature review. The negativity associated with disability is reflected in the following comments:

Adam's SW: 'because you know sometimes you read the report on Adam and it was just so much, so many things, so many negative things... but to see him he was such a delightful little kid such a smiley little boy that everyone who saw him fell in love with him anyway'.

Ian's SW: 'Obviously you've got the discrimination that is going to come into it because he is absolutely gorgeous as far as I'm concerned, but not as far as other people are concerned'.

Presenting the Child: Managing Risk and Uncertainty

The prospects of finding a family for a disabled child were unknown to social workers at the outset. Though, to be clear this is not because individual practitioners consider the child to offer no value to anyone considering adoption. Apprehension regarding generating interest in a disabled child centred on their ability to relay the unique character of the child to an audience of potential adopters unacquainted with the child, and perhaps unacquainted with disability. Doubts about the adoptability of a disabled child, was based on socially constructed notions of a disabled life and a disabled family, rather than any prejudice toward the child themselves from individual practitioners. Although social worker's frequently commented on the difficulties of promoting a disabled child the disadvantaged positioning of disabled children in adoption processes is not the result of a lack of enthusiasm on behalf of social workers. Social workers often described the disabled children they placed, with much vigour:

Adam's SW: 'So there's a lot to write about his health, but in reality, he's a lot more than his health problems, you know he's a lovely little lad'

Henry's SW: 'Well, Henry was our very special favourite in this team ...I think he was just one of those babies that you just all fell for'.

Nicola's SW: 'But when you meet her, she is just a little girl who just draws you completely in. You can't not want to be with this child. She's just, I always say she is beautiful both inside and out'.

Uncertainty with regards to finding a timely placement for a disabled child forces social workers to think reflexively outside standard practices and routinized actions. This often involved strategic planning with regards to the mediums by which a disabled child should be promoted including gaining the advice of national bodies such as the Adoption Register for England and Wales in the

initial stages of the process. In the below statements social workers reveal their trepidation about whether a placement might be found:

Jack SW: 'So we had his details on the consortium and also we also immediately put him on the Adoption Register. We wouldn't do that with all our children cos with a lot of our children we're very confident about placing them.'

Nicola's SW: "Got in touch with the Adoption Register, Be My Parent, Children Who Wait, to find out how many families there were waiting that had been assessed and were waiting to adopt children with disabilities, such as Nicola, and the likelihood of us finding a family for her. So we did all of that research before the placement order just so that we were as confident as we could be that we would find her a placement'.

Ian's SW: 'So with these difficulties I needed to put him on the adoption register because I knew straight away that it was going to be difficult'.

The decision to put forward a disabled child for adoption is not one that can be taken with any degree of casualness. Variations in decision making do not necessarily suggest that social workers think independently from cultural conditioning, although this is not to say that social worker's do not reflexively draw their own conclusions from the meanings available to them. There is no standard social work orthodoxy from which practitioners can validate their practice decisions. Rather, social worker's must weigh up differential ideologies which impose distinct risks to the child's welfare in each one of the placement options available. Thus while adoption may offer placement security, reservations regarding the amount of interest that would be generated for a disabled child would often destabilise the local authority's decision to continue to pursue adoption, due to the negative effects of placement delay.

Under the Adoption and Children Act 2002 local authorities are expected to re-evaluate the child's care plan after one year to limit the amount of delay

experienced by the child. This has been further emphasized by the government who more recently put in measures to monitor the effectiveness of local authorities to place children within a twelve month timeframe (Department of Education DoE 2011). As disabled children are already considered a hard to place category this could have a further negative impact upon the placement decisions of local authorities to put forward children with significant impairments for adoption. Local authorities must make best interest decisions against a backdrop of risks regarding the length of time it might take to find adopters willing to take on a disabled child, coupled with whether anything better exists outside adoption. Local authorities gave mixed responses about changing the plan for adoption as reflected in the following quotes from social workers:

Louis's SW: 'To be honest I was becoming a little bit worried at that point because we weren't really getting anyone interested at all and I really didn't want Louis just to be a child that lives in care for the rest of his life because we can't find an adoptive placement'.

Sean's SW: 'I have had lots of interest in Be My Parent for longer term foster care.... And I thought, you can't offer him the permanence that he deserves or needs as a very young child.Don't think it's good enough. Because foster care doesn't offer children the permanence they need, because foster carers could turn around and say I don't want this child any more. You need to take him away and if you're not prepared to offer him the permanence that I felt he deserved I didn't feel that I could consider them at that stage'.

Nicola SW: 'Yeah well we were quite lucky in this case that the foster carers would have kept her if need be'.

Minimising risks is a central feature of how social workers operate within adoption practice. In relation to family placement, the fear that a placement would not be found combined with the risk that the placement could potentially breakdown were the most pertinent concerns in the practice decisions of social workers. The way social workers mediate risks will be a recurring theme

throughout the thesis. In relation to this chapter, risk plays a central part in how social worker's develop and write a child's profile which is presented to an audience of potential adopters. Perceived risks can often cause social workers to act in contradictory ways; on the one hand social worker's use the positive attributes of the child to counterbalance their impairment identity, whilst at the same time, feeling the need to give a full and frank disclosure of the child's impairment at the outset. In instances where the long term prognosis of a child was uncertain a subset of authorities delayed the process of finding families until a firmer diagnosis could be made. Social workers justified delays to finding permanency for a child on the basis that they were not able adequately to inform adopters about the level of care that would be required over the life course. Other authorities were not so optimistic that a clear diagnosis could be found and therefore saw no reason to defer the process. While local authorities responded to health uncertainty in differing ways, undefined conditions seemed to evoke anxiety about how they would disclose about a condition undetermined and unknown:

Adam's SW: 'So at times it felt - is it necessary to wait until we have a full diagnosis of what his health problems are? But then we thought that that could take an indefinite amount of time. So we are going to have this child basically in foster care, you know how long do you leave it a year, two years, three years ten years, it could be a child who has constant undiagnosed health problems'.

Henry's SW: 'We couldn't give people any answers.... I mean even for people who were willing to take very disabled children they need to know what they're taking on, they need to have a clear understanding of what they're taking'.

Nicola's SW: 'But we always have to be very careful and say we don't know the long term outcome for her she has progressed so well, far beyond what anybody ever predicted for her but she may plateau out'.

Sean's SW: 'And at that stage his development was still very much unknown and we could only say what he could do at that moment in time.'

What we couldn't do – the medical experts weren't able to tell us – was what he would be able to achieve. That was very much a black hole because of the sort of injury that he had. Because it was a shaking injury'.

Social workers feared that if the level of care required would be more than originally envisaged by the adopter this could potentially factor in the breakdown of the placement. Archer (2003) points out that while reflexive deliberations are often thorough, this does not altogether protect individuals from misreading their situation and capabilities when committing to a course of action. Therefore, whilst agencies did not always distrust the sincerity of the adopters that came forward, they feared that they could be misguided about the role of becoming parent to a disabled child. By providing detailed information about the child's impairment condition at the outset, many practitioners sought to aid the reflexive deliberations of adopters. They believed that a frank disclosure about the child's condition would safeguard against the impromptu reactions of adopters who experience a connection with the child but have failed to process all the aspects required in the role of becoming parent to a disabled child.

Ian's SW: 'You have to give all the information but you need to put it over in a positive way to secure the child a family, but by putting it in a positive way sometimes you are actually overlooking the negatives which could lead to later breakdown.'

Nicola's SW: 'We are very big believers in giving adopters as much information as we can give, and being very realistic and open and honest because if you don't your setting up people to fail'.

Although local authorities will want to safeguard the child from the devastating effects of placement breakdown, they also have their own vested interests in ensuring the sustainability of placements, since local authorities can be made liable in breakdown cases if they are found to mislead with the information they

present to adopters. This will almost certainly have an impact on the ways in which the profiles of disabled children are written (Cousins 2006).

Impression management

In developing a child's profile agencies engage in a complex process of impression management. Impression management requires the individual to calculate a given situation which will then guide their conduct, so that they will act with the purpose of leaving a desired impression. All of the social worker's interviewed acknowledged that they were careful about the presentation of the child's profile. The language terms that were used and the image they selected gave out particularly intended meanings. Immersed in a world of shared meanings where language cannot be examined outside of its cultural context, social workers draw on common understandings to evoke desired responses in adopters:

Jason's SW: 'Yeah I mean I think the way you profile the child is really, really important. I think you've got to have the right information and you've got to present that to people in a way that I guess is very clear and balanced because that's how you get your initial response from people'.

Nicola's SW: 'So when we were doing the profile we... look at the positives that she's doing and then balance that with, we don't know the with the reality is that you know we don't know'.

It is important to note, that even where a social worker attempts to present an accurate reflection of the child it is near to impossible to construct an exact replica of the characteristics of a child through the form of language. Barthes (1993) explains that the syntax used to describe an object is essentially a myth, since written form can in no way describe the intricacies of the person or object in reality. The child that is articulated is no longer the child but is a representation of a child that has been dressed up or down and adapted to

appeal to a certain type of audience. In our examination of profile writing the emphasis we must place should not be focused on the child but rather the *meaning* and *form* used to depict the child. These representations of children through profiles are full of meaning on the one hand whilst being empty on the other, since the use of imagery, text, and cinematic mediums can only reveal an impression.

There are a number of challenges which prevent social worker's from presenting an adequate portrayal of the child. Firstly, social workers must give a short account which reflects an overall impression of the real child within the constraints of the word count. Social workers have to offer a clear yet concise description while having to include required information containing, the contact details of the local authority, a photographic image of the child, the cultural heritage of the child, the contact arrangements with the birth family and whether an adoption support package is available:

Jack SW: 'I mean the profiles are not particularly long. You might only be looking at 150 words because by the time you put his photograph on'.

Social worker's also varied on how much direct contact they had had with the child. Practitioners who had more contact with children exuded more confidence about how they might exhibit their unique characteristics.

Nicola's SW: 'So it wasn't hard to write a profile because I had got to know her very well and she got to know me so'

Ian's SW: 'you do become very invested in them, and you do really want the very best for them..... it does mean that you have a very real knowledge about who the child is, their personality, their character'.

Information about the child's background could be limited depending on how willing the birth family was to engage with local authorities. If the birth father

was unidentified adopters lacked key information pertaining to hereditary illnesses:

Nicola's SW: 'because the birth father didn't want to engage and the court had actually absolved us really of making, you know going to him. Birth mum had kind of not disengaged, but she wasn't making herself available really'.

Victoria's SW: 'everybody is different and some people and some people don't engage at all and some people really want to be part of that and do lots of the life story work and really want to contribute to that and really want to talk to you about their story and give as much as they can towards their child understanding what's happened as they get older. And so it really does vary'.

There was a heavy reliance on the foster carers to relate information about: day-to-day routines; the things they like and don't like; how they interact, and their developmental progress:

Carl's SW: 'I wrote it in conjunction with the foster carer because she had this little boy placed for two years. She had seen him from the point of being accommodated, and he had had very difficult times'.

Jack's SW: 'Obviously I wouldn't know anything prior to allocation and then going out to see the foster carer to get the sort of day to day information about his routines, how he's developing'.

Ian's SW: 'So obviously I wanted a lot of feedback from her in terms of family finding, because it was important. She'd practically had him since he was four or five weeks old, and I can get all these expert reports but she was the one that was the expert in this child's care. She was doing it 24hours a day'.

However, one social worker who was unfamiliar with the child had only the foster carers frame of reference. Overprotective carers consequently overstated the needs of the child for example:

Louis SW: 'Basically we had a foster carer who was very anxious and erm perhaps over exaggerated some of his needs'.

The profile can be examined through the lens of the signifier and the signified. The signifier involves a demarcation between the various aspects of the overall profile; such as the image selected and the key phrases and sentences used. An examination of the signified need not be an arduous process, the signifier stimulates instant reactions to its audience since word and image evoke certain meanings to us. Although, symbols whether linguistic or visually based might have personalised meanings for us, social workers play on those shared associations to arouse particular iconic representations. This may involve either avoiding words with negative connotations attached and over emphasising those aspects that may induce an adopter's yearning to nurture the child presented to them. These profiles were meticulously crafted to arouse particular responses, although the composition of these profiles varied depending on what messages social workers were intending to convey. To be specific, the impairment was either down or overplayed.

The motive for underplaying the effects of impairment in a child's life appears very straightforward, as the connotations that are implicit with particular types of impairment categories are so negative that they overwhelm other aspects of their identity and features that adopter's may find rewarding. Peters' (1999) argues that the identity of disabled people is subject to an 'invasion' through dominant stereotypes which exist within wider culture. In general terms, disabled children subvert dominant socially constructed notion of childhood and a normal lifecourse trajectory (Priestley 2003). Once a child is given an assigned medical label, they carry a more specific shared identity in which their

personhood is characterised as atypical of their impairment. The mention of these medical classifications can conjure a whole myriad of spectrums and incapacities which are induced in the mind of the adopter, who will vary in their knowledge of the impairment stated. Due to the detrimental impact that culture plays on the identity of a disabled child social workers often cunningly crafted phrases which while in its subtext indicated that the child experiences impairment, prevented the adopter from dismissing further reading about the child. Impression managing the identity of a child in order to evoke a positive response is analogous to Potters (2013) analysis examined in chapter two; where adoption processes appear to deploy market-strategies. Social workers sought to demystify disability by describing how impairment plays out in their day-to-day activities as can be seen in the following statements:

Henry's SW: 'So I was pulling together that profile, erm...cos the profile is largely around their personality and what they're like and...so I was able to do all of that and I was just putting together this bit about his disability and about, you know...I don't like it to be about a list that they can't do. You know I've never liked that – to sort of be putting down he's not walking like that he's not sitting up, he's not this he's not that. It all sounded really, really, negative when actually he was beginning to roll over and he had this amazing backwards movement across the floor where he arched his back and went up on his head and moved like a caterpillar going backwards, caterpillar movement. So I was putting all that in about how positive he is and how cheerful and how he really relates well to other children and something like that'.

Victoria's SW: 'And I don't know whether it's kind of what that means – what it means to people on a day to day basis. A visual impairment might mean something simple right through to no sight at all'.

Jason SW: 'So I guess demystifying cos I guess you can talk in terms of what you need to do this, or you need to give a pump feed, well what does that really mean? So I guess breaking that down and giving a balance, of giving a feel of what it's like to care for him in terms of his needs but also the joys of that really'.

While some social workers avoided the use of the technical medical terms which had specific connotations attached, others thought that the uncertainty of a diagnosis placed limitations on being able to depict the future life-course which is presumed essential for adopters to be able to make a lifelong commitment to a child:

Sean's SW: 'if you present a child who has specific needs like Down's syndrome, people can go home, they can research it, they can look up support groups, they can gather information on what the future might hold for a child. But for Sean we didn't have any of that, just what he could do, which was incredibly limited at that point in time.'

Conversely, social workers with a firm diagnosis struggled to oppose the socially constructed notions of specific types of impairment which they feared could be misrepresented within a cultural discourse:

Oliver SW: 'often people, if they're going to be inclined at all towards disability if they've got no experience of it will say – well I might consider Down's cos they're so cute aren't they when they're little.... That is a statement you get all the time... that they're cute and I think I said last time my response to that is always 'Do me a favour, go and work in an adult day centre with adults with learning disability and Down's syndrome before you come to me and tell me that you want a Down's baby.'

Connor's SW: 'I would want people who would love him and hope to support him to reach his potential ... Not thinking ooh he's a little bit down's. Oh they're so sweet they sit in the corner they don't do anything. Don't want that. But they got to be realistic to know it's not going to be a walk in the park either'.

Impression Management: Incorporating Visual Images

The image of the child sent out powerful messages to adopters which aid in sparking their interest. The use of image to attract adopters towards the profiles of disabled children was viewed both positively and negatively by social

workers. One social worker commented that good use of photographic imagery was the most important component of putting a profile together:

Victoria's SW: "So that I suppose would be my priority, and nice picture - as awful as that sounds, but yeah, nice picture".

What is interesting about this statement is why the social worker might remark that selecting a positive image of a disabled child could be considered 'awful'. It could be suggested that the image projects a myth about the child, as at times attractive features disguise a hidden disability (Barthes 1993). Concerns that the image presented distorted the reality of the child created unease in social workers:

Carl's SW: 'He has .. very appealing physical features, he is an endearing little boy, he is always smiling.... Lovely skin, bright eyes, smiley, lovely, just very attractive to look at, but equally not wantingpeople to see that and not see beyond that as this little boy who has had difficult times and will need some very good parenting, consistent parenting'.

Nicola's SW: 'One of the down sides of putting up is that they look at a photograph erm and the emotional heartstrings are pulled, you know, so and they sometimes forget, or not forget, it's not forget, but sometimes they overlook the needs of a child because they can see the physical child. Erm and so they will overlook or downplay some of the issues'.

Charities have historically used particular types of imagery to evoke charitable giving. Images that project notions of helplessness and pity are used to appeal to emotions of the wider public so that they will be moved to action and give a proportion of their income (Taylor 2008). The sensational use of imagery in adoption can arouse similar responses; the adopter has already acknowledged an inner drive to nurture and the photograph only reinforces these responses. Photographic devices aim to capture a particular type of image; one which reflects socially constructed notions of the innocent child. The tentative approach to using image in this way as expressed by social workers is most

likely due to the lifetime commitment that is involved in adoption, unlike an appeal for a small donation. Charities have been subject to a certain amount of backlash for the objectification of disabled people in imagery that presents them as pathetic victims, though according to Taylor (2008) this is a technique still in operation, regarded as necessary to 'inspire giving'. However, in consideration of the level of commitment in assuming the role of adoptive parent to a disabled child, it is not surprising that local authorities are inclined to ensure that they have created an accurate not disingenuous representation of the disabled child.

The extent and form in which impairment featured within the profile varied.

Almost all of the social workers interviewed described the synthesising of information between impairment and other attributes pertaining to the child as a balancing process:

Carl's SW: 'So it was wanting to be realistic about what his needs were, bearing in mind that, not wanting to be too negative, you have got to be as balanced as possible and you have got to be honest.'

Jack's SW: 'I did refer to Jack's personality – you know he does have a cheeky smile when he chooses to give it to you. And he does have a very loving relationship with Lyn. He does like a lot of touch with her, he does like to snuggle in. So it's not that he's an unrewarding child. Wanted to get the balance by saying he would give these things but that is because she provides a very safe and very clear routine which doesn't particularly change.'

Louis's SW: 'I think it's a dilemma about wanting to get his personality across like you would any other child but then having to give all the facts about the medical needs and trying to balance out, making sure people are well informed, making sure the child comes across well in it.'

Researcher: 'Was that something featured on the profile – that she is visually impaired?'

Victoria's SW: 'yeah it would have formed part of that – you know in a balanced way alongside lots of positives and her personality'.

The ways in which profiles of children are constructed can be regarded, as highly subjective. Social workers often claimed that they aimed to take a balanced approach to profile writing, yet the amount of emphasis that is placed on individual aspects of their personhood, is highly subjective. The ways in which profiles are constructed rely on the judgement of the social worker to relay those aspects of information they consider essential for adopter's to know. The cautious approach social workers take in representing disabled children somewhat negates Potter's (2013) argument that adoption practices reduce adopted children to mere commodities. As we have already touched upon, risk is a factor in the way some social workers present information:

Louis's SW: 'we were sort of this view that we can't, even though it sounds bad, we can't not tell people, we can't sugar coat his medical needs because then all that would happen would be that we place him with someone and they would say I can't handle it, it's too much and then it break down. So it was a dilemma cos we were thinking this doesn't read well'.

Nicola's SW: 'But it was also about you have got to be very careful about your enthusiasm about a child because you've also got to look at the realities for anybody caring for that child. So while you can be enthusiastic about where this child is, you also have to give them the other side of the story'.

On some occasions the production of DVD footage to promote the child was one way in which social worker's felt they could be upfront regarding the impairment, if they counteracted such information with a short clip of how the child interacts, plays and inimitably experiences their impairment. Film promotions were regarded the best way to provide adopter's with a sense of the character of the child:

Adam's SW: 'DVD showed that much better than any report would. Cause you know when potential adopters can actually see walking

around and crawling around and him interacting in such a sweet way, that's going to say that there's more than just his health needs'.

Louis's SW: 'He just was quite a poorly baby so it didn't read well either. And then like, so we did a DVD of him as well cos he's such a like bubbly smiley, he's the cutest kid. And then it looked better with the DVD cos you could see him interacting. Cos when you read it on paper it doesn't read well, all his medical history, but when you see him you think well, he's lovely'.

Other social workers found creative ways to write about impairment. However, this was not to deliberately mislead adopters, but to prevent adopters from dismissing a child because they were perturbed about medical terminology. As adopters could be unacquainted or ill-informed about impairment and disability, this approach sought to discuss how the specific condition impacted upon the child personally. Attempts to demystify disability, demonstrate the awareness from social workers of how negative messages about disability are internalised. This was discussed in chapter one, where Bourdieu's (1977) concept of habitus demonstrated the processes by which individuals embody dominant negative conjecture about a disabled life.

A few of these local authorities took the view that a full disclosure of a child's background can take place further into the process. In effect, they were eager that adopters experience an emotional connection to the child first, with the subsequent view that adopter's will re-examine their commitment to a child in light of new information they receive. However the success of this tactic is uncertain. Pursuing the lines of enquiry for a child was often a time consuming process which often proved to be fruitless, as many adopters withdrew their interest on the receipt of further information, as can be seen in the below comments:

Carl's SW: 'when they made enquires and then when they spoke to me about him decided that they didn't wish to proceed'.

Jason's SW: 'Erm I think it wasn't that there weren't any families that came forward. I couldn't give you the figures we explored over the time, but I think it was in the region of 10 to 15. None of them got past the stage of initial – sorry that's not correct – most of them did get past the stage you know of initial exchange of information. So as family finder would speak to them and give them a little more information, go back to their family to discuss it, they'd come back say sorry we think that his needs are too great basically'.

Victoria SW: 'By disappointing I don't mean we hadn't got any families...But when we talked to them about Victoria's level of disability people struggle with that I think'.

Summary

This chapter has sought to examine the reflexive process by which social workers deliberate over decisions to put forward a disabled child. There are commonalities within the data where social workers collectively state that they practice in ways which reflects the disabled child as a child first; or where they claim give a balanced view of the child within profiling. These statements reveal the reproductive practices which exist within adoption processes. However, look more closely and the data exposes wide variations in the ways in which impairment is written within profiles. Social workers must weigh up the risk factors in how much information to disclose about a child and at what stage. It could be suggested that a fusion of several factors weigh upon the decisions of social workers which account for variation in practice. These have been; the subjective attitudes and judgement of social workers, embedded social work values, the level of perceived risk to the child's wellbeing, and wider conceptualisations of childhood and disability. The Habitus has been an important concept for an understanding of this process, as it mediates between

the consciousness of the social worker and the internalised dispositions which lead them inclined to act in specific ways.

It is important to note that not all of the adopters who expressed an interest in children withdrew that interest. Despite difficulties in family placement and variation in practice all of the cases of disabled children mentioned have been successfully matched and placed for adoption. It is rare that local authorities receive no interest at all in the children they profile, although it might be correct to say that the numbers of those that have expressed an interest is limited. On occasions where the local authorities had more than one match to consider the enquiries from some adopters would be dismissed at the outset based on their profile and/or credentials. Further examination of the way practitioners specifically target adopters with a specific type of skill set or assess those that come forward as suitable is discussed more in depth in subsequent chapters. The fact that the profiles of children where impairment is inferred prompt a number of enquiries, suggests that a good number of adopters are not altogether unwilling to consider a child with some form of need, even if they ultimately conclude that the amount of care required would be too difficult. The reflexive processes by which adopters deliberate over the extent of need they are prepared to consider will be discussed in the next chapter. This analysis continues to use its conceptual framework of the Habitus to comprehend the process by which adopters make pivotal decisions with regards to selecting from a range of criteria the type of child they envisage adopting. Bourdieu's (1984) concept of taste is also helpful to unpack the how adopters go about selecting and deselecting the behaviours and characteristics they find more or less desirable in a child.

Chapter Seven: A Child That I Can Cope With: Making a Decision on the Level and Severity of Impairment.

The Complex Needs of Children in Care

Since many of the children in care present difficulties and challenges often owing to adverse experiences before their removal into care, it is not possible for any adopter to continue in the process of adoption if they have a rigid set of criteria to which they steadfastly stick to. Adopters are quickly educated about the needs of children in care and therefore continue the adoption process better informed by the complexity of issues which are involved in raising adoptive children:

Connor's AM: 'they did tell us right from the start that they rarely place children under five and there's a lot with disabilities and a lot with emotional needs and stuff like that'.

Esme's AM: 'they are quite honest, the meeting I went to was quite good. You know, ...What we are asking is if there are parents there that are prepared to take on a child that may have a little need or something'.

Adam's AM: 'Because I think you know when you are taking on any adopted child it's not like having, you haven't brought this child up from birth so there are experiences that you don't know about and every child will come with an issue'.

In order to satisfy their longing to parent, adopters commented that they needed to become reasonably flexible about the types of children they were prepared to consider:

Connor's AF: 'But we left everything as open as we could and not constrain ourselves in anyway'.

Connor's AM: 'But still at that point we still weren't looking for a child with disabilities'.

Connor's AF: 'No I suppose we weren't in the position of actively looking for a disabled child'.

Justin's AF: 'and she said what ranges of disabilities will you accept and what won't you accept?. ...It was awful to tick these boxes of children you will accept and won't accept, because when you so want to be a parent so much, and you are terrified that social services are going to say, well if you don't accept that child then you can't have one, and that's what you feel like'.

Nurturing, Attachment and Disability

Adopters deliberate on the feasibility of adopting a child with some form of impairment alongside other variables they will be asked to consider, such as their capacity to parent a child who presents challenging behaviour due to adverse experiences and past traumas. The conclusion for some adopters was that perhaps a child that experienced some form of impairment would be easier to parent than a child with emotional or behavioural problems. Most adopters sought to avoid children with recognised attachment difficulties when identified as a specific 'up front' issue.

However, this presumes that disabled children are somehow immune from the adverse effects of neglectful and abusive histories. The apprehension about taking on a child with emotional difficulties can perhaps be attributed to the fact that felt drives to nurture and form strong attachments as identified by adopters are an intrinsic part of their motivation to adopt, as explored in the first chapter. Adopters' unease at potentially parenting a child with emotional difficulties is reflected in the following statements:

Louis' AM: 'And aware of pros and cons of emotional damage to children in care, and that have been abused and that. To the other side of it, to the disabled child who may well get on better than the poor child that's been abused and for emotional point of view I think it's quite difficult'.

Justin's AF: 'I can't bring a child home here, that will never love me and never accept me, but I will always be his Dad to him. And that's not

what I want, I want a little something back here’.

A child with an attachment disorder subverts the idealised notion of the innocent child and threatens the nurturing role. Children are recognised for having intrinsic qualities that separate their worlds from that of adults. These mythical representations characterize childhood as a happy carefree time, untroubled by adult cares and concerns (Faulkner 2011). A child that has been subject to adverse experiences destabilises the fantasised notion of childhood, their supposed innocence being spoiled. While abused children carry the same need for consistent and therapeutic parenting, it is possible that due to the objectification of disabled children where they are depicted as helpless and pathetic victims has a closer parallel to socially constructed notions of childhood, that we explored in chapters one and two (Fox Harding 1997). Although disabled children deviate from notions of normal life-course progression, their perceived dependence and vulnerability has the potential to entice those adopters who place a considerable emphasis on a drive to nurture. This is reflected in the below response where parenting a disabled child has the potential to give adopters a greater sense of achievement:

Nicola’s AF: ‘So the benefit that you are giving them isn’t so great as somebody disabled that actually needs you more’.

As children that have been subject to abuse and neglect have the need for security, love and consistent parenting perhaps it could be suggested that the benefits which are referred to apply to adopters’ needs and interests. These adopters are more likely to perceive the caring role as one that is worthwhile and one which offers its own rewards. Adopters reflect they will attain role satisfaction from their continued efforts being paid off by the small

accomplishments of their disabled child. These minor achievements in development are considered monumental and give meaning to the lives of these adopters, explaining their preference for raising a disabled child over parenting a child who experiences no form of impairment. While dependency is a desired trait in childhood, disabled children's failure to develop independence disrupts common assumptions about the normal life course progression. Yet, these adopters are often attracted to the prospect of adopting a child with complex needs, predominantly because the child's dependency gives them a sense of purpose:

Louis' AM: 'I would just think you know for people not to rule out a disabled child. Give it good consideration because, you know, within what you're able to cope with erm definitely the reward you get is tenfold'.

Nicola's AM: 'We are the only people they've got really, apart I know they've got social workers and that, but you fight even harder because of their needs and so that bond is even stronger isn't it? That desire to make sure they get everything they need'.

Justin's AF: 'And I think personally you have more of a bond with a child with a disability because they solely depend on you and they see you as their main carer, and you have more of a bond, you do'.

Factors which determine choice on the level and severity of Impairment.

The needs of children in care, feed into drives to nurture and at times, may cause adopters to overestimate their capabilities to parent a child with a high level of needs. Social workers seek to encourage adopters to reflect upon the constraints of their own situation and their own capabilities. This is not to say that adopters do not engage in their own inner reflexive processes, on the contrary, at every stage of the process adopters demonstrate that they invest a

lot of their time introspectively evaluating their circumstances. Yet, it would appear that adopters are not to be trusted to carry out these reflexive processes independently and it is feared by social workers that emotions can overtake a person's capacity for self-reflection, a point that will be examined in the next chapter. This is reflected in Toby's (Justin's Adoptive Father) response. He appreciated the caution from his social worker in balancing his disposition towards caring for children in care and the realities of his life circumstances:

Justin AF: 'and I said well at the time I said well I'm not bothered what the disability is and she said no you can't say that, it's got to fit into your life, and you are a very busy person and if you have a child that is very severely disabled you've got to think as a single parent, and you are saying you want to adopt again, how is that going to affect your life. She made me realise'.

Although, adopters have already committed to the role of becoming adoptive parent to a child, they need to decide how much they are prepared to invest in the role at the expense of other competing demands (Archer 2003). Archer (2003 p.21) argues that individuals must endeavour to balance their lives in accordance with three orders: the natural; practical and the social. These three orders all require some level of attention: the natural order requires a commitment to maintaining one's physical wellbeing; the practical relies on performance skills to secure economic wellbeing; and the social refers to investment in those roles which give people a sense of self-worth. According to Archer (2003) achieving a balance between the demands of all three orders remains a constant struggle throughout the life-course. The importance of achieving a balanced lifestyle was confirmed by one adopter who contended that adoption preparation should include aspects which enable and give confidence to manage the demands of the caring role:

Nicola's AM: 'You need some sort of training around keeping yourself you know healthy, stress free, you know things you can do to alleviate some of the strains. Because there will be strains like hospital appointments, you know one child in hospital and you know, someone left at home, and how do you cope.... And I would like to see some specialist training around you know, coping with your needs as parents you know, of children with disabilities. And there has been none of that'.

According to Archer (2003), individuals cannot altogether dispense with either the natural, practical or social orders, although they will try to limit their involvement in those aspects which do not directly relate to their ultimate concerns, choosing to invest disproportionately their resources in the things that matter to them most. However, prioritising one aspect at the expense of another comes at a cost. No element can be completely bracketed off and individuals may find themselves engaging in roles which promote one aspect of their wellbeing but forfeit another. For instance, if an individual feels a need to secure economic wellbeing which necessitates working longer hours this will restrict opportunities to invest in social relationships which enhance feelings of self-worth. We must assume that at the point at which the adopter initiates process of adoption they must believe that they can manage the role of adoptive parent alongside other competing demands. However, each individual has their own threshold on what they are prepared to sacrifice in taking up the role of parent to a disabled child:

Victoria's AM: 'So we were quite realistic about that in looking and thinking. Right. Well behavioural problems. We just get on with that. Toileting, washing, looking after, all that sort of stuff fine. But I think you've got to be quite clear in your head what can you deal with and what can't you deal with'.

Connor's AF: 'we tried to discount disabilities we know we wouldn't be able to cope with. Things like cerebral palsy, spina bifida, so children with physical disabilities where we knew it would be hard to for us to cope with'.

The apprehension felt by some adopters at taking on what they subjectively consider a severely disabled child, is not usually because they perceive the child as unrewarding, rather, they perceive that the role required would overwhelm other elements that contribute to their overall wellbeing. Therefore, particular lifestyles curtail the extent and level of impairment they are prepared to accept as reflected in the below comments:

Oliver's AM: 'Because realistically speaking knowing my strengths and weaknesses I am not going to sterilise the house. We're not going to be able to keep a house where everything is disinfected three times a day or anything..... Cause you know, we got dog, we got two cats, we got germy snotty kids coming home from nursery. It's not the environment you know for a child with a weak immune system'.

Victoria's AM: 'I think if you've thought about it properly, like there were certain things we knew wouldn't be ideal, cause we've got dogs, we've got cats, we've got chickens, we've got horses. A child with a really bad lung condition that had severe allergies or something, that would be aggravated. We knew, not that we couldn't look after them, but we knew actually it probably wouldn't work because the life we live and the environment and everything else, it probably wouldn't be realistic'.

Adopters do not only reflect on the *restrictions* their lifestyle have on children with particular types of impairment, they also reflect on how their qualities and attributes could be of some *benefit* to children with significant impairment needs:

Oliver's AM: 'we think that a child with Down's syndrome would fit quite nicely in the family. Because we're the type of family that would be able to support the strengths and weaknesses quite well we thought'.

Nicola's AM: 'but we just thought our service would be better placed then for children that really needed that. And perhaps there weren't a huge amount of people that were willing to do that, and we felt that we could. We felt that we got the patience, we wouldn't have done it in our twenties or even in our thirties even. And we often say, you kind of need that life experience and patience don't you, and tolerance'.

The qualities adopters consider to be necessary reveal not only how they perceive the caring role but also how it deviates away from the 'normal' parenting. Within these comments adopters acknowledge the undesirability of the caring role within mainstream society. Yet despite the negative associations of parenting a disabled child, these adopters positively opt to take on a child with a significant level of needs. Hence, these adopters consider that their already alternative lifestyle can enrich the life of a disabled child as the caring role enriches theirs:

Jack's AM: 'you might have a nice house and think oh well we could offer a home to a child and could adopt and everything else. Well actually the child that you adopt might not fit into your perfect world do you know what I mean? Whereas my world has never been perfect, does that make sense? Like, you know, I'm more than happy to take the children that nobody else'll take cos to me that's what it's all about'.

Constraints and Adoption Decisions

The constraints which incline adopters to place limits on the type of child they can consider have both objective and subjective elements to it. Objective structural properties can somewhat shape adopters' decisions, where adopters reflexively examine their own social position and the resources they have available to them which determine the limits to their capacity. Yet, as we have already observed, adopters are not passive recipients of their circumstances. Their continuous introspection in adoption processes, suggest that adopters seek to find their own pragmatic solutions to achieve their ends. During their introspective examination of their strengths, capabilities and external circumstances adopters seek to place their own limits on the child they envisage adopting. Adopters do not arrive at the same conclusions. Whilst, some adopters steered away from adopting those children who would preclude

opportunities to engage in work and provide for themselves, others while not disregarding the material implications of parenting a disabled child refused to let economic capital be the determining factor in their decision making. These varying conclusions reflect the levels of freedom adopters have albeit within restrictive parameters (Archer 2003).

There were clear instances where altruism played some part in adopter's conscious decision to adopt a child difficult to place. However, adopters often feel the need to set clear boundaries on the extent to which they can act altruistically and modify their aspirations within the confines of what they consider feasible.

Adam's AM: 'I was just thinking about what would be the best for the child that I could cope with, and I think at the time before I went through the actual adoption process, I was thinking, I kept thinking gosh I am on my own'.

Many single adopters felt compelled to narrow their options to particular impairment categories, concluding that in the absence of a partner who could provide financial, emotional and practical support, they must adjust their expectations in accordance with their contextual circumstance:

Adam's AM: 'but you know that's what I was kind of thinking deep down, and because I work with very complicated children I knew for a fact that I didn't want to take on that role as a single parent. I might have done if I had a partner, you know if I had been married, I might have thought yeah you know, there's two of us and maybe I think you would have to be at home then and I knew I couldn't pay the mortgage and you know, be at home'

Louis's AM: 'Now there were a few things that I said I definitely couldn't cope with. You know, severe learning difficulties. I mean I had to consider that I was here by myself. And you know I would have to work. So there were certain children you know that I couldn't care for. I had to take that into consideration as well'.

Esme's AM: 'I don't have any issues with it, but as a single person if you have got to provide 24/7 care reality hits. Actually if I have been awake

from 3 o'clock in the morning and then I've got to be up at 6, this isn't the best care for this child'.

Limits to service availability was an important consideration. At this juncture it is possible to see how socio-economics are linked to disabled children's disadvantage in the adoption process. This reinforces the Social Model position as explored in chapter one, where disablism is perceived to derive from capitalist forces.

Some adopters including some that were single felt more confident that they would be able to obtain the support they needed to make the placement work for them. Although, this is not to say that support was readily available to take advantage of. Adopters frequently posited that the ability to advocate was an essential characteristic for parenting for a disabled child:

Victoria's AM: 'I think partly it is I think you have to have bloody mindedness because I think you have to be able to stand your groundTo be able to run the gauntlet cos they're just there and a child that has special needs when you're going to have to be a little bit more assertive. Erm never aggressive. Certainly sometimes being a little confrontational and saying look this needs to be done. It's no good sitting back – somebody pull their finger out. So I think we've got to be like that'.

Henry's Adoptive Parent: 'you have to be really pushy. And it is the person that shouts the loudest gets the most. And I think, well I know because they told me that was one of the reasons they placed Henry with me, because they knew if support for any reason, any type of support started getting cut I would, I would be the first one in the front of the queue, saying "hang on my son needs this"'.

While some adopters explain that the absence of a partner places restrictions on the extent of impairment, those in partnerships are by no means less constrained. They must negotiate between each other's expectations, aspirations and thresholds and formulate a shared view and a united front. Consequently, these adopters are restricted by their each other's subjective

assessment on the quality of life they can envisage for themselves through parenting various children with a range of multiple impairment needs.

Consequently, the options of adopters are often limited to very specific types of impairment:

Zac's AM: 'I suppose it was compromise really, my husband felt comfortable with just Down's syndrome with no health problems. So if that was as far as he could go, and I wouldn't have dreamt of pushing him further into where he was uncomfortable'.

Adopters do not only negotiate between each other they must also take on the views of extended family members, particularly if those members intend to take an active role in the child's life. As the parents of adopter's were often potential forms of support their feelings were considered highly important in decisions regarding the scope of impairment that can be considered:

Adam's AM: 'So you know I would try to work out what I could deal with, and what you know, my mum and brother were going to and friends going to be a good source of help'.

Sean's AM: 'Graham's mum was a bit funny at first No I wouldn't say funny, but she was "I will do the sensible talking. Are you sure it's what you want to do and can you give him back if he's not suited'.

However, it is the views and feelings of existing children within the household that proved to be vitally important to adopters. Although, many had already committed to the idea of adopting a child with some level of need, some adopters agonised over the potential implications that adopting a severely disabled child might have for existing children. There has been continued emphasis within the literature regarding the ill-effects on the wellbeing of other siblings who vicariously experience disability where they lack opportunities and experience a number of social restrictions. Yet, some of these adoption households had either birth or adopted children that experienced some form of

impairment. These adopters considered that a non-disabled child would also be unsuitable for the existing family dynamics.

Henry's AM: 'I was definitely open to... someone who fitted with Finley, so it was more about not adopting a child [with a hearing] 'not need' sign, and would be speaking to me all the time. Because I felt that Finley would like then get left out because it would be more natural to me to be speaking to a hearing child and I didn't want him to feel different'.

Consequently these adopters were not seeking out children without any form of impairment. However, they did feel the need to discard particular types of impairment where they felt that they could not confidently meet the needs of that child alongside the needs of existing children:

Nicola's AM: 'That was quite difficult making those sorts of decisions wasn't it. But we had to make them for the sake of Emma and for the child themselves.... A lot of the decision making was around will that child fit in with our family, you know, which sounds callous but it has to be done doesn't it'.

Henry's Adoptive Parent: 'So I said, there was very few. I think it was like life threatening that I would be unsure of because of Finley'.

In recent years the positive narratives of families who have raised disabled children have started to emerge within disability literature. Connors and Stalker's (2003) research; as discussed in chapter one, challenged the negative connotations associated with a "disabled family" to reveal that growing up alongside a disabled sibling enriches as well as restricts family life. This is reflected in Marianne's (Oliver's Adoptive Mother's) comment who discusses the potential benefits of being raised alongside a child that experiences disability:

Oliver's AM: 'We think that if you have a family member with a challenge you learn to appreciate things differently. You learn to be more accepting of people that are not perfect. You learn to not think that the most important thing in life is how you look. Or you know, you have a sister or brother with downs syndrome and they look strange.... So we thought it

was actually going to be so beneficial for the other two, you know to grow up with a disabled sibling and we were almost - we were happy to have a child with disability as well - but we almost felt that it was something that would benefit them as well. It would bring challenges. But they were good challenges. They would actually, you know, make you a better person. So that was part of the decision'.

Negotiating ambiguity

Assessing the extent of this threshold is of considerable concern to social workers who use various methods to establish the capabilities of adopters to parent a child with some level of need. Tools to facilitate reflexive processes have been developed such as BAAF's Form F. This form includes a section in which adopters are asked to select from twelve impairment classifications which conditions they would be prepared to accept. The answers from this form contribute towards the write up of the *Prospective Adopter's Report* which is presented to the adoption panel for their approval. Arriving at a decision to select or deselect between categories of impairment has a subjective element to it, as it relies on the interpretations of adopters and how they envisage their life with a child with a particular type of impairment. Therefore cultural as well as objective properties interplay within these reflexive processes. The relevance of a Foucauldian analysis, explored in chapter one; is useful here when thinking about the way illnesses are classified and judged as abnormal. In effect, impairment labels are valued laden and have the potential to conjure up negative stereotypes that are entrenched within culture.

This form is not often completed in isolation but is more frequently considered in conjunction with the adopters' assigned social worker. However, in some instances adopters commented that it was recognized that their knowledge of impairment

and disability surpassed that of the social worker and it was assumed that the adopters would be able to discern for themselves between the specified impairment classifications. According to Cousins, (2008) classifications are deliberately ambiguous to ensure that groups of children are not ruled out from the outset, as was the tendency when the form included 42 categories, which has since been reduced to 12. However, vague descriptors such as “visual impairment” only serve to confuse the adopter, who must necessarily decipher the range and severity of conditions grouped into that category:

Henry's AM: 'and she said 'you can get that off and just let me know what you don't want me to put a tick on'. So I said, there was very few. I think it was like life threatening that I would be unsure of because of Finley. But yeah it was done really quickly'.

Researcher: 'So no one went through it with you, you just kind of did it yourself'?

Henry's AM: 'Yeah and then phoned up and said these are the ones that you can tick unsure on but the rest just put I'd accept. And at the bottom I think she just wrote as Naomi is looking to adopt a child with a disability it would depend on the child rather than'.

At other times, the social worker is used as a resource to guide and bring clarity to what may often seem like vague descriptors of impairment and disability.

However this relies on the extent of knowledge social workers have of impairment and disability. Subjective interpretations of the identified impairment categories at times only serve to obscure the decisions of adopters as in the case of Rebecca (Esme's AM) who asked her social worker to clarify the meaning of “serious illness”;

Esme's AM: 'If you go back to my PAR it says “would you consider a child with a serious illness” and my form says no. And this is questioned when I adopted Esme..... Because I said what do you mean as serious illness and she said “oh well” because also you are a little bit guided by your social worker. Because they have been doing it for years. She said “you know you could end up with a child in a wheelchair”..... If my social worker had said to me “would you consider a child with cystic fibrosis?” Yes because I don't see cystic fibrosis as a serious illness. It is all perception, it's what you know'.

Without direct experience of a particular impairment, perception is the only basis on which adopters can make these judgements. Therefore, while some adopters are able to deconstruct pervasive notions of the impairment they have some knowledge of, other impairment classifications may evoke negative conceptualisations. Consequently, even where adopters are actively looking to adopt a disabled child they can enter into the process with preconceived ideas about the level and extent of impairment they are prepared to consider. At the outset adopters feel most confident with conditions where they have some knowledge or have had some form of relationship with a person who experiences a specific type of impairment:

Carl's SW: 'I don't know what we would have ruled out, we wouldn't have ruled out all physical disabilities, we have a bungalow and I have a sister who is physically disabled..... we wouldn't have taken a child that was coming through drug withdr[awal] because we wouldn't have had any experience of that and we would have worried about the support we got for it'.

Zac's AM: 'So we just felt that a child with Down's syndrome, one of the little ones we had as a bridesmaid had Down's syndrome. So Down's is what we knew'.

However, adopters with a more realistic understanding of the range of conditions outlined were not necessarily in a more advantaged position in completing Form F. Although, a deeper level of knowledge with regards to impairment and disability meant that they were better prepared to self-assess their capacity to parent a range of children with a variety of needs, their awareness of the spectrums which are grouped under one umbrella term meant that adopters were more tentative at dismissing any of the specified impairment categories:

Esme's AM: 'a very good example of extremes - because I saw cerebral palsy up at the respite centre. She was lifted in hoists, a communication keyboard, you had to feed her, toilet her – that this end of the extreme. But where my nephew goes to school there is a little boy and he has a weakness in his right leg, he needs a bit of support sometimes, he also has cerebral palsy'.

Justin's AF: 'I was naive before I started working with children with disabilities... I thought disability meant wheelchair. And then I got into working with children with disability and it is not all about a wheelchair, and the thought of children getting turned down because they might have a funny hand, slight cerebral palsy or they might have autism, or they might have Down's syndrome or anything, it breaks my heart because they are children they just want to be loved'.

Determining the extent of need that could be considered relies on their reflexive capacity to envisage the quality of lifestyle they might expect from their knowledge of differing impairment categories. Although, as suggested, adopters can only make these decisions based on their understanding which is fallible to social construction (Archer 2003). This level of introspection is regarded by adopters as a necessary precaution to safeguard against a decision that potentially exceed their capabilities. Consequently, adopters play out in their mind's 'worst case scenarios' and assess whether they believe themselves able to take on such challenges that may arise. Therefore adopters may have to review their expectations of family life. In chapter one, it was suggested that the family was a type of "setting" which has its organised roles and responsibilities. Consequently, families of disabled children often report have to adjust their expectations from socially constructed ideals of family life and "normal" life-course. This often involves a hypothesis about the life course trajectory of children with particular types of impairment where adopters project into the future and consider the possible lifelong implications:

Justin's AF: 'So you don't really feed a fully grown child, you don't realistically in your head. You should prepare yourself for that And

anyone that doesn't are fools to themselves because you do realistically need to see that. And that's when you need to weigh up the backgrounds, when you are ticking yes and no'.

Victoria's AM: 'I think realistically you have to think about it. Because if you're going to adopt a child, particularly with quite profound difficulties that may never be independent I think it would be quite naïve not to think, right what's going to happen to this child when I'm not here?'

Summary

Putting questions to oneself appears to be a stratagem which adopters utilise to draw their conclusions on the severity of impairment they could consider. This involves taking stock of the tangible resources available as well as the emotional support that will be offered by family and friends. Adopters establish their own limits by recognising that there are competing role demands other than parenting that must be considered.

In coming to a decision on the type and severity of impairment that could be considered, adopters appeared to be more comfortable with those conditions with which they already had some familiarity. Unfamiliar with the whole range of conditions they were asked to consider, adopters were often compelled to draw on socially constructed notions of impairment to draw their conclusions. As adoption is essentially a lifelong commitment, it follows that projection into the future was frequently used to clarify in their minds what the parenting role would entail across the life-course. It may be important to remind the reader that notions of developmentally normal progression did not emerge until the 20th century where compulsory schooling made it possible to measure the health of the child population, as discussed in Chapter one. It is consequently, argued

that normality is a product of modernity; where capitalist forces value healthy and independent workers (Priestley 2001).

Despite the variances in severity in which impairment can be experienced over the life-course, projection was actively encouraged by many of the local authorities. In fact, the capacity for adopters not only to envisage the future, but additionally develop strategies to deal with potential issues was a key feature used to assess the suitability of adopters by many local authorities, an aspect that will be examined in more depth in the following chapter.

Despite the fact that adopters can only make decisions under their own descriptions often fallibly, this chapter demonstrates the pragmatic approach of adopters in order to achieve their desired outcome of becoming a parent (Archer 2007). Adopters realise that they must remain relatively flexible and open to the range of children available for adoption without entirely overstressing their preferences or capabilities. Yet, while some adopters did not enter into the process specifically to adopt a disabled child, others viewed the prospect of parenting a child with a significant impairment most positively. Thus, adopters were not always dissuaded by very serious illnesses or conditions which imply long-term dependence. In fact, the caring aspect of the parenting role often had the effect of appealing to pre-existing drives to nurture. Therefore, it might be posited that the motives of those adopters who actively seek out a child with a significant impairment do so because they see the role as one which is worthwhile and provides a sense of meaning to their lives.

The next chapter shares some of the findings from interviews with social workers in relation to the specific ways they go about finding a family for a child with a significant impairment. This involves not only the various methods used to recruit adopters but also how they assess the suitability of those that come forward and express an interest in a child. The findings reveal that need is the primary focus by which family finders aim to recruit and match children to adopters. Consequently, it is important to unpack the meanings behind statements used by social workers in relation to the needs of disabled children. The process by which social workers isolate needs is closely related to child identities, imbued with complexity since disabled children assume several role identities each with their different concerns and specific issues attached.

Chapter Eight: Using Identity in Family Finding Processes

Local authorities were not just concerned about the 'place-ability' of disabled children they were also concerned that adopters in their enthusiasm for a child might underplay the impairment aspect of their identity. Consequently, these authorities often took precautionary measures to ensure that the profiles of children contained full and frank disclosure of the child's condition.

Apprehensiveness about placing a disabled child for adoption was closely associated with anxieties about the suitability of those adopters who had expressed an interest for meeting the specific needs of a child with significant impairment needs. As one social worker comments:

Ian's SW: 'I was worried about what sort of family I needed. And I was worried about getting it wrong, because I needed it to be right for him'.

Establishing the specific needs of the disabled child and judging families on their capacity to be able to meet those needs, seemed to be the way many social workers could ensure that they were "getting it right";

Nicola's SW : 'after panel has agreed that a child should be placed for adoption - then we will have a family finding meeting and then we look at the type of family that we were looking for, and what her needs, what type of family, you know is it a two or one parent family? Are there any areas that we wouldn't look to place her in because it would pose a risk to the placement? Is it close to birth family members and so we were very closely matching her needs to what we were looking for?'

On the surface this appears fairly straightforward. Social workers identify the specific needs of children and then develop a hypothetical profile of the types of families they were looking for and where they might be found. Some social workers did not differentiate this practice from the way they would manage the case of a non-disabled child:

Carl's SW: 'The system I described to you or the process as I described would be the same for this little boy as a child without identified additional

needs...I still think we treat children as individuals, they all have individual needs’.

Yet other social workers argued that there was a marked difference between general family finding and family finding for a disabled child on account of their additional needs;

Ian’s SW: ‘People say that an able bodied child that gets adopted has the same needs as a child with disabilities. No they don’t, and to say that is overlooking the needs of that child. They have the same needs for love and nurture, legal security and placement, family status, identity, background information, but they have additional needs and to ignore them even at this stage is totally inappropriate it doesn’t make for a sound placement’.

These two polar opinions reveal that social workers endeavour to practice in ways that do not put the welfare of the child in jeopardy. On the one hand reflexively examining the various nuances of the individual case avoids institutional discrimination against an entire category of children, which occurs through taking blanket approaches on account of the child’s disabled status. Conversely, the other social worker argues for a greater consistency within adoption practice with a focus on those issues that disabled children have common rather on those things that make them unique. The issue which unites children with differing forms and levels of impairment is their encounters of disablism. This being the case, disabled children require additional attention and resources in order to limit the oppressive impact of disability and ensure their inclusion in mainstream society.

In order to comprehend how the judgements of social workers are made, it may be useful to discuss Sheppard’s (2003) differentiation between product and process knowledge. *Product knowledge* refers to information that has been espoused and authorised in academic or political realms which becomes formalised within policy and practice documents (e.g. developmental

milestones; attachment theory findings). *Process knowledge* refers to an understanding of the processes by which diverse realms of knowledge, including that developed and systemised through practice experience (practice wisdom) are placed in the conduct of practice. It is reflexive and – insofar as it encapsulates practice wisdom – emerges from and is encapsulated within practice, but is capable of incorporating product knowledge. Since process knowledge enables the incorporation of social workers’ ‘own life and practice experience’ (Sheppard *et al.* 2000 p. 469), when making practice judgements in the realm of adoption the practitioner is able to draw upon what they may know about adoption (including that reflexively learned through practice experience) as well as their knowledge and understanding of impairment and disability. They are able to create ‘ways of understanding’ which emerge and are incorporated within the specific instance of the case.

The state implicitly endorses reflexive powers to professional bodies by the way they apply loose definitions which are subject to interpretation. Take the definition of ‘need’ within Section 17 of the 1989 Children Act, which defines a *Child in Need* as: those “unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health” without local authority provision; the health of the child is likely to become impaired without preventative services; the child is disabled. Consequently, it is deliberately vague in order to incorporate a range of causal factors which render children requiring state intervention. Although disabled children are specifically mentioned, Need, within the 1989 Children Act, incorporates a broader set of notions that relate to causal factors that can hamper child development. Child development paradigms can be taken as a form of Product Knowledge, in which

the social worker is trained to identify environments which jeopardise the health and development of 'the child'. Therefore, in circumstances where social workers comment on the 'needs' of the child it was often necessary to establish exactly which needs they might be referring to, their universal needs as a child, or specific needs which relate to their impairment.

Social workers comment on a variety of factors that are involved in the care planning of disabled children where holistic needs are intertwined with additional and specific needs. However, the fact that it may be impossible to find all the qualities outlined as desirable in the families that come forward means that social workers do not place an equal amount of emphasis on each of the needs they identify. The delineation of needs can be understood within the context of competing role identities to which a distinct set of needs are attached. They include: their identity as a child first, their identity as a looked after child, their identity as a disabled person and their impairment identity. These different identities represent diverse conceptual understandings and raise rather different concerns. However, one aspect of a child's identity may overwhelm other aspects which often lead to contrived ideals regarding the appropriate adoptive placement for a disabled child.

Despite the hypothetical profile of the ideal family that is often established, social workers can only assess based on the interest that's comes forward from their recruitment campaigns. Consequently, they must decide on which qualities they are prepared to be flexible and which they feel they must insist on to ensure that the child's needs will be met. In most cases, adopters with some level of experience of caring roles were favoured over other potential families;

Esme's SW: 'And the reason we chose her was because she had such a vast knowledge of cystic fibrosis. She'd had a very close friend from the age of 16 or 17 that had cystic fibrosis'.

Adam's SW: 'Laura's stood out because she had the experience of caring for kids who have got similar health needs to Adam'.

At times those adopters who have explicitly expressed an interest in a disabled child may not necessarily have the experience in caring roles that social workers believe necessary. They then have to decide whether their child's need for permanence outweighs their need to be placed in a family that can tick all the boxes, and whether anything better exists in other types of fostering placements. Local authorities gave mixed responses about changing the plan of adoption:

Nicola's SW: 'But in no way shape or form do we take the first family that comes along if they are not the right family. Just because a child has got a disability does not mean to say that they don't warrant the same level of commitment than any other child when we are family finding. she would have remained in foster care if they couldn't have found somebody that could meet those needs'.

Adam's SW: 'with the amount of the response you get... I think sometimes as social workers and family finders, you have that dilemma do we take this, because actually there might not be anything else. And we wanted permanency for this child, but there are elements in it that you feel might not quite meet the child's needs and that's so you know a bit of a juggling act'.

The prioritisation of need is largely dependent upon which aspect of the child's identity is given more precedence. In the above quotes we see that one social worker is much more focused on the child's looked after status, while the other social worker placed much more emphasis on adopters' ability to meet all the specific needs of the child. The way in which adopters conceptualise the child

and their specific needs impacts upon the recruitment strategies employed to target candidates with the credentials deemed necessary.

At times social workers used innovative ways to appeal to adopters with specific qualities and attributes. These social workers were often cynical about the types of adopters that mainstream adoption publications such as; *Be My Parent* and *Children Who Wait* attract:

Henry's SW: I was thinking we'll have to advertise carefully because he's not a child you could feature in average adoption magazines because the people there looking in those magazines are normally average adopters. You know, not sort of dismissing them but actually very few people are able to sort of take on kids with high level needs.

Features in newspapers and television were generally only used when the local authority had received money from organisations such as BAAF on National Adoption Week. Social workers were often unsure about the usefulness of national campaigns, arguing that it dramatically increased the workload by generating interest in a population of people inappropriate for the adoption process.

Sean's SW: 'Just people – there had really been no thought into their enquiry, they just saw it on the TV.... You know all very – there'd been no sort of real in depth thought into it. And people had done it – you know, good intentions but the reality was that they wouldn't be able to meet his needs'.

Louis's SW: 'Then it came up to national adoption week in November last year and we were asked if we wanted to put him forward and we were offered the *Sun*... Erm and we got 200 people fed back'.

Researcher: 'Wow'

Louis's SW: 'Yeah but none of them were approved and it just seemed there were a lot of like older women on their own who were like 'oh he's really cute'. Erm interested but not actually I don't think, none of them seemed to be interested in actually adopting. They had just read it

and thought oh yeah isn't he lovely, let me ring them up and then email in or something'.

However, despite the fact that National Campaigns generates a mass the interest of unsuitable candidates, the method could be successful in finding the right family for a child:

Sean's SW: 'He was in the *Star* as well, which was actually where Sean's now parents saw him. Andrew saw Sean and he jumped out at him for whatever reason. And he read the profile. And he said he reminded him of his middle daughter who has disabilities'.

One social worker thought it more appropriate to contact the disability team to appeal to parents of disabled children to consider adoption.

Henry's SW: 'and I thought I'd go next door and have a word with the sensory team... I said, look this is a really peculiar question but I've got a little boy whose overarching disability is that he's deaf. I want to place him with a signing family, you know British sign language is his first language because that's what he's going to have to need'.

In cases where adopters could not evidence that they had a wealth of experience in impairment and disability issues, social workers on occasions came up with alternative ways of assessing whether these adopters were both capable and dedicated to meet the child's impairment needs:

Sean's SW: 'I was open to talk to anybody really, because I felt if they wanted him and they were committed to him and we could get all that support right and in place then there's no reason why they couldn't do it...I just felt that somebody would need to be committed to him. They needed to want him, if that makes sense'.

Connor's SW: 'but I don't think you would dismiss people if they ticked the other boxes. I mean this couple were willing to go and spend time with Down's groups in order to get more experience you know. So it's that sort of willingness – they recognise maybe they don't have that – it's great if they have experience because then they've got much more insight. So they were definitely trying to – bless them – prove to me – they made a big commitment, you can't ask for more than that'.

Henry's SW: 'I've often wondered can you teach people to parent disabled children? If you got mainstream adopters that were vaguely interested and would consider it you know, can you teach them to do this stuff? And I think maybe you can, I don't know maybe you need to put them in something you know like a respite unit or special school. to kind of bolster up people's experience because the vast amount of people in society never see a disabled child in their daily lives'.

Awareness of impairment and disability issues is not the only criterion by which an assessment about the suitability of adopters is made. In fact, one experienced adopter of a disabled child was dismissed on the basis that the social worker felt that she lacked connection with the real child and appeared too fixated on his impairment needs:

Ian's SW: 'we looked at the register we did have one proposed person, who just happened to be a social worker, who just happened to have adopted a child with the same condition, who just happened to be quite disabled herself, and it was kind of like this was perfect, this is too perfect, and you know, And it kind of occurred to me "what am I doing here?" yes this child has got specific needs, yes this person because of their own specific needs will think about their own disabilities will understand for him in the future and she has already has a child with this condition and she probably knows. So is that right then that if we have a child with disabilities we just have to kind of hope that somebody comes along that has special needs or disabilities too? and that didn't sit comfortable with me'.

While some social workers are wary of the emotional responses adopters experience when children are featured, for others evidence that adopters display outward signs of enthusiasm for a child is a prerequisite for pursuing a match.

Sean's SW: 'sometimes in exchanges people come back and say 'don't forget to call me' or ' don't forget' and I think that's really good because you really want this child. And although it's only at those initial stages I think you want somebody to be excited. You want somebody to be fighting for that child because you want them to do that as a parent and throughout their life. And if they're sort of showing a little bit of interest that's not enough for me'.

Ian's SW: 'You make that into a jigsaw and that all fits into a box. But this child isn't going neatly into a box, he needs that warmth as well, he's not

a project with these people that have adopted him, he's part of their family.... And I think I know you can feel that warmth when you get to that stage but we have to feel that earlier on in the linking stage, that we can pick up some of that warmth with people that have never met the child'.

Social workers found it difficult to articulate how they judge between several potential matches especially in cases where the adopters that come forward each presented characteristics that would be beneficial for the well-being of the child. Social workers did acknowledge how reflexivity interplayed with their practice judgements although they were concerned that such processes would be regarded as unrecognised and unscientific, and were often apologetic about their application of process knowledge:

Victoria's SW: 'Somebody years ago said to me that in fostering and adoption it doesn't matter how hard you try there will always be an element of it's a 'wing and a prayer'. And I kind of know what that means. I perhaps wouldn't make it sound like it's just a real shot in the dark but I do understand what she meant by that statement'.

Sean's SW: 'When you go and visit people you can get a sense of whether they fit into this family, whether you could see them in this home. And although they were ... intuitive feelings which I know are very important – you need to stack up the reasoning – I think that shouldn't be disregarded either when you're meeting people and you're taking such a life changing decision for this child'.

Henry's SW: 'So it came down to a sort of gut feeling which is a terrible professional admission to make but it was just in the end, she's just the best person for him. I can't really explain it, she just is. That sort of feeling'.

Child Identities

Practitioner's decision making regarding the ideal placement would be unavoidably affected by the manner in which they conceptualise the child.

While, the child may be appreciated for their own uniqueness, the different status positions that children occupy, require a diverse set of responses.

Therefore, the prioritisation of needs is in part, dependent on the amount of

emphasis a practitioner pays to one aspect of identity at the peril of overlooking another. While all aspects of children's identities such as: a child; a looked after child; a disabled child; and their impairment identity; feature in social workers' discussions relating to their placement needs, it was clear that some needs were stressed more than others. This chapter, will now explore each identity in turn, and examine its contribution to family matching and assessment processes.

Their identity – The Child First: Individualising the Child

The concept of the 'child first' principle warns practitioners not to lose sight of the holistic child being preoccupied by the child's impaired condition at the expense of other aspects of the child's welfare (Murray 2009). The practice guidance for Assessing Children in Need and their Families as published the Department of Health (2000) links the needs of children to seven developmental areas where the quality of the familial environment is key to developmental progression. These marked developmental areas relate to: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. However, if the universal needs of children are reduced to discussions based on notions of development, we might posit that impairment obscures social workers' ability to maintain a child first approach since disabled children are unlikely to develop in typical ways. As disabled children subvert notions of child development it is problematic to remove impairment from discussions regarding their welfare. Of course this chapter does not discount the seven need aspects identified by the Department of Health as relevant to disabled children. Rather, the response to each of the needs identified may require specific parenting approaches that

differ from standard parenting styles and which consequently challenge the 'child first' principle. We might expect that all adopters who enter into the process of adoption are approved on the basis that they can provide a secure setting which is nurturing and stimulating for the development of those children that are likely to develop in typical ways. However, given that so many children enter into the care system with greater levels of complexity hampering their development, it also might be the case that adopters are assessed on their ability to provide a nurturing environment despite developmental uncertainty. Idealistic notions of childhood and child rearing make the process of family finding complicated for many of the children who are put forward for adoption. Where Impairment features more prominently family finding processes become all the more complex;

Victoria SW: 'it's a really really massive issue and complicated to really assess what's really a child's needs and what sort of family you're going to be looking for anyway. But then you kind of throw disability into that as well so you're looking for families that can actually look after a child with that level of disability or that disability whatever that is. That makes the matching even more complicated. Specifically for Victoria there was a lot of unknowns there as well'.

Developmental Uncertainty

Impairment may feature more strongly in some areas of development than in others. Therefore it is important to explore how disability and impairment confound family finding processes. Social workers may place a stronger emphasis on those needs where it becomes apparent that the child may require additional long-term support. Impairment categories provide the basis on which practitioners might identify which developmental areas are likely to present the most challenge. It is worth noting that social workers are not simply looking for adopters that can meet the actual needs of children as they currently present themselves, rather, developmental uncertainty often compels social workers to

plan ahead anticipating that impairment may present itself at the more severe end at a later date;

Nicola SW: 'You know holistically meet the needs of that child. So it was very much we focused on a family that could see beyond her disability and give her the needs of any child, but also a family could also understand that there were lots of uncertainties for her future so that's what we were looking for'.

Oliver SW: 'I think it requires a lot of thinking about the long term needs of the child. ... you don't think of the child as a child as much. With disabled kids... that projection that says when they're 15, when they're 20. ... and if couples who want to adopt a child with disability aren't prepared for the mega long haul. I mean people are thinking our child will be independent one day., Oliver might well be independent one day you know, to a degree or semi-independent at least.... Yes you want them to be as independent as they can be but what you've not got to be is disappointed if they're not'.

Using impairment constructions as a guide to developing hypothetical profiles of the ideal family is highly problematic, when their prognosis is often so uncertain.

Many of these children are deemed too young for a formal diagnosis which provides the basis from which practitioners might predict future needs.

Furthermore, conditions may be on a spectrum in which the severity experienced varies significantly. Consequently, impairment could only be discussed in terms of how it would individually affect the child, yet, the full effects of impairment may not be clearly apparent in a young infant:

Oliver SW: 'Where they are on the spectrum of Downs depends on so many contributing factors that you can't generalise. It's the same with cerebral palsy. It's just a label which tells you one aspect of what's wrong, in inverted commas, with this child. We used to say, I've got an information meeting this afternoon and if I say to that group of people 'what's your understanding of cerebral palsy'? they will say paraplegic, in a wheelchair, maybe tube fed, maybe on oxygen... But you can have a left sided a right sided, a weakness in one leg that means that when you're tired you trip over. That's still cerebral palsy'.

However, using socially constructed notions of child development as the yardstick for the future projections of needs is problematic not only for children

with known or suspected impairments. All children develop at different rates, present their own challenges, and vary in their abilities and competencies. Therefore, the assessment of needs must be individually considered for all children. It might be posited that taking account of how impairment and disability are uniquely felt by the child *and* how they intertwine with their character - not forgetting other issues that may be prevalent - is how social workers endeavour to apply the 'child first' principle. Product knowledge relating to *Assessing Children in Need and their Families* does not appear to be bluntly applied to these cases. In this way social workers appear to use section 17 of the Children Act (1989) the way it was intended whereby the definition of need is deliberately vague to empower local authorities to make practice judgements that serve the best interests of children.

Reflexivity and speculative hypothesising

Within the examples below social workers demonstrate how they grapple with what can be known about the needs of the child and subsequently develop a hypothetical profile of the type of familial environment where they believe that the individual child might survive and thrive. Social workers may be persistent in finding adopters who share a common interest with the child such as a love for animals or particular hobby. It might seem fatuous to rule out a match based on what may appear mere trivialities when fundamentally the child is in want of a secure and loving home. However, what social workers are engaged in is a complex process of '*speculative hypothesising*', in the sense that they are linking characteristics between adopter and child and making predictions about potential outcomes (Sheppard 2003).

Speculative hypothesising, involves envisaging all potential possibilities and the consequences of those possibilities. Therefore it may not come as a surprise to find that social workers quickly discard perceived mismatches aspiring to placements containing characteristics which might encourage bonding processes between adopter and child:

Oliver's SW: 'I really wanted him to have siblings because he had responded so well in foster care to the other children that were in and out of foster care and in fact he responded more to the children in the family than he did the adults'.

Carl SW: 'So picking up on the things that he found safe. A dog for example, the foster carer had a dog, and he loved this dog, you could see him really relax around the dog, he would stroke it and be very kind to it. So animals as we know for a lot of children can be very secure can be very comforting. So things like that, can be very important'.

Attachment – foster carers as adopters

In an attempt to consider the individual needs of the child local authorities would sometimes disregard the pre-set criterion in cases where it became apparent that the child had formed strong attachments to their foster carers. The decision for one foster carer to adopt proved to be controversial in one local authority where the department questioned her suitability on the basis that she did not meet the requirements stipulated. Nevertheless, the strong attachment that had developed between her and the child became the overriding factor for the child's welfare:

Ian's SW: 'And she loves him. And he loves her. Yes she is over 50, yes she's got a high BMI, yes this yes that, but it is not about for me somebody becoming approved as an adopter, it should be about how do they meet these child's needs and the long term future'.

Jason's SW: 'He was four at the time, now he's five, and I guess he had a voice there as well and it's very clear that he felt he belonged and he was trying to – he wanted to claim them really – so I guess we took into account his voice in all that as well'.

These examples also show that adoption agencies make attempts to ascertain the views of disabled children within adoption processes; which closely align with the Children's Rights perspective outlined in Chapter 2.

The extensive assessment of needs reveal practitioners endeavouring to preserve a comprehensive view of the child. However, some of the qualities identified as suitable to meet these individualised needs were often viewed as preferences rather than prerequisites for adopting a disabled child;

Victoria SW: 'So if there's something glaringly obvious about a child like they got a wicked sense of humour, or they come from a musical background – I might try and look for a family that I think are going to match that, but I think if you broke it down to that extent you'd almost be paralysed by analysis wouldn't you'.

Esme's SW: 'we'll get together and discuss what this little girl's needs are and what type of family that we feel she needed. And whether it was a one or two parent, whether it was a family where there weren't any animals, whether there should be other children there or not, which area and that kind of thing. And obviously we had to prioritise and the priority for us was that somebody that fully understood the condition that she had'.

Freya's SW: 'What we were very much looking for – we were open whether it was a one parent or a two parent, whether there was other children there or whether she was going to be a single child. We were very much concentrating on somebody that was able to meet her health needs'.

Due to the complexity of caseloads social workers have little choice but to rely on their own critical judgements since there is no practice rule which can easily be applied to all cases in relation to disabled children. Often other pressures and constraints meant minimising risks was the pervading factor which dominated these family finding processes and which undermined the child first principle.

The Identity of the Looked After Child

Another factor which interplayed with the family finding process was the detrimental impact of the child's life prior to being a looked after child. Only in a handful of cases were children relinquished into care on account of disability and some of these children had acquired disability through abusive and neglectful histories. This adds another dimension to family finding where it might be necessary for social workers to think beyond their identity as a disabled child or in fact their identity as a child first and consider the specific needs of children that experience trauma and disorganised attachments;

Oliver's SW: 'They need parents who are going to understand their history and understand their attachment and allow them to grow allow them to develop at their own pace'.

Carl's SW: 'I was looking at ideally two carers, experienced, because this little boy had been very traumatised, confident, able to work with other professionals in terms of understanding his needs and the help that he would need'.

However while some social workers emphasised the need for adopters that could offer therapeutic parenting others overlooked the fact that disabled children in care are often affected by similar adverse experiences.

Adam's SW: 'we do have children who have issues you know, whether they are attachment issues or sometimes erm the sort of milder affected alcohol, that doesn't get identified until they're five or six and so we place those children as fairly straight forward children and then.. there are issues that come up later. So that's the difficult one as well, where at least with some disabilities it can be more clearer because they had been identified earlier on'.

This statement reveals that the needs of disabled children are often confined to those that are wrapped up in their assigned impairment label and that they are

unlikely to exhibit challenging behaviours later on owing to adverse experiences.

Howe (2006) identifies as a common problem separating symptoms of a disorganised attachment from communication difficulties associated with particular types of impairment. One social worker admitted that impairment can often distract from attachment issues that in any other circumstance would be a central feature of the family finding process;

Jack's SW: 'in Jack's case as he gets older it may well be that he still does have attachment needs from prior to coming into care. Because sometimes they can tend to be masked or lost in the search to try to meet his day to day disability needs'.

A Disabled Identity

To begin with, it is necessary to remind the reader that the term disability here is separate from discussions relating to the child's impairment. The definition of disability aligns with a Social Model principle that disablism reflects the social barriers that exclude individuals with impairments from full participation in society. According to Crow (1996) disablism is manifested in multifaceted ways through prejudice, discrimination, inaccessibility in the built environment, and insufficient support.

How these various discrimination factors interplay in family finding processes are about to be explored. Social workers were often concerned about the preparedness of adopters for the potential vicarious effects of disability. The impact of disability on the whole family is well recognised. Discrimination occurs

both at structural as well as interactional levels and social workers must gauge whether adopters are able to manage such societal disadvantage.

Discrimination at the interactional (situate activity) level can often leave families either feeling like they want to retreat and avoid public life altogether or conversely feel the need to defend their parenting skills, particularly if the child has a learning disability which means they may behave outside social norms (Connors and Stalker 2003; Kingston 2006). The negative reactions from non-disabled people are not always malicious. According to Shakespeare (2006) these responses reflect awkwardness and embarrassment. Nevertheless what these reactions reflect the wider cultural prejudice examined in chapter 1. The segregated lives of disabled people bring unfamiliarity which evokes fear and intolerance. Thus, social workers often express that they must feel confident that adopters will be able to manage such awkward social encounters. Connors and Stalker (2003) found that disabled children's positive identity was dependent on the affirmative relationships they had with their parents. Consequently, being able to build confidence in a society that devalues the lives of disabled people is vital attribute to be found in adopters;

Oliver's SW: 'society isn't geared up for it and people will still stop and stare if you've got a child in a wheelchair or a downs baby, people will make a comment and all sorts of things. Still, in this day and age, people still do that. And you've got to know it's going to be like that'.

Ian's SW: 'would be strong enough to manage the possible discrimination. He's going to be noticed, he's going to stick out, and how they will support him as he gets older'.

Carl's SW: 'having to deal with comments from members of the public which know nothing about this little boy's background, you know, that was something else you have to take on as a carer, dealing with your own feelings and others. Managing the views of people around you, never mind the child and how you feel inside. Quite a difficult thing to manage'.

In a society which discriminates both structurally and interactionally, adoptive parents must assume the role of advocate at a level which vastly exceeds the level of intervention you expect in parenting a non-disabled child. Advocacy extends not just to dealing with members of the public but also with the myriad of professionals that are involved in the life of a disabled child. The emphasis on adopted parents becoming advocates and even activists to ensure that their child has access to resources to meet their needs; is consistent with the position explored in chapter one, where theorists such as Michael Oliver (1990) contend that disability is a class struggle. The pessimism from social workers about the lack of resources reveals the extent to which families should expect to experience some level of disadvantage. As trust-holders of the child's welfare local authorities may seek adopters who demonstrate great social competence in managing professionals and ensuring that their children have appropriate access to resources that can facilitate their inclusion and enhance their quality of life;

Carl's SW: 'and to be able to advocate for him, because he will have needs, people that aren't backward at coming forwards, particularly in these times when budgets are restricted and you might not get the service you need at the time, you need people who are able to advocate for him'.

Jack's SW: 'I mean luckily though she's a quiet woman, she's incredibly assertive and knowledgeable... if they were facing any sort of discrimination from people, she would be in there straight away as a very strong advocate. But I think it could be for some people very mortifying Dealing with the ignorance of other professionals'.

Sean's SW: 'And everything they said was right, and everything – their knowledge around disability and their knowledge about working around a wider team of professionals, to meet a child's needs, to be an advocate for a child'.

Disadvantage at a structural level needs further unpacking because it seeps into institutional practices that are detrimental to a disabled child's chances of becoming adopted. The required skill of advocacy indicates that local authorities anticipate that these adoptive families will inevitably experience the negative effects of disablism. At a more basic level, despite the discretionary powers given to local authorities to offer financial packages to support these more complex adoptions, packages were often minimal, insecure, or vague until the latter stages of the adoption process. One social worker expressed her frustration about promoting a severely disabled child while only being able to offer vague assurances that some form support package was available;

Jack's SW: 'There isn't like a set allowance and I knew he would need much more than the basic allowance, but I can't have that argument until I identified the parents and knew their circumstances, and sort of say look, for example, if someone had to give up work to stay at home I would use that sort of argument. So the adoption support was very vague'.

The Child's Impairment Identity

The child's impairment identity was perhaps the most fundamental aspect of family finding. While social workers did not explicitly state that they prioritise impairment above all other needs, in developing a hypothetical profile of the ideal placement experience of the caring role was the most highly prized asset adopters could offer;

Jack's SW: 'our clear criteria would be judging against a child's needs. So in Jack's case we'd want to see clear evidence in the PAR that the couple, or a single applicant, would have a clear understanding about disability, and where they would have got this from, either through work or through family caring'.

Sean's SW: 'I didn't have any particular specific set up of a family that I felt would be right for him ... It's always preferable if people have – there were some people that came forward that had a medical background – there was one lady that was a speech therapist. So you latch on and think that could be really good because they could have an

understanding of his medical needs, or that particular need with his speech or hearing or whatever’.

This preference for adopters with previous experience of impairment and disability relates to concerns that social workers have about the ability of mainstream adopters to introspectively examine their capacity to take on the caring role;

Henry’s SW: ‘And that’s why I think, you know for these children it is often, if you can find people with that experience you know they already know what they’re taking on board and what the battle’s going to be’.

Connor’s SW: ‘You’d also be looking for experience if possible. You know have they had children themselves they got disabled. Have they got someone in the family? You know had they been working in a special needs school. And what is their knowledge because you want sort of erm a reality check’.

For many social workers extensive knowledge of disability and impairment was not merely a preference but a perquisite for adopters. The insistence on such knowledge is linked to social workers fears about placement breakdown. Social workers often discussed their reservations about adopters who tend to be very emotionally responsive to the profiles of children, fearing that these adopters might unintentionally commit to an adoption which in reality exceeds their capabilities;

Oliver’s SW: ‘Down’s babies are cute, they’re about as cute as they get.they’re smiley and they’re lovely but they don’t stay like that for very long and if you are in it as a parent for the long term you have to be really clear that you know what the long term is and what dealing with a teenager with Downs is going to be like. And often people haven’t had that experience’.

Carl’s SW: ‘I had a number that would phone in, there was a woman in the north of the country who, it was a very emotional response that she gave, I just feel drawn to this little boy, I just can’t take my eyes from the page, I just think I connect with him, and whilst that maybe right for a lot of people, you need to then move beyond that initial attraction to talk about his needs and how he is, and what he will need from his carers, and I didn’t feel from talking to that person, that she would be able to it’.

Henry's SW: 'if you look in magazines there's countless babies with special needs or health issues or difficulties or whatever. And people look and say ah bless I'll have one of those, and I look and I'm not placing a child with you unless you have some experience that you can prove to me you understand the needs of this child. Otherwise forget it. And I think people are sometimes quite surprised at that. And I say no. Go and see, go and work for a year with 16 year olds with downs syndrome and then come back and tell me if this is what you want to do. Because it's very easy to get carried away thinking I can do that'.

A sense of realism in adopter's about the task of parenting a disabled child was a recurring theme that social worker's looked for. If adopters could evidence that they had previous experience of caring roles social workers felt more assured that the placement was more likely to be sustained;

Henry's SW: 'I say to people when we have the information meetings where prospective adopters come for the first time to hear a talk about adoption and to see if they want to take it further... if you come to me and say you want to adopt a disabled child or a child with Down's Syndrome or a child who's hearing impaired. Whatever you come and say to me I want to know that you know what you're talking about'.

Nicola SW: 'we owe it to any child not to just place them in a family just because they are willing to take a child on, because I think you set people up if they don't fully understand what they are taking on.... to fail in some cases, and it's not fair to anybody. It's not fair to the child and it's certainly not fair to the adopters'.

This statement indicates that while social workers espouse a child first principle in practice the role of parenting a disabled child is in fact reduced to considerations of the social caring role. The lower value that is placed on the quality of disabled lives and its impact on family members may be a contributing factor towards social workers scepticism of adopters motivates. The line "*If they don't fully understand what they are taking on*" implies that mainstream adopters cannot be trusted to reflexively think their way through the implications of parenting a disabled child, while, "*I think you just set them up to fail*" infers that if mainstream adopters were able to fully grasp the task ahead of them,

they would almost certainly have chosen differently. The concern for many social workers is that mainstream adopters who cannot achieve a family through other methods may make too great a compromise in their desperation to achieve a family.

Despite the fact that adopters engage in a rigorous adoption process that aims to prepare them for the needs of children in care, social workers often had considerable doubt over the capacity of adopters to move beyond conventional ideals of family life. One social worker commented on the need to caution adopters against straying from their initial motivations in the adoption process:

Henry's SW: 'And I said 'No, you're not thinking about them, they're not for you, they're completely not for you. When you did all the matching in your head, when we did all the assessment you never once said you wanted schizophrenic twins did you?' 'No'. 'Because you don't want that you want something else. But you're panicking and you're thinking I'll have that one, believing in your heart of hearts that you can do this when actually in the cold light of day of course you can't do it. This is not what you signed up for'.

Social workers speculated that despite the external compromises that adopters appeared to make, their inner aspiration was to parent children who emulate socially constructed ideals of childhood and child rearing. Therefore while adopters may contend that they could nurture a disabled child, the fact that disabled children do not develop in typical ways was seen as a factor which could lead to future disappointment resulting in placement breakdown;

Jack SW: 'But for a couple who are just sort of comparing a child with a mainstream child it could become a source of great anxiety and frustration at two or three years old the child wasn't walking'.

Oliver's SW: 'And that's the big issue about you know looking for somebody that takes a child as an adoptive child is that ...if they aren't aware that they could have the potential to be disappointed in this child you have to make them aware of it or stop them from doing it rather than let them do it'.

Henry's SW: 'the matching is really important and if you put a child with them that is not going to meet any of their expectations of what being a parent is going to be like they're just going to be disappointed and if you're disappointed you get disgruntled and then you know you have that negativity'.

The assumption that mainstream adopters could find themselves disappointed in the role of parenting a disabled child reinforces the notion that disabled children are a burden to their families. While social workers often denied that the child's impairment did not overwhelm other aspects of their identity the insistence that adopters must have experience of the caring role undermines the contention that disabled children are given the same opportunities as non-disabled children in adoption processes. The experienced carers that many local authorities aimed to attract were often characterised as special and exceptional people;

Henry's SW: 'You need very special people and you know families with disabled kids are very special 9 times out of ten. There's the odd one of course, but you know 9 times out of ten they're extremely special and very talented'.

Esme's SW: 'It's just that the families that are coming forward are not necessarily wanting. Because they want to be parents, they don't want to be therapists. That's what we find – that they want young children who are not so complicated. And to be fair to adopters if you haven't experienced parenting before it's a lot to take on.... And I can understand that. There aren't as many people for – it's like fostering children with disabilities. They are special people'.

Some of these carers will have developed their expertise through parenting a disabled child, many of whom would have no prior experience of caring roles, indicating that such competence to meet impairment needs can be learnt. We might then question why some social workers are insistent that adopters must have familiarity with health care issues to be considered suitable; social workers' reasons for such a stipulation centred on the different status that exists between adoptive relationships and those of birth kin. In the comment below a

social worker contends that it is more socially acceptable to relinquish responsibility for an adoptive child than a birth child:

Oliver's SW: 'If you've got an adopted child that the expectations are not being met or the work is too hard, it's too tough and you weren't prepared for that, you do kind of have the choice to give them back. No-one's gonna judge you'.

Summary

The notion that the strong bonds that exist in birth ties as well as a societal expectation of taking responsibility for one's own, as a preventative from relinquishing a disabled infant undermines the fulfilment that many birth parents report in raising their children. Furthermore, when birth parents of disabled children opt to expand their family through adoption their own self-interest is downplayed while they are often awarded the status of heroes.

It seems apparent that social workers concede that raising a disabled child might be best left to those who demonstrate 'specialist' qualities. Social workers often contended that adopters needed to demonstrate a sense of realism about the role of parenting a child with a significant impairment, however, first-hand experience of a caring role was usually the only way practitioners were satisfied that this criterion was met. Therefore, it might be posited that disabled children may be deemed a 'hard to place' category not simply because all mainstream adopters are perturbed by the prospect of parenting a disabled child, rather, parenting a disabled child is not regarded a task for the 'ordinary'. The subtext behind such a view indicates that the raising a disabled child is to be perceived negatively and wrapped in the social caring role.

Furthermore, far from measuring the sense of realism that adopters have about the role of parent to a disabled child, adopters are asked to project into future

despite the fact that very often the prognosis for the child remains unknown. In the assessment of adopters, social workers appear to be examining their ability to speculatively hypothesize. While a speculative hypothesis is a legitimate technique for dealing with situations where immediate action is to be followed, these adopters are expected to find solutions to potential issues which span more than 15-20 years.

There are a range of processes that adopters use to arrive at their conclusion which includes projecting into the future. However, while it might be encouraged for an adopter to consider their capacity to make a long-term commitment to a disabled child, it cannot be said that developing pragmatic solutions on the back of worst case scenarios, is a way in which adopters demonstrate a sense of realism. Many birth parents of disabled children engage in speculative hypothesising in order to gain some certainty about the future through diagnosis. However, McLaughlin and Goodley (2008), argues that this kind of projection is more often than not quickly disbanded and parents often reorient their expectations by adjusting to ambiguity and uncertainty. The next chapter will examine the reflexive deliberations adopters use to assess whether they can legitimately make a life-long commitment to a disabled child they have been matched with.

Chapter Nine: Unearthing Adopter's Motives: examining the factors and social processes that contribute to the decision to adopt a disabled child.

This aspect of adoption where adopters are able to browse and filter through a number of profiles has similarities to how individuals go about obtaining other types of commodities. Online resources and adoption magazines introduce adopters to a wider pool of potential children. The opportunity for greater choice allows us to draw parallels to the market metaphor, as family finding publications enable adopters to sift cursorily through a catalogue of children's profiles (Heino *et al.* 2010);

Connor's AM: 'I bet everybody does this, "that's it give me the folder with all the profiles in - I want to go through them". And... we sat down with the social worker and I was going through the profiles, whoosh, whoosh... but there was one profile that stuck out'.

Comparisons can be made between how adopters select children with the use of online adoption forums and adoption magazines, to dating websites, where individuals make romantic decisions based on a limited amount of information. In examining the modus operandi of dating websites (Sritharan *et al.* 2010) concludes that there is binary interplay between "deliberative evaluative judgement" and "spontaneous affective response", which collaboratively impact upon the decision to pursue a potential love interest. While rational evaluative judgements are based on the assumptions of adopters about the life they might envisage with a specific child presented to them, the spontaneous affective response denotes an emotional connection which draws on a pre-existing drive to nurture. Individuals might establish a positive impression based on a

spontaneous affective reaction which can be induced from a photograph or key words in a text.

A Spontaneous Affective Response

While, Sritharan *et al.* (2010) comments on the need to experience an emotional connection with profile information, it does not provide us with any comprehensive analysis of attraction. To understand why some adopters might feel an instant magnetism to some profiles over others, Bourdieu's analysis of taste and his notion of transposable dispositions might provide a useful concept. In "*Distinction: a social critique of the Judgement of Taste*". Bourdieu (1984) posited that taste was not individually determined but had a socially constructed element to it. An individual's taste arises out from the Habitus which mediates between several key components which affect human responses and the actions they take. The internal structure of the Habitus negotiates between: thought and feeling; shared cultural values; norms and contexts (Reay 2010). Bourdieu understands individual taste not as an indicator of one's personality but rather something which is partly fashioned through cultural conditioning. Therefore an individual is more predisposed to value specific attributes and characteristics depending on their socialisation experiences. For example, the photographs of some children may positively resonate with adopters where an attribute bears some resemblance to a significant other;

Sean's AM: 'I think it was to do with my middle daughter....he has got some sight but his little face and his mouth was hanging out slightly and Rosie used to do that when she was little. She was blind when she was little. So it was the same look in his face that she used to have in her face. And I thought Oh look at his little face'.

Socialisation experiences may produce an overgeneralisation effect to the extent that facial features and expression arouses certain responses. According

to Zebrowitz (1997) the configuration of facial features becomes co-related with certain traits in the minds of individuals. It is important to note that these impressions do not necessarily represent the character of the individual, yet, their facial qualities give out information which will evoke particular responses as though you can read an individual character from visual features and expression;

Carl's AM: 'I don't know what it was that attracted me to this cheeky wee chap but, it his little grin in the photograph'.

The individual maybe unaware that an overgeneralisation effect could impact upon the way they respond to the profiles of children. Some adopter's stressed the importance of feeling a heightened reaction in response to the profile of their adopted child, although at times found it difficult to articulate why they felt more of a connection to some profiles over others;

Esme's AM: 'And at that point I think you have to start funnelling [focusing] yourself. But you had to sit there and ... consider, would [I]? I don't know why but I wouldn't'.

A visual photograph is perhaps the most conspicuous piece of information from which first impressions are fostered. For centuries, the face has been regarded as an indicator of a person's character. In ancient Rome, the practice physiognomy, focused on reading into a person's soul through their exterior features. Reading a person's character through the face is more complex than simply examining its configuration, and encompasses expression and the movements between those expressions. The continual analysis of the portrait Mona Lisa provides a good example of how we try to grapple with the inner psyche based on a smile. We might question whether physiognomy has become outdated. In contemporary society sayings such as "don't judge a book by its cover" warn us against the practice of judging character through

superficial qualities. Yet, the use of facial feature and expression continue to send out powerful messages and is a technique used by caricaturists to portray temperament, differentiating between traits such as: good and evil; innocence and wisdom. The disability movement have continually opposed the negative depiction of disabled people within media representation, where impaired bodies have become associated with the archetypal personification of evil or conversely the pathetic victim (Shakespeare 1994). Despite, wide acknowledgement that visual appearance is an unreliable method for assessing remains the basis from which we base first impressions. This chapter does not set out to discredit or endorse the science of physiognomy, rather it merely seeks to explore the value placed on specific visual attributes as indicators of character traits.

Since the desire to nurture is the primary motive for initiating the adoption process we might expect adopters to be most attracted to children whose physical appearance prompt caretaking responses. Features such as: proportionately bigger eyes; chubby cheeks; and a pug nose, even in older children, denote the hallmark of infancy and reinforce perceptions of innocence and dependency;

Victoria's AM: 'although I'd say they're all quite cute – but, I don't know. There's something in the eyes. There's something. I think there's part of you that looks and are you attracted to that child'.

While, adopter's do not necessarily pinpoint baby-faced features facial configuration such as a sunken bridge of the nose, or a round as opposed to angular face, these features nevertheless may contribute to perceptions of 'cuteness' or 'sweetness'. Visual appearance was stated as important to one adopter who was dubious about the prospect of adopting a child with a facial

disfigurement. The aversion has both cultural as well as psychological undercurrents. On the one hand bodily or facial distortion can evoke feeling of revulsion as it serves as a reminder of one's own mortality, whilst on the other, cultural preoccupation with aesthetic beauty exacerbates the negative identity of people with impairments (Shakespeare 2006; Murphy 1995);

Justin AF: 'So she told me he had facial dysmorphic features, and I thought "Oh my God" because when you are told all that you're thinking there is no way I can parent a child like that'.

Conversely, one adopter deliberately sought out a child that looked unmistakably disfigured. The adopter perceived that their shared identity of looking visually different had the potential to kindle an affinity between the disabled adopter and child, projecting that familial cohesion will arise through comparable experiences of disability;

Freya's AM: 'But I think for me it was wanting a child who was different. I think it boils down to identity really. That's what I was thinking. Why would I want these kids? Identity, you know. Black person wants a black child to identify with them and I think it's probably the same ... yeah I see bits of them in me and no doubt I'll see bits of me in them. But I think it's shared experiences, or it will be as they get older no doubt'.

However, the attractiveness of the child is not necessarily based on shared values with regards to perceived notions of beauty. Although Hannah (Victoria's Adoptive Mother) commented on Victoria's eyes as a particularly appealing feature, facial characteristics only provided a partial and insufficient explanation for the connection felt through the child's photograph. In an attempt to articulate the affection she felt towards the image, Hannah (Victoria's Adoptive Mother) drew parallels into the ways in which individuals are attracted by potential partners;

Victoria's AM: 'Because I think it's a bit like when I met my husband. There has to be something that's 'I actually like the look of this person. I

like this person'. And that doesn't necessarily mean they're stunningly handsome or beautiful or whatever, but I think there has to be something there'.

In the excerpt below, Kay (Nicola's Adoptive Mother) acknowledges that the photograph of her adopted child would not be perceived as objectively attractive:

Nicola's AM: 'I didn't feel particularly drawn to her photograph because I think it wasn't a particularly good photograph,.... she looked like she was far away and not really engaged and so it's not like we picked you know, because people say to us Oh you know your girls are so beautiful oh aren't you lucky, and... you know we didn't go out of our way to pick beautiful children. But beautiful girls is what we've got'.

However, despite commenting that she did not find the image of her adopted child particularly appealing, she later remarks that the photograph drew out nurturing responses;

Nicola's AM: 'But the photograph of the child she looked so sad, so erm I don't know so lost, so in need of being parented'.

What the comments from these two adopters above suggest, is that the connection attached to the visual photograph cannot be explained by isolating archetypal characteristics associated with idealistic notions of childhood. Thus adopters focus on the nurturing feelings that the image engenders without being able to articulate what factors trigger such responses.

Perhaps it could be argued that expression is often the source of a spontaneous affective response, rather than key facial features. Swmai, and Furnham (2008) remind us that in cultures where diversity and inclusivity is more highly valued, attraction can be based on factors such as personality rather than superficial exterior qualities. Therefore expressive photographs which suggest a childlike,

warm and fun personality or bring out nurturing responses can be immensely powerful;

Louis' AM: 'And I initially was attracted to him. He had the most beautiful smile and still has'.

Sean's AM: 'But it was definitely the photograph, it wasn't the profile. I was definitely drawn to him. There was another boy with disabilities there and he was lovely as well but it was the sadness of this little boy's face. And at the time I thought it was sadness but he's a little bleeder. He probably wasn't sad, it was just the way they took the photograph, which to me identifying with his sadness, "oh I could change that", do you know what I mean, "he could be happy here". Not realising that he was a happy little boy anyway'.

The emphasis on the sadness of the little boy demonstrates that adopters often embody the rescue "state paternalist" approach; outlined in chapter two, which often becomes part of their motive.

To capture a more accurate impression, the use of DVD footage of a child is increasingly used. DVDs may also engender a spontaneous affective response in ways that may not be achieved through a static photo. Short film excerpts can encapsulate endearing childlike qualities through movement, speech and tone, play interactions and behaviours. These dynamic movement cues have the potential to give a more accurate or positive representation and show off some of the rewarding aspects of a child such as extraversion. However, it is important to note that film clips are edited to promote a child, and leave adopters with a desired impression:

Louis' AM: 'I looked at the wee video and he was just such a happy baby. Just so happy and content'.

Spontaneous affective responses were not always limited to visual aids. The carefully crafted texts on the front of profiles, were sometimes key to capturing interest and prompting further reading. Key phrases convey the rewarding

aspects of the child which feed into the nurturing drives of adopters. The impression management strategies were commented by one adopter who remarked that the difference in writing style, the syntax used, and prioritisation of information often made one profile of an adoptive child stand out over others:

Esme's (AM): 'And Esme's profile was different, because they normally start off with saying about medical history or different issues. And Esme's profile started off bright friendly little girl with blues eyes etc, it actually told me about the little girl rather than her issues and I think that stood out. Because you sort of talked about her as a person as a little girl. By the way she has got this, but this is the person she is and that was really quite different from anything I read'.

This impression management technique served to remind the adopter that impairment is not necessarily the overwhelming part of the child's identity without concealing information pertaining to the child's condition.

Spontaneous affective responses that are induced by visual aids or a few choice phrases are not enough on their own to persuade adopters to pursue a particular child;

Adam's AM: 'no it wasn't the picture because originally I didn't see the picture it was just the information. I felt as if I didn't want to take a complicated child and he did have issues but I knew straight away that they were issues that I could deal with and I felt that also this was a child who was actually making progress'.

While an instant attraction towards a child's profile can be a powerful factor, if certain criteria are inconsistent with adopter's preferences the potential match may be discarded. In order to scale down the number of options, adopters look for reasons to filter out, rather as Bourdieu (1984) suggests: that, often, people come to a decision by restricting their choice, specifying what they don't want rather than what they do want. Adopters need only to give a cursory glance at a child's profile to make a spontaneous evaluation (Sritharan *et al.* 2010). They most certainly do not invest an equal proportion of time to assess fully the

appropriateness of each profile they come across. Some adopters even felt it necessary to hold back from feeling affective response unless they were confident that the information about a child aligned with the criterion that they were approved for;

Louis' AM: 'Obviously part of you holds back. You know you think to yourself everything's not confirmed'.

Carl's AM: 'The way I would have gone through the magazine every month, I would have got it first and then I read through...So all of that was ruled out so it was now down to, and we looked at the ages of the children, and the descriptions, disabilities and all that, and usually every month of this thick magazine it boiled down to a few possibilities. And then you learn to read between the lines, ... you learn to cross match'.

Therefore in some cases, adopters dismissed the profiles of children where they believed that the match would not be approved by the child's local authority. In effect, adopters assessed their own market value and the market value of the child featured. Once more, this process bears parallels to the online dating sites where in order to be successful, individuals not only assess the desirability of potential partners, but also determine their own appeal and adjust their expectations accordingly (Heino *et al.* 2010);

Adam's AM: 'when you go to the prep training most of the couples there were wanting babies or under twos. So I kind of thought, if they got the choice between a single carer and a couple, then they are going to go for the couple'.

Nicola's AM: 'And I suppose, I don't know if we try to adopt a child without special needs they wouldn't have let us anyway'.

These above statements not only reflect how some adopters view themselves it also reveals the how disabled people are negatively conceptualised in wider society.

An Evaluative Judgement

While a connection to a child is a factor which has marked out as a particularly essential component, it is important to note that adopters do not arrive at their final decision to pursue an adoption without first engaging a thorough and deliberative evaluation (Sritharan *et al.* 2010). Foster carers have the advantage that they have already built a profound attachment with the child in their care, whereas for many adopters their decisions are often based on a limited amount of information. While a child's profile may be extremely powerful tool in drawing out nurturing responses from adopters, there is often a range of factors that may need to be considered before adopters can pursue the match further and commit to a specific child

Adopters sometimes felt there was a mismatch between profile information and the impression that they deduced about the child from photographs. The photograph can often provide some indication of developmental progression or the state of health;

Adam's AM: 'she had actually showed me his profile had a photograph and it made me more confused cause it showed this picture of this child who was fifteen months old who in the profile it said he was reaching his milestones. But the photograph at fifteen months old and you could tell that he wasn't actually he wasn't sitting he was in like the crawling position'.

A certain level of mistrust of social workers meant that adopters felt they needed to conduct their own search through adoption magazines and online websites, thereby shopping around in order to get the best deal. This is consistent with Potter's (2013) argument that adoption processes resemble wider marketization strategies which position children as commodities. One adopter likened the adoption process to the housing market:

Henry's AM: 'Yeah, yeah I got the *Be My Parent* magazine because friends of mine had already adopted, and they said just look at it as house hunting ... the social workers are the estate agents, they are going to tell you the best possible story about the child.... so look at as many profiles as you can, and then get all the questions and she said they are trying to sell'.

Some adopters were very concerned about their inability to decline a match that had been organised by their adoption agency. Many adopters preferred to carry out their own search;

Henry's AM: 'We wanted to be the authors of that choice, looking at children on *Be My Parent* and thinking; yeah we could or no we couldn't. Because I think maybe the danger of being approved of being able to adopt a disabled child and then waiting for them to ask you is that you don't want to say no. You would feel bad about saying no... .. but I think the beauty of *Be My Parent* and those kind of websites is that you look and you analyse it and you think about it, and then you say I am going to make an enquiry about that'.

Adopters often commented that they hoped that placements were found for specific children who they had rejected. This is where matching processes differ from other types of consumption processes and the market metaphor analogy. Adopters are well aware that a child's welfare could be prejudiced if a family cannot be found. The potential consequences for a child who is not selected, weighs heavily on the minds of adopters;

Nicola's AM: 'But you know she was still up for adoption for a long while, I don't know whether she still is.... But one of the things we noticed with a lot of the children we looked at they were still up for adoption a long while later. Which I find very sad but you know, and that was quite difficult making those sorts of decisions wasn't it. But we had to make them'.

Esme's AM: 'Because when you look at these profiles you are thinking why am I saying no? why I am not giving these children a chance? and that you start to question yourself But at some point you have to make yourself do it because if you don't you will end up with a child because you can't say no to anybody And it sounds clinical but that's the way it's got to be. And that was hard, that was very hard. And how can you say no?'

Thus while a market metaphor might be resisted as it depicts a dehumanising selection process, Rebecca's (Esme's Adoptive Mother) discomfort is perhaps owing to the fact that sifting through the profiles of children bares close similarities to procuring other types of merchandise.

In Chapter Five, it was suggested that this altruism was a factor which contributed towards the decision to adopt a disabled child. Batson (1991) argues that relieving feelings of guilt can often be the primary motive behind altruistic acts. Therefore, we might wonder, the extent to which guilt might play a part in the matching process, where adopters might reassess the level and severity of impairment that they can manage when presented with the profile of a real child needing a family;

Justin AF: 'And then when they sat there and said he's got dysmorphic features, his parents got schizophrenia, he's got this that and the other, he screams, he never goes out, he does this, that and the other and I thought "Oh my God, what are you giving me here, how are you matching me with a bloody monster, for God sake, that's how they spoke." So she said I don't want an answer now, I want you to think about it and ring me back at the end of the week. They rung me on the Tuesday and said, have you come to a decision yet? And I said, yeah, absolutely yeah.... ...he was just a child that wanted loving. to be honest with you, I kind of felt sorry for him in a way. He's no chance really and I thought wait a minute here, and they showed me a photograph and I just instantly fell in love with him.'

However, we might question as to whether it's plausible that adopters would take on such a lifelong commitment to a child without feeling assured that parenting a disabled child would be a role that they could confidently undertake. Batson (1991) may present a convincing argument about the part guilt plays in the enactment of altruistic acts in states of emergency. However, the level of obligation that is required in the role of parent cannot be taken without considerable reflexive deliberation. Adopters revealed that they had engaged

substantially in their own self-assessment regarding their capacity to deal with the complexities involved in parenting a child with significant health or learning needs.

Yet, there may be some weight to the notion that the more disposed a person is to feelings of empathy the more they might feel a compulsion to intervene in the lives of people in need. As already highlighted adopters stressed that a longing to nurture was their primary motivation for initiating the adoption process.

Therefore we might assume, that adopters generally consider the prospect of parenting a disabled child not out of guilt, but rather, they anticipate that the role offers many rewards as well as challenges. The fact that parenting a disabled child brings its own fulfilment, does not make their motivation any less altruistic, although it would be misguided to posit that egoistic intentions were not at all intertwined with a motive to offer a child in need a stable, supportive and loving family environment;

Victoria's AM 'You wouldn't bother doing it if there wasn't a selfishness there. You wouldn't do it. It wouldn't be like oh can't have any. Never mind. Let's just have lovely holidays. So it is fulfilling. Most people would say that – it's fulfilling a need in them as well – cos you know you want to be a family, you want to be a unit'.

From the point of which a profile of a child has captured substantial interest, adopters will invest a significant amount of time gauging whether the match meets their own needs as well as the needs of the child. There are often very immediate concerns which need to be resolved before an adopter can make the steadfast decision to pursue the adoption of a child with specific health and/or leaning need(s). In the cases of foster carers who had a desire to make the placement of the child in their care more permanent through adoption, provision

of adequate financial packages was an issue that was often non-negotiable. This may appear to blur the distinction between fostering role with the adoptive role, particularly as adoption has always primarily been attributed with the notion of a gift relationship. However, adopters did not give off the impression that they looked to profit in any way; rather, it was their inability to work and look after a severely disabled child that prompted the request for such support from the local authority;

Jason's AM: 'I've got no choice, because I've had to give things up in order to care for Jason, which is why they had to consider financial package having with the adoption,... You feel horrible saying it but if there wasn't a financial package in place we couldn't have gone through with the adoption'.

Jack's AM: 'So again a lot of it hinged on the decision of what financial package they would put in place for adoption, was like the biggest part of it'.

Ruminating Commitment

Adopters engage in a number of processes which assist them in their own reflexive examination. Archer (2007) reminds us that reflexivity often takes place in the form of an internal conversation with oneself. This rumination encompasses a range of activities; including; daydreaming and fantasising about the rewards as well as challenges of the role, recalling past experiences, projection and future planning, thinking through the day to day practicalities; pitching worst-case scenarios to oneself, assessing their own capacity to parent a child with a specific health or learning need, clarifying the adequacy of the information they have received about the child.

To the extent that adopters feel enough of an affective response formally to express an interest in a particular child, we might assume that the potential rewards that a child could offer may be obvious to the adopter. Yet, the degree

to which many adopters engage in future projection of the role of parent to a disabled child reveals the conscious effort of adopters to ensure that they can confidently make a lifelong commitment. Being able to prepare for all possible future eventualities and weigh them against the benefits of the adoptive relationship before taking up parental responsibility is an advantage which birth parents of disabled child are not afforded. Therefore, though adopters may not have control over the way in which disablism may impact their lives, they are able to evaluate and come to some resolve regarding how they will manage the level of restriction they may be likely to encounter, ahead of making a lifetime commitment. Though the social processes which incline individuals to enter into the adoption process have been an important component in this analysis, it has been of equal importance not to neglect those powers belonging to the individual. Thus the capacities to be able to bring clarity to one's own situation and consider one's response reveal the extent to which individuals can use agency in an attempt to make their own way in world despite the structural constraints they may experience (Archer 2007);

Zac's AM: 'I suppose having got lots of friends who had got birth children with Down's syndrome, the difference for us is we took them knowing that it was a lifelong commitment we didn't take them with the anticipation of a twenty or thirty they are going into residential care. We took them knowing it was a lifelong commitment. We took them knowing, so where our friends now are young adults this should be our time now. We should be having a life where our children have moved on and they haven't because they have got their young adult with Down's syndrome, that doesn't bother us. Because we explored all that before we went into it. We knew that we were taking them on for life. For the rest of our lives'.

What is also evident in these future projections is the realisation that impairment and disability issues are likely to be further compounded later on in the life course. Adopters share their concerns for how they might manage a disabled

adult or how they themselves might struggle should they experience ill-health later on in the life-course;

Justin's AF: 'I can see Justin as being quite aggressive as he gets older. You are all going in to adopt a child, you not thinking of your child as an older person, because you want your child, and everyone goes in for babies. That's why older children are harder to place because everyone wants a baby, ... So you don't really feed a fully grown child, you don't realistically in your head, but you should prepare yourself for that'.

What Toby (Justin's Adoptive Father) alludes to is the notion that disabled lives subvert from what might be perceived as a 'normal' life course trajectory. Consequently, Toby (Justin's Adoptive Father) anticipates that parenting responsibility could be elongated beyond childhood. Despite the fact that parental support often surpasses childhood years in many non-disabled families, the prospect that a disabled child will continue to be dependent into adulthood makes the future more pertinent in the minds of the adopters. It is important to note that Toby (Justin's Adoptive Father) does not presume that a disability is a necessary precursor to a dependent life but he nevertheless deems it important to consider the possibility of lifetime support. Despite the wide spectrum between the way impairment and disability might be experienced over the life course, impairment constructions influenced perceptions of whether the adopter could sufficiently cope should the worse possible situation occur.

Freya's AM: 'The implications for the future really. I suppose I really want children that would go on and be independent. With some of them the future was really not known... I mean if I took on a child with Downs who's going to look out for them even – when I was old, that kind of thing?'

Thus there are limitations in the ability to self-reflect, since projection will almost be entirely constructed according to adopters: past experiences; exposure; and wider perceptions of impairment and disability. Making decisions based on

one's own descriptions may distort the reality of what it would be like to parent a *specific* child with an assigned impairment label. Yet, despite the fallibility of our conclusions, reflexivity is the only accessible tool from which we determine our actions (Archer 2007).

Adopters are not left to completely to themselves to make such a life changing decision. Many adopters found ways to examine their inner thoughts through discussions with trusted others. Adopters were often subject to disapproving comments from family members, which consequently meant confidants who were less disparaging towards the prospect of parenting a child with a significant number of health and learning needs were sought out;

Esme's AM: 'They were brutally honest, not from the child's point of view but from mine: they wanted to make sure. My mum was the same my dad was a bit more blunt'.

Sean's AM: 'Graham's mum was a bit funny at first, no I wouldn't say funny, but she was 'I will do the sensible talking'. Are you sure it's what you want to do and can you give him back if he's not suited? Which we found insulting at that particular time'.

Adopters chose confidants who they felt they could be more candid with their concerns and who in turn would respond empathetically. These confidants not only made efforts to understand the motives of adopters but were also shrewd enough to pose questions which facilitated the self-reflection process of adopters;

Esme's AM: 'my friend's mum said, how you feeling at the minute about this little girl?... If they said ... you can have this child but she will be taken away at 25, she had the same quality of life would you say yes to this child or no never know her?And she said you have got to do this for you. Everyone's sat around you and supported you, but this has to be your choice. And we talked a lot over a couple of weeks'.

Opportunities to talk through potential issues were provided by some local authorities who organised adopters to meet with experienced adopters of a disabled child. This was extremely useful to Louise and Brian (Connor's Adoptive Parents) who were able to put forward questions and have them answered by people who appreciated and empathised with their concerns about raising a child with significant learning needs;

Connor's AM: 'And we went along to their summer barbeque and ... they arranged for us to meet the one couple with their son and they said there is another couple that have adopted and they had only had him for a month. And we sat down for quite a while and we asked lots of questions like how do you cope with certain things? how do you cope with everyday life? is it any different? And they said no not at the moment it's not any different. You have got to work a little bit harder there are some delays with them. But everything they do because it's so much harder to do just makes you more proud of them because they have achieved. They were explaining everything to us and seeing how the children were playing and everything. It just made us realise that this could work'.

For some adopters their projection into the future was not just a process of assessing their capacity to adjust their current lifestyle. They considered whether the match would in the long run serve the best interests of the child. This was particularly pertinent amongst older adopters who felt the need to plan in light of how the ageing process might impact their ability to care for their adopted child. Consequently, adopters gave considerable forethought into the possible implications for the future in order that they might devise potential strategy;

Victoria's AM: 'I think realistically you have to think about it. Because if you're going to adopt a child, particularly with quite profound difficulties that may never be independent I think it would be quite naïve not to think, right what's going to happen to this child when I'm not here? I think it's unfair to take a child and think, oh well, once we're gone, someone else can just deal with it. As a parent you just don't do that do you?'

Reflexivity in Matching Processes.

We might question the adopters' fallibility when making such future predictions. However, what is evident is that adopters do not allow their feelings to prevent them from envisaging the worst possible scenarios. Despite anticipating possible challenges, difficulties and restrictions – and aware that they are likely to vicariously experience the oppressive impact of disablism - adopters still choose to pursue a match .

Midgley (2002) reminds us that it is not uncommon for individuals to make decisions that are counter to their objective needs and interests. Moreover, actions which conflict with one's own self-interest are not an error of miscalculation as decisions are rarely based on "trading off one advantage with another" (Midgley 2002 p.113). Actions are partly driven by our experienced drives but are by no means devoid of our reasoning. Thus individuals invest in the things that matter to them most while accepting the costs to themselves in doing so. Here Rebecca (Esme's Adoptive Mother) explains how she weighed up the advantages of raising a child with cystic fibrosis against the inevitable grief she foresees in outliving her adopted child due to shortened life expectancy:

Esme's AM: 'It's inevitable, , it's not 'what if?' it's going to happen. What we don't know is when. She could get into her teens, she could reach forty. Average age at the moment is 36 or 38. ..yep it's black and white, this you will have to deal with at some point. But prior to having to deal with that, look what you could have, look at the life you could give her'.

For other adopters the prognosis of the child they were matched with was much more blurred. Adopters had to come to terms with the uncertainty of children's conditions, particularly if they were represented as potentially life-limiting;

Louis AM: 'But as I say he's not without his problems and anything that he does facing the future I'll face with him, help him to the best of my ability.

Henry's AM: So it may just be a deaf person who lives perfectly independently. Like any other deaf person. But if he's not I will be here for however long I am here to look after him'.

Nicola's AM: 'But I guess you know, you have to live with that uncertainty don't you. I think it makes you live in the moment more and worry less really. It's no good thinking well what are we going to do this time ten years time ... yes you have to think about that and you have to try and but you can't ever really prepare for it'.

Therefore, it could be suggested, that these adopters had the greater challenge in that they were unable to envisage or plan for the future - compared with those who have some notion with a generalised impairment trajectory. Despite the uncertainty of the future, planning is a way in which individuals attempt to gain control over their life trajectory (Midgley 2002). Projecting into the future in this sense has a dual purpose: not only is it necessary for the attainment of goals, it also creates a feeling of safety on what is in reality unknown.

The internal conversation, from which future projection occurs, is not only a strategy for adopters, The local authority scrutinizes the ability of adopters to consider introspectively all the possible current and future implications of adopting a disabled child. Adopters are assessed on their capacity to foresee potential issues in formalised assessment procedures and matching panels;

Nicola's AM: 'and they said that they thought we were both naïve because we hadn't taken on board the fact that her condition was life limiting. And when they asked us specifically how did we feel about the fact that her condition was life limiting, my answer as a Marie Curie nurse and having worked around you know young people and old people, people die at any age, you know it doesn't choose, It just happens. And my question to them was well does anybody in this room know how long they've got? So you know anyone of us could be sitting here with a life limiting condition, that is life that's you know life is fragile and precious'.

Justin's AF: 'I had ticked no to children with schizophrenia. Social services had to reassure panel so panel would [not] throw it out because why all of a sudden did I say no, and then all of a sudden said yes? Which I can understand, I had actually thought about it, and ... when they said this is Thomas, this is what he's got, I did a lot of researchAnd I just thought a child with schizophrenia, surely the majority of children that come into care, birth parents have mental health problems because they have done what they have done. So surely the majority of children that come into care, they are going to have some degree of mental ... illness, so why not accept a child with schizophrenia? Yes it will be hard, but I will learn to love that child, and obviously that love came quicker than what I thought. It will not bother me if Thomas got schizophrenia'.

Summary

Throughout this chapter emphasis has been placed not just on the reasoning processes which contribute towards the decision to adopt a disabled child but contextualising them through the way in which feelings factor into adopters' commitment. The decision making of adopters to pursue a particular child has been examined in light of two processes: affective responses; and evaluative judgements (Sritharan *et al.* 2010). Affective responses operate reciprocally with evaluative judgements and this chapter has sought to demonstrate the extent to which adopters deliberate over the prospect of a potential match. Yet it also does not necessarily follow that adopters will base decisions on reasoning even if that reason leads them to concede that adopting a specific child could be detrimental to their own comfort and security. Adoptions which threaten the current standard of living might be viewed as altruistic though such acts cannot be separated from their emotions which are integral to the choices people make (Midgley 2002). While adopters make particular sacrifices and adjustments to their own lifestyle it would be a mistake to assume that they do not receive a reciprocal benefit in their relationship with their child. Ultimately, adopters appear to be primarily motivated to adopt through experiencing a drive to

nurture and build attachments which at times supersede concerns regarding their own needs and interests.

Section Four

Conclusion

Increased knowledge about placing disabled children for adoption is particularly important as they are regarded as the category hardest to place (Adoption Register 2009). Despite the wide gaps in knowledge, the negativity associated with the social construction of disability has been seen as a cause of disabled children's disadvantage (Cousins 2009). This implies that amongst mainstream adopters it was unusual for an adopter to react positively to the prospect of adopting a child with a significant impairment. This research anticipated that the knowledge generated from seeking to understand the motivations behind these somewhat unconventional adoptions might better inform adoption practice, especially in attempts to target the recruitment of suitable adopters of children with particular impairment needs.

The main research aim was to identify the social processes and principle factors that motivate the decision to adopt a disabled child. It was thought that examining motive was of theoretical significance since the decision to adopt a disabled child is made in opposition to a prevailing discourse, where impairment in childhood appears to threaten the quality of life for all family members (Burke 2004).

The study examined both the efforts of local authorities to place a disabled child for adoption, as well as the narratives of those adopters who take on disabled

child. Interconnecting practitioners and adoptive parents through examining these adoption cases, this study has been able to compare and contrast the specific way the same disabled child is conceptualised from the professional and parental lens.

Main Research Aim

To identify the social processes and principle factors that motivate the decision to adopt a disabled child.

Objectives

- To examine the extent to which socially constructed notions of impairment, disability, childhood and the family interplay in the process of adoption.
- To grasp the established rules and character of adoption departments, and the routine social practices and procedures tied with it.
- To explore the motivation and decision making of adopters.

Through examining these adoption cases, this thesis attempts to bring fresh insights which account for difficulties in placing disabled children for adoption. Much as the literature suggested, social workers confirmed that it was difficult to find adopters who are open to the prospect of adopting a child with a significant health or learning need. However, national promotions meant that it wasn't unusual for local authorities to have more than one adopter whose suitability they had to assess. Therefore, difficulties in family placement are also closely associated with the tentativeness of Local Authorities at placing disabled children. The findings of this research found that lack of knowledge and experience of adopters relating to impairment and disability issues proved to be

at the centre of concern for adoption agencies. It has therefore been necessary to examine the procedures and processes of adoption agencies since their practice judgements impact upon adoption outcomes.

The narratives of adopters revealed some important insights about the way in which local authorities operate. Adopters were often critical of adoption procedures, and professional judgements relating to their suitability to parent a disabled child. Assessments often centred on the adopters' capacity to abstractly project into the future and subsequently problem solve. This was regarded by adopters to be an inadequate way of gauging their ability to safeguard and promote the child's best interests over the life-course. While Chapter Nine reveals that adopters use projection to the future strategies in their reflexive thinking, it was not for the purpose of finding solutions to all manner of potential problems. Rather, this rumination was a calculation of whether the fulfilment of raising their child would outweigh the vicarious effects of disablism. This thesis contends that the motives to adopt a disabled child are more strongly allied with adopters' perceived innate drives to nurture. However, the commitments they make to their specific adopted child are the outcomes of a binary interplay between rationalistic judgements and emotional responses.

An examination of adoption motive requires one to think more deeply about how motives are processed. Essentially, because these adoptions are so unconventional the theoretical ideas we apply have to take into account that individuals are free to act in opposition to cultural norms and even sometimes against their objective needs and interests. Consequently, Archer's (2007) analysis of reflexivity is useful for identifying the processes by which individuals

draw their own conclusions. However, despite rigorously evaluating one's own situation, decisions can always be 'fallible' to social construction. Therefore the concept of Habitus has been applied to make sense of how individuals internalise external messages, which impact upon the actions they take.

Synthesising a Critical Realist methodology with Grounded Theory methods has helped build a theory which takes into account the various multi-dimensional layers which factor into adoption outcomes. While Grounded Theory methods are used to encapsulate these adoption experiences, Critical Realism requires an acknowledgement in the existence of structures. Consequently this fusion of methodologies allows for deeper levels of analysis, examining both the micro interactions that occur in adopters engagement with adoption agencies, as well as how the impact of wider conceptualisations of disabled lives are played out in the internal thought processes of adopters. Structures are perceived to both enable and constrain individuals in the decisions they take, though central to this research has been to examine how adopters utilise their own personal powers through reflexive processes. Archer (2007) deems reflexivity to be a personal power because she contends that individuals are often creative enough to develop strategies to pursuit the projects they identify as most important to them, albeit within certain constraints.

The Commitment Habitus

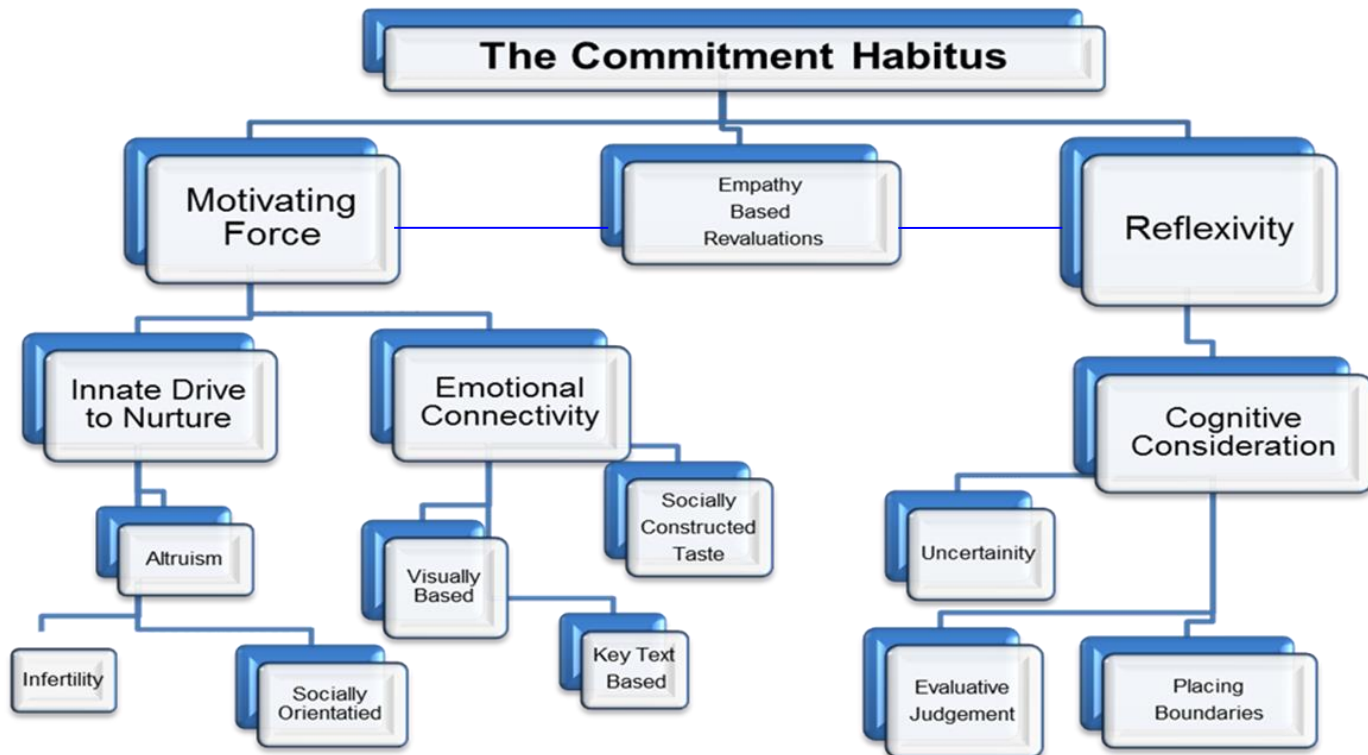


Figure 2: The Commitment Habitus

If the Habitus is a socialised structure which internalises dominant cultural messages which orientate individuals towards certain worldviews, how are we to make sense of individuals who commit to a social action which is counter culture? The disabled people's movement have often posited that negative stereotypes about disabled lives which are embedded within culture and are socialised into the minds of non-disabled people. Therefore, it could be suggested that these adopters are capable of thinking beyond culture and rebuff negative conjecture about disabled people. The factors which make some people more competent to reject socially constructed ideas are correlated with tangible life experiences which alter perceptions. Therefore, the Habitus has an

adaptive function as exposure to new ideas can refashion the individual Habitus which accounts alternatives in lifestyles. The Habitus of adopters is both individual and collective. The collective Habitus is expressed in the notion of commitment.

Adoption represents a lifelong commitment. Figure 2 demonstrates the processes which contribute towards what has been defined as a **Commitment Habitus**. While it might be questioned as to whether adopter's motives can only be appreciated in their individual complexity, it is their common goal and the strength of feeling engendered that unite these adoption narratives.

To suggest that a Collective Habitus exists amongst a diverse range of adopters, there must be some evidence that they share a particular common view of the factors and processes which underpin their motive to adopt. This thesis has demonstrated that such commonalities exist. In recounting their adoption story, adopters do not just relay the events that occurred in a matter of fact way, they also describe the emotions felt and how they processed and made sense of them. The level of commitment necessary for the lifelong role of an adoptive parent requires intensive '***cognitive consideration***.' However, the interest in adoption would not occur without a '***motivating force***'. It is **reflexivity** which brings together both these two factors. '***Cognitive consideration***' relates to adopters concerns about the potential implications adoption would bring to their current lifestyle should they embark on the role of parent to a disabled child. This cognitive processing is evident when adopters introspectively examine their own personal capacity and resources and establish their own thresholds on the extent and severity of impairment they feel

they can consider. However, adopters often reported finding themselves drawn to adopting a particular child whose condition they had previously stated they could not consider. Thus the '**motivating force**' can override their more rational concerns. This is not to suggest that these adopters are irrational in the decisions they make. Rather their preferences are often **revaluated** when presented with the prospect of a real child with their own distinctive characteristics, personality and the unique way their impairment affects them.

The '**motivating force**' to adopt a disabled child occurs when an adopter experiences a combination of the elements listed in **figure 2.1**. For instance, in cases when an individual experiences '**infertility**' but also sees themselves as characteristically **altruistic**', they are more likely to be attracted to adopting a child with some level of need. Similarly, when an individual is very '**socially orientated**' and sees themselves as characteristically '**altruistic**', these are characteristics which make them more open towards the prospect of adopting a disabled child. All adopters indicate that their drive to nurture is something which is innate.

We will now examine '**motivating forces**' in more detail and how it relates to the notion of an '**innate drive to nurture**' and '**emotional connectivity**'. '**Emotional connectivity**' usually occurs in response to the profiles of children featured during the matching stage. We will then proceed to examine the '**reflexive**' processes by which adopters muse negotiate between their emotions alongside their '**cognitive considerations**'.

Motivating Force: The Felt Innate Drive to Nurture

In an attempt to normalise their feelings, adopters draw on socially constructed ideas about the intrinsic nature of human beings: to nurture; build attachments; and act altruistically. It is in effect, an alternative Habitus to the notion that human beings are essentially competitive and self-interested. Adopters are opting for a role that gives them a sense of purpose and meaning to their lives; which may be reason enough to be perceived as self-interested. What initially sparks an adopter's interest in adoption can be clustered into three broad factors which indicate a drive to nurture; these are: Infertility; altruism; and a socially orientation.

The infertile Adopter: the experience of fertility issues led some adopters to pursue the route of adoption as an alternative means of achieving a family. Therefore, adoption could be perceived as a second rate option to attain a family. However, Chapter Five reveals that adopters reorient their dreams and expectations so that the motive to adopt arises out from a desire to nurture, rather than a desire to reproduce genetic offspring. Although adopters do not necessarily intend to adopt a disabled child at the outset, adopters often come to realise that many children put forward for adoption experience some level of need or difficulty. The needs of children in care often evoke strong feelings of empathy which reinforce drives to nurture. Moreover, if adopters have had a positive relationship with a disabled person they are more able to rebuff negative connotations associated with a disabled life. Consequently they are more open to consider adopting a child with some level of impairment.

The Socially Orientated Adopter: there are some adopters who from the outset are motivated to adopt a disabled child, despite being able to conceive and carry a child naturally. They are to be considered doubly deviant, as not only is adoption their preferred means of extending their family; they are also actively committing themselves to a lifelong role despite being aware of the vicarious impact of disablism. The life-worlds of these adopters place a high value in social relationships. All of these adopters had positive relationships with disabled people and had experience of caring roles. They consequently perceive that the role of parenting a disabled child as worthwhile of their time and energy. In effect, these adopters perceive themselves as having an intrinsically nurturing character with the capacity to act altruistically.

The Altruistic Adopter: It might be questioned as to whether adopting a disabled child might be considered altruistic, since there is bound to be a reciprocal benefit in the relationship between adopter and child. Chapter Nine suggests adopters often resist being depicted as 'heroes'. Essentially if the role of parent to a disabled child is perceived as self-sacrificing, this inadvertently undermines the genuine enjoyment they have in raising their disabled child. Yet, the motive for many adopters at the outset was to adopt a child that may otherwise not be placed.

Foster carers are particularly alert to the potential separation and loss a child could experience in the event that the decision was took to move them into another placement. They often contended that this was the main contributing factor behind their motive to adopt. However, the fact that they find their role in caring for a disabled child rewarding does not make their actions less altruistic.

Examining motives as expressed by the adopter should be taken seriously rather than looking for hidden motives which concentrate on the needs and interests of the adopter. Sheppard (1995) argues that when a parent identifies so strongly with the child, the child's wellbeing is an end in itself. To reduce motive to something else, neglects how emotions and general affection for others might interplay in people's motives (Midgley 2002). For most adopter's, the child they will go onto adopt is unknown to them at the outset. However, adopters enter into the process knowing that adoption is commitment based relationship. Thus their intention centres on building strong attachments where the best interests of the child become the interests of the parent (Sheppard 1995).

Motivating Force: Emotional Connectivity

While some adopters were matched via their local authority others preferred to conduct their own search for a child. For many adopters the importance of experiencing a strong emotional connection towards a child's profile was immensely important. Adopters often expressed that they could only make a commitment to a child who they felt a strong affective response for. Such emotions were induced from: an image of the child; key descriptive words used to portray the child's character; or video footage. Adopters were most responsive to childlike characteristics which fed into their pre-existing drives nurture.

The visual: images and image evoke certain meanings to us and are used to arouse intended nurturing responses. However, there was some variance between the childlike characteristics adopters identified as attractive. Some

adopters talked about images which portrayed that the child was somehow inwardly sad, empty, and lost. It was felt by some adopters that the expression on the faces of children revealed inner qualities of the child's character.

DVDs may also generate a spontaneous affective response where childlike qualities can be seen through movement, speech and tone, play interactions and behaviours. Footage of the child can aid to demystify disability showing that the impairment may not be the most prevalent part of the child's identity.

Key text: Some profiles are deliberately constructed to represent the child in ways which demonstrate their rewarding qualities alongside the difficulties they experience through impairment. This often has the desired effect, reminding the adopter that impairment is not the most fundamental thing about the child.

The social construction of taste: Adopter's feel an instant magnetism towards some profiles. Some profiles were dismissed, not on the basis that they didn't match the criterion of what they were looking for, nor that they could not foresee rewarding qualities, merely they failed to feel a spontaneous affective response deemed as important to stay emotionally invested. These responses are viscerally experienced and are not always conscious to the adopter. They are in fact, embedded in the Habitus. Bourdieu (1984) posited that taste was not individually determined but had a socially constructed element to it. An individual is more predisposed to value specific attributes and characteristics depending on life and socialisation experiences. Socialisation experiences such as the experience of a kind person with a particular facial configuration may produce an overgeneralisation effect to the extent that a child with a similar facial feature could positively resonate with some adopters.

Reflexivity: Cognitive Consideration

Evaluative Judgement: Adopters at times place barriers to suppress strong emotive responses which are easily evoked from seeing images of real children awaiting adoption placements. Chapter Nine demonstrates that some adopters felt it necessary to remain emotionally detached from the profiles of children until they were reasonably assured that the match was viable. Streamlining profiles by only giving them a cursory glance is an effectual way of controlling a potentially emotionally overwhelming process. This is consistent with Bourdieu's (1984) theory of taste; in that people find reasons to filter out, rather than in, through setting boundaries which restrict the options available.

Placing Boundaries: An adoptive relationship is based on a lifelong commitment to a child and is often defined as a '*forever family*'; therefore adopters as we might expect take reflexive processing seriously. Adopters reflect on how the role of parent to a specific child might alter their current lifestyle; either positively or negatively. Parenting a child with additional needs is potentially very time consuming, and has the potential to overwhelm other competing role demands, such as engagement in the labour market, or opportunities to socialise.

However, some issues can be overcome to assure the viability of the placement. The guarantee of financial support from a local authority often enabled foster carers to pursue the adoption of a child in their care. Many of the adopters interviewed were not only open to a child with some level of additional need, they were positively enthusiastic to adopt a disabled child who

may not otherwise be placed. Therefore, the limits adopters place on themselves, are not because the child is conceptualised as unrewarding, rather, practical considerations may lead the adopter to conclusion that the match is unfeasible.

The decision to pursue or not pursue a specific match based on the child's impairment status is unavoidably subjective, as it relies on the interpretations of how adopters envisage their life with a child with a particular type of impairment. Therefore cultural as well as objective properties interplay within these reflexive processes. Impairment labels are valued laden and have the potential to conjure up negative stereotypes that are entrenched within culture. Without direct experience of a particular impairment perception is the only basis on which adopters can make these judgements. Therefore, while some adopters are able to deconstruct pervasive notions of the impairment they have some knowledge of, other impairment classifications that may evoke negative conceptualisations.

Bourdieu (1977) argues that individuals are "possessed by their Habitus more than they possess it", this is because the Habitus organises their feelings and develops thought into action. Therefore, while new experiences can result in adjusting a singular set of ideas the disproportionate weight of people's thoughts are entrenched in their early socialisation experiences. Consequently, familiarity in one type of impairment does not necessarily transfer across to other impairment conditions. Adopters can often stereotype conditions they have little knowledge of whilst expressing nuanced and positive views what they are familiar with.

Reflexivity: Empathy Based Revaluation

The concept of Habitus suggests that socialisation processes orientate people towards particular ideas; which are not altogether of their own making.

However, individuals are not regarded as entirely the products of culture and are capable of reflexively thinking beyond their cultural conditioning (Midgley 2002). As adoption is a life changing event requiring lifelong commitment adopters become more attuned to their reflexive potential. Therefore, reflexivity is a process which helps people make sense of their feelings, often through the form of an internal conversation (Archer 2007).

Empathy a Catalyst for Revaluating Preferences- There are occasions in matching processes when the adopter is presented with a profile of a child that does not match the specified criterion of what they are approved for. The adopter may experience a conflict of emotions. The image of the child connects adopters to the plight of a real child in need of a permanent family. This acknowledgement can evoke strong feelings of empathy in adopters which only serve to reinforce inner drives to nurture. Consequently, altruism often has some part to play in the motive to adopt a disabled child. A change in position does not mean to say that the adopter has discarded their capacity to think rationally. In Chapter Nine Toby's (Justin's Adopted Father) preferences were stretched when he was presented with a child with schizophrenia in the family history, a condition which he previously stated he felt unable to manage. However, when confronting the image of the real child, Toby (Justin's Adopted Father) felt compelled to re-examine his capacity to parent a child with the potential to develop a serious psychiatric condition. In recalculating the benefits

alongside the potential challenges of adopting this specific child, Toby (Justin's Adoptive Father) invested a significant amount of time developing his knowledge to enable him to make a more informed decision. Learning about the range of ways impairment might be experienced minimises the risk of associating conditions with negative conjecture which exists within wider culture. Therefore, reflexivity is a personal power which enables people to change their mind and reevaluate their capabilities.

Uncertainty: the extent to which the prognosis of children could be predicted with any certainty significantly varied. Adopter's may feel well informed about how impairment currently plays out in the day-to-day activities of the child. However, it can be completely unclear how impairment might affect the future life-course trajectory. The severity of impairment is often individually felt and experienced. Yet, the literatures on particular conditions provide adopters with a spectrum from which they may draw some conclusions. Consequently, adopters use this spectrum to weigh up (fallibly) whether they can realistically in their minds commit to a child with particular assigned condition. Midgley (2002) reminds us that projection into the future is a common strategy used to gain a certain amount of control over life. Therefore the actions people take are not based on the satisfaction of immediate needs and interests. Projection into the future enables the attainment of goals and affords the person with a sense of security. However, the prognosis for some children was completely blurred. Therefore, adopters had to reconcile with the uncertainty of children's conditions, particularly if they were represented as potentially life-limiting. Restricted from future predictions, adopters had to reorient their focus not on the future but rather on the 'here and now'. Living only in the present may not

be perceived negatively. McLaughlin and Goodley (2008) reminds us that uncertainty may bring its own sense of freedom from the attainment of goals which are linked with notions of success; wealth and status.

The Commitment Habitus: Foreseeing potential issues does not necessarily circumvent adopters from pursuing a match. Belinda and Ken (Zac's Adoptive Parents) in Chapter Nine were very clear that from the outset they were aware that disablism would impact their lives. Therefore, they invested their time assessing whether they could accept the level of restriction they were likely to experience. Essentially some issues are not easily resolved and adopters may have to decide whether they consider the commitment worth making in light of the personal costs involved. Another pertinent example is how Rebecca (Esme's Adoptive Mother) prepared herself for the unavoidable grief that would follow the inevitable likelihood of outliving her adopted child. Therefore, adopter's do not use reflexivity simply as cognitive method to find practical solutions to potential problems. Ultimately, the level of emotional investment an adopter feels towards a specific child even at an early stage can often supersede other concerns.

The Rationalistic Habitus

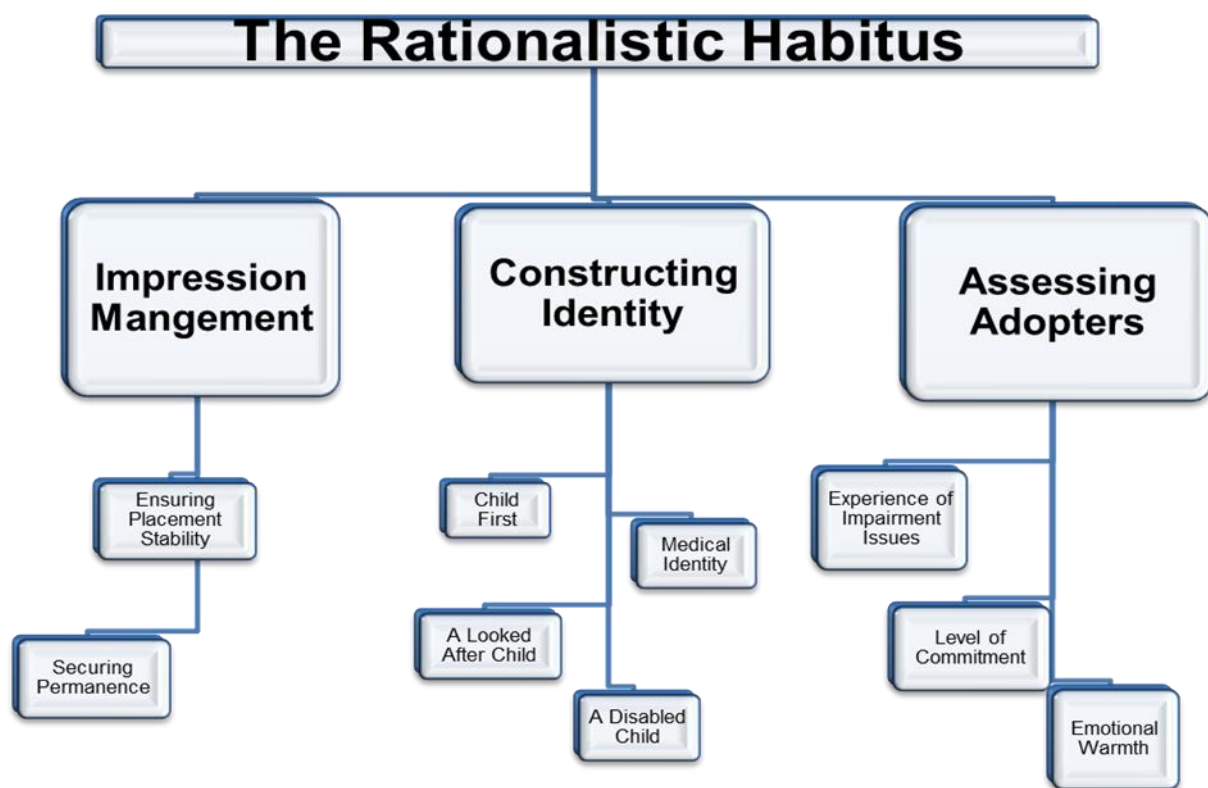


Figure 3: The Rationalistic Habitus

The **Rationalistic Habitus** is a concept used to reflect the way social workers reason their way through particular issues before arriving at a practice judgement. A **Rationalistic Habitus** requires the application of rules which are seen as general to a situation (Sheppard 2003). The diagram above, Figure 3. demonstrates how social workers approach particular processes in adoption in relation to placing disabled children.

There are three rationalistic elements which are evident in adoption practice.

They are as follows:

- Analytic elements – social workers identify the key features of the child's identity and base family finding on assigned needs (Sheppard

2006). Therefore social workers are assigning needs based on the child's perceived **constructed identity**. Impairment seems to be the overwhelming aspect when social workers consider need.

- Premeditated action elements – involves attempts to present the child in a way likely to attract interest. When a child is promoted social workers will have to make complex decisions about what information they should include or not, based on their anticipated target audience. Thus they are effectively **impression managing** the child's identity.
- Projective elements – this involves projecting into the future and hypothesising the future needs of the child. This is evident in certain types of questioning when **assessing adopters**. Adopters are often asked to project into the future, speculate about the future needs of the child and provide solutions to potential problems.

When a disabled child is recommended for adoption there are two pertinent issues which social workers are most concerned about and which consequently impact upon all practice judgements. These are:

- (a) finding a placement; and
- (b) maximising the likelihood of ensuring the placements stability and longevity.

Local authorities make best interest decisions against a backdrop of risks.

Delay in finding an appropriate adoption placement could jeopardize the child's welfare. Yet, even when a potential adoptive placement has been identified,

social workers must feel assured that the needs of the child will be met within that placement. Moreover, social worker's must assess the needs and expectations of adopter's in order to circumvent the risk of breakdown to the placement. Consequently, minimising risks is a central feature of how local authorities operate.

Social workers are regulated on their performance which makes reducing risk all the more pertinent. Taking a rationalistic approach safeguards social workers' professional integrity as they can empirically evidence that their practice judgements were justifiable. Therefore, if the welfare of the child is questioned, a rigorous rationalistic approach ensures that responsibility lies outside their practice decisions; this way of operating therefore inadvertently side-lines intuitive judgement.

Being subject to the same pressures from regulatory bodies, social workers across local authorities tend to collectively embody a rationalistic Habitus; which has the potential to impede intuitive judgement. Social workers do not completely suppress their intuitive judgment; however, they do tend to use particular strategies that are rationalistically based. The insistence that suitable adopters must have substantial experience of the caring role is just one example of how social workers apply a generalized rule in adoption practice.

This section will now examine the concept of a rationalistic Habitus in relation to four areas of adoption practice. They are as follows:

- Impression Managing the Child's Profile
- Family Finding
- Constructing Identity

- Assessing Adopter's

Impression Management.

Impression managing a disabled child's identity is a highly calculated element of the rationalistic approach. The underpinning feature behind all profile writing is how social workers manage developmental uncertainty. This is where we can see how Bhaskar's (1978) intransitive and transitive concepts in operate. Social workers had to try and grapple to understand not just the impairment label but how the real child was uniquely affected by impairment (intransitive). Social workers attempted to grapple how a child really experiences their impairment through engaging with health professionals; talking to foster carers about the child's routines; and directly observing the child. However the understanding of social workers of the child's prognosis was often limited which meant that social workers were often dependent on socially constructed knowledge about impairment (transitive).

Social workers placed differing emphasis on the balance of information between a child's: attributes; personality; and characteristics; alongside question-marks over their health and development. Two central concerns affected the approaches social workers took in relation to impression managing information. These were: securing permanence and ensuring placement stability.

Securing Permanence : was a concern linked with preventing delay which is seen to jeopardize a child's welfare. Many social workers anticipated that the child would be hard to place because of the negative connotations associated with disability. Consequently, many social workers concentrated their efforts on

producing a profile that would represent the child positively. This was not to say that social workers deliberately set out to be disingenuous about the information they shared with adopters. Rather, attempts were made to demystify disability, by unpacking how impairment impacts on the day-to-day activities of the child's life. Therefore, the target audience and the message social workers want to impart affect the balance of information. Many social workers commented on the importance of a good photograph for drawing the adopter's attention.. Ultimately, image and text give out intended meanings and can arouse particular nurturing responses.

Ensuring Placement Stability: Some social workers were particularly concerned about the spontaneous affective responses aroused by sensational imagery and text. These social workers were concerned that impression management techniques could be misleading. Their concern centred on the risk that unforeseen challenges could cause the placement to breakdown. Social worker's felt that a full and frank disclosure about the child's impairment at the outset would prevent well-intentioned though misguided adopters from making a commitment that they in reality would not be able to carry through with. However, despite wanting to provide as much clarity as possible; the uncertain prognosis for many children made it difficult to discuss future outcomes. Consequently, some social workers delayed the process of finding a family for a child until the child received a firm diagnosis. Delay in finding a family was justified on the basis that these social workers thought it better for the child to remain in foster care than place them in a situation which was fallible to breakdown. On other occasions social workers took it upon themselves to

diagnose the child. Children without formal diagnosis were often labelled as having an impairment tendency;

Social workers judgements are likely to be dually affected by concerns related securing permanence and ensuring placement stability. These two very different concerns can result in practitioners operating in contradictory ways. However, social workers may place more emphasis on one concern over another. The amount of emphasis on each concern may depend on the alternative placement options available. For instance, Chapter Eight revealed that if it was considered that the disabled child was receiving adequate care in a foster placement, social workers spent more time seeking out the idealised placement.

Constructing Identity

The Child's Permanency Report asks social workers to comment on: 'the development of the child's identity, and those factors that should be given priority in identifying prospective adopters' (BAAF 2005). Therefore as a general practice rule social workers are encouraged to think about the various aspects of the child's identity which can be used as a guide to match the child's characteristics to potential adopters. Some social workers perceived identifying the specific needs of disabled children, as a process no different from any other child they were planning for. Others felt that the additional needs of disabled children required specific attention. Ensuring placement stability was the underpinning factor behind this caution. The tentative approach local authorities have in placing disabled children was very apparent in the amount of emphasis they placed on preventing placement breakdown. Consequently, social workers use a rationalistic approach to unpack all the various aspects of the child's identity which inform the characteristics they must seek out in adopters.

Disabled children assume several role identities each with their different needs and specific issues attached. The identity of disabled children can be grouped into four categories: a child first; a looked after child; a disabled child; the child's medical status. However, it's important to note that impairment subverted each aspect of the child's identity. Essentially, social workers placed an unequal amount of emphasis on the child's impairment over any other aspect of their identity.

A Child First: Many social workers maintained that they took a child first approach. This involved taking into consideration the rights afforded to children on account of their status as children. The generic needs of children are often centred on issues of development. Consequently, developmental uncertainty often complicates this process. This emphasis on development lead to projection about the potential future needs of children in order to grapple with uncertainty. The fact that disabled children do not develop in typical ways was seen as a factor which could lead to future disappointment resulting in placement breakdown. Therefore, impairment unavoidably features in discussions with regards to family placement.

The child first approach might also be understood by social workers as taking a holistic view of the child by ensuring that the impairment does not overwhelm other needs and interests. Social workers often tried to grapple with what they knew about the child by identifying aspects of a child's personality, as well as their likes and dislikes. These individualistic needs and interests inform social workers about the type of familial environment which will allow the child to

flourish. However, there was a tendency to view the qualities which meet individualised needs as preferences rather than as pre-requisites.

The looked after child. Social workers had to take into account the specific history of the child. As disabled children can often be exposed to abuse or significant neglect the effects of trauma and a disorganised attachment must be taken into account. However, it can often be difficult to separate symptoms of a disorganised attachment away from symptoms associated with specific types of impairment; particularly if communication is affected. Consequently, some social workers acknowledged that the child's experience of trauma was difficult to identify and consequently it was in danger of being overlooked.

The Disabled Child: A child's disabled status is discussed in terms of the way in which wider society react towards people with impairments. Discrimination occurs both at structural as well as interactional levels and social workers must gauge whether adopters are able to manage societal disadvantage. Budgetary pressures often mean that families of disabled children do not get the support they need leaving many households more susceptible to poverty. Although, adoption support packages are available; the amounts local authorities commit to significantly vary and were often only secured over a three year period. Therefore, social workers were keen to identify adopters that demonstrate social competence in order to advocate for their child who might be need of services and resources which support and enrich their quality of life. However, material disadvantage is not the only concern; there is also a wider cultural prejudice towards disabled people which can make social life difficult. Caring roles are undervalued within society and disabled children are often portrayed

as a burden to their families. While families of disabled children are depicted more positively in recent years much of the focus in disability literature relays the challenges families face in accessing support. The fact that families with disabled children do invariably experience disablism, could explain the cautious approach of social workers towards adopters who express an interest.

Impairment Identity: the child's impairment identity was perhaps the most pervasive aspect of the child's identity. In discussions relating to the ideal adoption placement, social workers placed more emphasis on the child's impairment over any other aspect of their wellbeing. All social workers revealed a preference for adopters with experience of caring roles. There was an underlying fear that adopters with little understanding of impairment and disability might overestimate their capacity to make a lifelong commitment to the child. The issue that social workers feared most, centred on; those adopters who express interest in a disabled child yet fail to reflexively process all the aspects required in the role of becoming parent to a disabled child. Disability subverts from socially constructed ideas of a 'normal' lifecourse trajectory, therefore in order to avoid future disappointment it was reasoned that suitable adopters are those that understand the demands of the caring role. Therefore, in social workers attempts to minimise placement breakdown, they inadvertently undermine the parenting role and reduce the raising of disabled children as fundamentally wrapped in a social caring role.

Assessing Adopters

As already stated a key concern for local authorities was that the emotional response adopters felt towards the profiles of children could cause them to

overlook the potential challenges and difficulties associated with parenting a disabled child. Therefore, unless adopters can demonstrate that they have substantial experience of caring roles they are automatically mistrusted. Mistrust is apparent through the systematic precautionary measures which exist in adoption processes. Formal assessments procedures operate on the basis of distrust however, do imply that trust is possible and can be gained (Gilbert 2005). In effect, adopters must prove their credibility through surviving a series of assessments. The concept of *impersonal trust* is pertinent to our examination of adoption processes, as it takes into account not only the individual decision making of practitioners but also the institutionalized ways in which trustworthiness is measured. Assessment tools help practitioners weed out the well-intentioned though misguided adopters from adopters who demonstrate realistic perspective on the implications of the role as parent to a disabled child. Impersonal trust therefore is an institutionalised way of reducing complexity and minimising risk.

Impersonal trust also has a secondary function as it serves to regulate practice. As representatives of the adoption system practitioners are given powers to make professional judgements and approve adopters. However, as the guardians of trust, they must preserve their own trustworthiness as they will be held accountable for failures which bring the organisation into disrepute (Gilbert 2005). Consequently, the judgements of practitioners do not only carry risks to the wellbeing of the child but also personal risks to the professionals involved. The fact that local authorities can be made liable for when a placement breaks down may provide some explanation for local authorities' tentative approach in placing disabled children for adoption.

However, the hypothetical profile that social workers develop is at best aspirational, since, local authorities can only assess those who express an interest in a child. Those that come forward may not have all the desirable qualities identified. Consequently, social worker's must decide whether the child's need for permanence is more pertinent than their need to be placed with a family that can tick all the boxes. In cases where securing permanence is more prevalent, there is often a degree of flexibility in relation to the pre-set criteria.

Experience of impairment and disability appeared to be a preferred characteristic and was regarded a reasonably failsafe way of ensuring that the child's additional impairment needs would be met. However, there are other ways social workers might assess an adopter's capacity to be able to meet a child's needs. For instance, when adopters did not have substantial experience of impairment and disability adopters were assessed on their *level of commitment* towards the child. Commitment was assessed on: their openness to gain experience through volunteering; extensively researching information pertaining to the impairment; independently exploring the benefits, key services, and disability societies that are available within the locality; displaying an outward enthusiasm and emotional warmth for the child.

Emotional warmth is a key feature in the practice guidance for "Preparing and Assessing Prospective Adopters" (Education and Skills 2006) and as such it is a practice rule to which social workers should adhere. Yet, emotional warmth which relies on a subjective judgement outside the rationalistic framework can

only be assessed intuitively. Despite, the limited number of adopter's that would come forward for a child, it wasn't that unusual for local authorities to have more than one line of enquiry. Therefore, in cases where the preferred placement had to be established, social workers often acknowledged that their judgement was based on a "gut feeling".

Intuitive judgement is endorsed by the state alongside adhering to practice rules. In fact, social work training aims to develop reflexive critical thinking to prevent one-dimensional approaches to situations that are enshrouded in complexity. Sheppard (2003) argues that practitioners intuitively use a reflexive tool he defines as 'process knowledge' to fill in those gaps missing in existing forms of knowledge. Process knowledge refers to an understanding of the processes by which social workers use practice wisdom in their decision making. Practice wisdom is developed through a range of work and life experiences which give social workers access to quite diverse forms of knowledge, which consequently helps them address issues which are complex and multifaceted. Since there is no practice rule which can easily be applied to all cases, reflexivity is a necessary skill in making judgements which promote the best interests of a child. Sheppard (2003) argues that it is the combination of intuitive judgement alongside cognitive-rational elements which makes for good practice.

However, many practitioners distrusted their intuition and were uneasy that their subjective judgements appeared 'unscientific'. Sheppard (2003) acknowledges that risk severely impedes the application of 'process knowledge'. In an attempt to minimise risk some local authorities stipulated that only those adopters with

experience of caring roles could be considered for assessment. Therefore, for some social workers experience of impairment and disability was not a preference but a pre-requisite. This stipulation was not just intended for the specific child but is often a general practice rule applied to all disabled children in need of placement. When social workers impose a general principle to an entire social group [disabled children], it is evident that the rationalism is the dominant approach in practice judgements.

The Adoption Game

It has been suggested that social workers and adopters occupy separate 'Habitus'. While, adopters are commitment orientated, social workers are more rationalistically focused. Social workers wield power over adopters, but this does not mean that they have direct control of power. They too are governed by an organised structure which monitors professional competence. It is the adoption system, therefore, which regulates activity. Social workers and adopters are required to play their own part effectively; in a process not of their own making. In effect, both social workers and adopters are engaged in the adoption system to meet their own ends. Social workers have material and occupational centred concerns; which means they have an interest in maintaining their own professional integrity. By the same token, adopters will go to great lengths in order to achieve their desired outcome to become a parent; which necessarily involves being subject to the scrutiny of professionals.

Bourdieu's (1990) analogy of game may provide a helpful metaphor of how social activity is governed by the adoption system. The assessment process requires impression managed responses from adopters in order to be approved. This aligns with the concept of the adopter as social actor who anticipates the response he/she should impart to leave a favourable impression. However, Bourdieu (1990) does not present the individual as actor because it presumes that individuals are able to rationally think through all of their responses. Instead he conceptualises individuals as players, who must react in the immediacy of a situation. Bourdieu's use of game extends too many areas of social life; he even suggests that life is in itself a game. When individuals enter into games there are stakes involved. They must: be aware of their own competence and their opponent's; they must be committed and play passionately; they must endeavour to play by the rules; and they will be expected to respond almost immediately to the situation (Jenkins 1992).

Bourdieu draws parallels to the game of tennis which has its own rules which govern forms of play. However, abiding by rules by no means guarantees success in a game. Players are not actively conscious of the rules all of the time; rather in order to be successful they must establish a 'feel for the game'. Sensing how the game might be played results in understanding your own competency as well as your opponents. Therefore, the tennis player must not only anticipate their own moves but the moves of their opponents. There is strategy in tennis, as competitors will serve shots that give them the best advantage. For the player, a fast ball hurdling towards them leaves little time to analyse all the possible returns they might make. Consequently, they will improvise and be creative with their shots. The tennis player can only anticipate

the direction of the ball and their spontaneous responses could result in either advantage or disadvantage. The role of the umpire must uphold the rules of the game; offer detached judgement on performance; and ensure that 'fair play' is upheld (Jenkins 1992).

This outline of how a game of tennis is played can ostensibly be transferred to our analysis of the adoption process, where social practices embedded within the culture of the adoption system operate as forms of play.

Social worker as player and referee: The child's local authority must direct questions in accordance with practice rules. Social workers assume the role of referee in assessment procedures and their judgement determines the outcome. However, social workers have their own stakes at play which inhibits a detached perspective. The fact that local authorities can be made liable when a placement breaks down impacts upon how: they promote the child; the criterion they establish of a suitable placement; the assessment questions they put to adopters; and their final practice judgements in matching processes. Therefore, ensuring placement stability is a significant factor of the adoption game. Alarmed by the potential fallibility of the reflexive process; social workers aim to examine the extent to which adopters have rationally considered all the possible implications of taking on the lifelong role of parent to a disabled child.

Contrastingly, social workers may be equally concerned to secure permanence for the child. The Department of Education have increasingly put pressure on local authorities to ensure that they decrease delay to the child by putting on a 12 month limit. Local authorities have been warned that they should be seeking a good enough placement not the perfect placement. The need to secure some

kind of placement albeit imperfect, against the need to ensure placement stability, can cause social workers to work in contradictory ways impacting on the way the adoption game is played.

The Adopter must adhere to the rules: The adopter is at a disadvantage in the adoption game as they do not start the process socialised into social work principles. Consequently, they must quickly comprehend the rules of the adoption game. They must learn to must express themselves in ways which honour the values of the adoption system (Bourdieu 1990). They must develop a feel for the game in which they understand their role in the game, a role that is subordinate to professional powers. Chapter Five reveals the extent to which adopters become compliant in adoption processes. In order to achieve their objectives, adopter's felt it necessary to: make compromises on their initial desires; appear sympathetic towards adoption values and beliefs; be amenable during invasive assessments, impression manage their identity, and respond well to the scrutiny of social work professionals.

Anticipating Responses: As adoption is normally a two year process, adopters become acquainted with the values of the adoption system. Consequently, adopters develop a sense of how the adoption game is played, which leaves them better prepared to anticipate their responses to potential questions in assessment procedures. Adopters can then develop strategies based on their strengths:

- Adopters will try to impart a favourable impression by drawing on life experiences that evidence that they would make suitable parents for the

specific child. Such experience maybe based on previous care roles or relationships they have had with disabled people.

- They must appear enthusiastic about the child but also demonstrate that they have given substantial forethought to the potential implications of adopting a disabled child. For example, they might demonstrate that they have pitched all the possible worse case scenarios of parenting a disabled child; and how they will cope in the eventuality of vicariously experiencing disablism.
- Adopters will need to convince the local authority on the solidity of their commitment to the child. They, might explain how they have tested out their self-reflections with trusted others; thereby evidencing that they have the support of those closest to them.

Improvisation: When adopters come before the matching panel there may be some questions that they may not have anticipated. Therefore they need to respond to the immediacy of the situation and reply as best they can; knowing their own competency; as well as the weaknesses in their opponents; can serve them an advantage. For example, very often the substantial experience adopters had of impairment and disability meant that they had better insight into how they would manage the challenges they are likely to experience. Adopters are often asked to speculatively hypothesize about potential situations exceeding 15-20 years later in the lifecourse. However, being commitment orientated, adopters were more focused on accepting uncertainties than devising potential strategies to possible scenarios. This is not to say that adopters did not consider the future implications of parenting a disabled child; however; their focus tended to centre on their capacity to remain committed to a

child whatever the outcome; something which they endeavoured to relay to adoption panels.

Implications for Practice

The concept of a Rationalistic Habitus was applied to reflect the way social workers use reasoning to make practice decisions. In effect, the findings reveal that social workers tend to apply generalised practice rules to family placement. Rationalistic methods are symptomatic of local authorities' risk averse approach. Two central concerns affected adoption practices. These were:

- Securing Permanence and
- Ensuring Placement Stability.

Local authorities are under increasing pressure to place the child swiftly in order to prevent delay, but can be made liable in the event of placement breakdown. Consequently, social workers often take a tentative approach to placing a disabled child, which impacts upon adoption outcomes, both in the way they represent disabled children and in the way they recruit and assess adopters. This section outlines how these two different concerns play out in different stages of the adoption process, as well as what could be done to improve the outcomes for disabled children and suggesting how changes could be implemented (see table 1 and 2).

There is a negativity that is associated with disability. This research found that unless the adopter is reasonably familiar with a specific impairment category their response is likely to be drawn from wider socio-cultural messages that are internalised within their Habitus. As adopters swiftly discard the profiles of

children that do not meet their prescribed criteria, social workers may need to think about how they might capture an adopter's interest and encourage further reading. Streamlining profiles by only giving them a cursory glance is a method adopters use to manage a potentially overwhelming process. In effect, social workers would benefit from thinking about the ways in which adopters receive and process profiles. The findings reveal the importance adopters place on experiencing an emotional connection to the child's profile. Therefore local authorities should look for innovative ways to showcase the child's positive characteristics which will appeal to the aspirations of the particular type of adopters they are targeting.

Securing Permanence

Practice to be Reviewed	Issue to be Addressed	Improving Practice	Recommendation
Care Planning	The government have introduced score cards which publish the local authority's performance in their timeliness to find families. Therefore, the local authorities, are under increasing pressure to place children within a 12 month timeframe. Consequently, they may be likely to be more reluctant to recommend a disabled child for adoption.	The government need to ensure that increased pressure on local authorities will not negatively impact and deny disabled children the chance of their right to a family life.	The score card should be designed in a way which reflects the complexity of cases local authorities manage.
Family Finding	Restriction in budgets prevent local authorities from using national mediums to promote a child. National features in mainstream media	Local authorities should be adequately resourced so that they can use a number of mediums to promote the child. Local authorities should be educated	External funding could be made available throughout the year to local authorities to enable them to make use of more innovative family finding methods for promoting hard to place children Specialist charities could be used to

	dramatically increase the workload of social workers.	on the outcomes of innovative family finding mediums. Wider promotions have the effect of planting a seed in the minds of people who may not have considered the idea of adoption.	assist local authorities to explore viability of the links from those who have expressed an interest in a child that has been featured nationally. Approaching disability societies. Adoption could appeal to birth parents of disabled children who may wish to extend their family by adopting a child who also experiences some form of impairment.
Support	Financial concerns could significantly reduce the child's chances of becoming adopted	To encourage more people to consider more severely disabled children, local authorities should reassure adopters that they will not be abandoned post adoption.	Financial as well as other supports need to be decided upon at a much earlier stage. Guaranteed support needs to be stated from the outset in cases where they require an adopter to give up employment and become a full time carer.
Adoption Preparation Classes	Social workers contend that adopters often have unrealistic expectations about the reality of children available for adoption	Disability organisations could be included in preparation training which may provide adopters with a more realistic perspective on what the role of parent to a disabled child entails.	Disability societies may have a better grasp on issues which specifically relate to the role of parent to a disabled child; such as: coping strategies; managing professionals and accessing support.
Representing Disabled Children	Social workers often comment on their concern that impairment often overwhelms the more positive attributes about the child.	Local authorities should use innovative ways to evoke nurturing responses while still educating adopters about how impairment uniquely affects the child.	The child's profile should start with positive attributes and personality of the child before any discussion of the child's health status. Impairment may be disclosed in short profiles in creative ways by outlining how it impacts day-to-day life. This will go some way to demystify disability and help adopters to envisage the real child. DVD Footage should

			<p>be showcased more regularly as this may provide a more accurate impression of a child. Short film excerpts may inform adopters how the impairment uniquely impacts upon the child's day to day activities, as well as capturing endearing childlike qualities through the child's movement, speech and tone, play interactions and behaviours.</p> <p>Activity days, where the adopter can physically see and interact with the child are likely to significantly improve a disabled child's chances of being placed. Adopter's will be able to see first-hand the rewarding qualities and personality of the child as well as how the impairment affects the day-to-day activities.</p>
--	--	--	---

Care Planning: The findings found that local authorities were often apprehensive about the placeability of the child. For instance, in Chapter Six Nicola's social worker sought out the advice of the Adoption Register in order to ascertain at the outset how open adopters were to the prospect of parenting a disabled child. Increasing pressure from the government to place children within a twelve month timeframe may add to an additional anxiety in relation to securing permanence. The government have introduced scorecards which indicate the performance of local authority's timeliness. Although, the government have announced that they will take into account complex cases, Local authorities might still be reluctant in putting forward disabled children if

they are not confident that they place them within given timeframe. The scorecards request that local authorities account for the number of children placed in relation to children over five, and for children from ethnic minority groups; yet health and disability is not a category included. This could be because of issues relating to the thresholds under which a child may be considered disabled. Although, the government have announced that they will take into account complex cases; more could be done to ensure that children at the severe end of impairment and disability are not disadvantaged in the adoption process. For instance, health could be incorporated into the Score card including a category for children who experience more than one impairment.

Family Finding: the findings reveal very differing family finding approaches across local authorities. Some authorities opt for a blanket promotion across a variety of mediums at the outset, while others tend to use family finding methods sequentially. Wider mediums such as features in newspapers dramatically increase the workload of social workers. Therefore, specialist charities could be used to assist local authorities to explore the viability of the links. These wider public features may increase the chances of disabled children becoming adopted, since the motives of those who adopted a disabled child were not always centred around their inability to have children naturally. This has the effect of planting a seed in the minds of people who may not have considered the idea of adoption but who have a commitment to disabled people. For instance, Donna (Sean's Adoptive Mother) was not thinking of adoption until she saw her adopted child featured in a national newspaper who reminded her of her own disabled daughter. Some adopters already have a disabled child within the existing household. Therefore, approaching disability societies could

appeal to birth parents of disabled children who may wish to extend their family by adopting a child who also experiences some form of impairment. Activity days, where the adopter can physically see and interact with the child are likely to significantly improve a disabled child's chances of being placed. Adopter's will be able to see first-hand the rewarding qualities and personality of the child as well as how the impairment affects the day-to-day activities.

Support: Financial anxiety was a major barrier for adopters and this prevented many of them from considering more seriously disabled children. While this undermines the notion of adoption being a gift relationship, it is important to recognise that adopters want to safeguard themselves from negative effects of disablism. Moreover, once adopters have made a decision on the level and severity of impairment they are prepared to consider, the findings show that they are more likely to swiftly discard the profiles of children outside of their remit. Therefore, financial as well as other supports need to be decided upon at a much earlier stage. Guaranteed support needs to be stated from the outset in cases where they require an adopter to give up employment and become a full time carer. In these exceptional cases local authorities should cover any loss of earnings until the child reaches adulthood, as financial concerns significantly reduce the child's chances of becoming adopted.

Adoption Preparation: Social workers are often concerned that adopters have not adequately processed the role of parenting a disabled child. In Chapter Eight, Henry's social worker announced at an information meeting that she was not prepared to consider an application to adopt a disabled child unless the adopter was substantially knowledgeable about impairment and disability. The involvement of disability organisations in adoption preparation classes may

prove useful in ensuring that adopters are making more informed decisions. The disability community may offer an alternative perspective on disability than the medicalised viewpoint of health professionals. For instance; disability societies may have a better grasp on issues which specifically relate to the role of parent to a disabled child; such as: coping strategies; managing professionals and accessing support.

Representing a Disabled Child: Some social workers were concerned that medical labels could potentially perturb adopters unnecessarily, and so looked for ways that they could present the child in positive yet not disingenuous light. Relying on impairment labels alone to inform adopters of the child's condition can be counterproductive since it relies on how adopters subjectively interpret the impairment label. Local authorities are more likely to secure permanence for a child when disability is demystified through how impairment individually impacts on the child's day-to-day activities. Professional DVD Footage of a child can showcase an accurate impression of a child. Short film excerpts may inform adopters how the impairment uniquely impacts upon the child's day to day activities, as well as capturing endearing childlike qualities through the child's movement, speech and tone, play interactions and behaviours.

Ensuring Placement Stability

Practice to be Reviewed	Issue to be Addressed	Improving Practice	Recommendation
General Practice rules to family placement.	Social Workers often stipulated that adopters must have substantial experience of impairment and disability. This significantly reduces a disabled child's chances of being placed.	Social workers should try to find alternative ways of assessing adopter's preparedness and commitment to adopting a disabled child.	Experienced adopters could act as mentors to adopters contemplating the prospect of adopting a disabled child. Subsequently, local authorities could then assess the rigour with which adopters have

<p>Speculatively hypothesising</p>	<p>Adopters are often asked to project into the future, speculate about the future needs of the child and provide solutions to potential problems.</p>	<p>It is often unrealistic to project with any certainty both the future prognosis of a disabled child and availability of support that families might draw in to make provisions.</p>	<p>reflexively and introspectively considered what it might be like to parent a disabled child. Local authorities need not abandon questions which relate to the future implications of parenting a disabled child. However their focus might be better placed on assessing an adopter's capacity to remain committed to a child whatever the outcome, rather than asking them to problem solve.</p>
<p>Assessing Lifestyle</p>	<p>Social workers are often concerned that adopters are not prepared for the vicarious effects of disablism. Consequently some local authorities will only assess those with substantial experience of impairment and disability.</p>	<p>Local authorities should look out for adopters whose lifestyle indicates that they have a social orientated character.</p>	<p>Assess the lifestyle of the adopter. In effect, do they invest their time and energy in people over and above other interests?</p>
<p>Assessing Commitment</p>	<p>As preventing placement breakdown is a central concern for local authorities finding strategies to assess the extent of an adopter's commitment might help in ensuring some sense of placement stability.</p>	<p>Aspects of commitment can be seen in an adopters: willingness to gain direct experience; the outward enthusiasm they display about the child; the extent to which they have introspectively thought through the potential implications of the role of parenting a disabled child.</p>	<p>Systematically examine the commitment of adopters through their activities in the community, the support they offer and engagement with others, in particular, those in some way disadvantaged.</p>

General Practice rules to family placement: Social workers often stipulated that adopters must evidence a considerable amount of experience of impairment and disability. Substantial experience in caring roles demonstrates

to social workers that the adopter is not under a false illusion of what the caring role entails. However, this generalised practice rule could substantially disadvantage disabled children in the adoption process, as it significantly reduces the number of adopters that would be considered eligible. Thus disabled children may not get the chance to be placed for adoption if local authorities too readily dismiss the adopters that express an interest in a child. This is not to suggest that local authorities lower their aspirations for disabled children, rather, that the way adopters are assessed is reevaluated. One way to assess adopters' preparedness to adopt a disabled child might be to give them some opportunities to gain the some experience in the area of disability. In Chapter Nine Brian and Louise's (Connor's adoptive parents) adoption agency had arranged for them to meet with adoptive parents of a child with Down's syndrome at a time when they had expressed an interest in adopting a child with Down's syndrome. Adopters of disabled children are a potential resource that could be utilised more effectively. These experienced adopters could act as mentors to adopters embarking on the adoption of a disabled child; or those contemplating the prospect of adopting a disabled child. This could be arranged by a national body such as The Adoption Register to link experienced adopters of disabled children with those open to the possibility of a child with some health or learning need. Many of the adopters interviewed expressed a desire to share how rewarding they found parenting their disabled child and sought to encourage others not to dismiss a child with a health or learning need. Adopters would then be in a better position to make an informed decision and social workers could then subsequently assess the rigorous of the decision.

Speculative hypothesising: involves envisaging all potential possibilities and the consequences of those possibilities. Adopters are often asked to project into

the future, speculate about the future needs of the child and provide solutions to potential problems. There are two issues to this strategy of assessing. Firstly, the future prognosis of many disabled children is often unknown making it difficult to project into the future with any degree of certainty. Secondly, the potential situations that put towards adopters often exceed 15-20 years later in the lifecourse when it is impossible to predict what forms of welfare and support might be available for the adopters to draw on. However, local authorities need not abandon questions which relate to the future implications of parenting a disabled child, rather, their focus might be better placed on assessing adopters capacity to remain committed to a child whatever the outcome.

Assessing Lifestyle: Social workers are often concerned that adopters are not prepared for the vicarious effects of disablism. Consequently some local authorities will only assess those adopters with substantial experience of impairment and disability. An adopter who appears socially orientated might prove to be an ideal character for adopting a disabled child. Social orientation was demarked as a key characteristic in many adopters of disabled children. That is they tend to place a high value on social relationships and invest their time and energy in the people that matter to them most. In other words, it is an alternative Habitus which draws on ideas about the intrinsic nature of human beings: to nurture; build attachments; and act altruistically. These characteristics are sometimes used to assess adopters who are limited in their experience of impairment and disability issues.

Assessing Commitment: preventing family breakdown is of central concern to local authorities when placing disabled children. Local authorities often fear that adopters have an unrealistic expectation about what the role of parent to a

disabled child entails. Consequently, experience of impairment and disability is a highly valued asset when assessing adopters. However, in the event that an adopter who expresses an interest in a disabled child has a limited amount of exposure to impairment and disability, there might be other ways of assessing that they are prepared for the lifelong commitment to a disabled child.

Characteristics of commitment can be seen when adopters demonstrate: willingness to gain direct experience; the extent of independent research carried out by the adopter; the outward enthusiasm they display about the child; the extent to which they have introspectively thought through the potential implications of the role of parenting a disabled child. However, there might be a more systematic way of incorporating commitment into assessment processes. One suggestion might be to consider what commitment adopters show to activities in which other people are the benefactors of their actions. This could be within their local community, the support they offer and engagement with others, in particular, do they reach out in any way to people who are disadvantaged in some way.

Concluding Comments

These closing comments may be brief. The research set out to examine the motives that contribute towards the decision to adopt a disabled child. By focusing specifically on the Habitus and reflexivity this research has attempted to bring new insights into how people process the prospect of becoming a parent to a disabled child. The initial motives of adopters to enter into the process can be grouped into three broad categories: infertility; altruism; and a socially orientated disposition. Social processes in adoption encourage reflexive thinking through preparatory classes and home assignments resulting in some

adopters becoming more open about the range of children adopters can consider. Adopters are most confident with conditions that they are most familiar with and have some knowledge of; which indicates that the image they may hold in their mind about some conditions maybe fundamentally negative. Thus as Cousins (2006) suggests the negativity associated with the status disabled inevitably impacts upon the chances of a disabled child being place for adoption.

Some social workers demonstrate an awareness of the negativity that surrounds a disabled identity by the ways in which they impression manage a child's identity in profile writing. Therefore, a lot of emphasis is placed on the rewarding features of the child which prevents adopters from misplacing the child's identity as being firmly wrapped up in the medical label they have been assigned. Consequently, impairment is described in ways that inform adopters of how it affects the child specifically in an attempt to demystify medicalised terms. However; while some social workers were primarily concerned with securing a placement others were pensive about the reflexive capacity of adopter's to think through the long-term implications of raising a disabled child. Therefore, precautionary measures to ensure that adopters have considered all the potential aspects of the role were taken. The cautionary approach of social workers has led this thesis to conclude that practitioners generally apply a rationalistic perspective to family placement. Social workers may feel very invested in a child and their need for permanence, however, a rationalistic approach is their attempt to safeguard the child and their professional integrity from the unintended consequence of the placement breaking down. Rigid criteria, such as, insisting that only adopters with experience of social caring

roles are worth assessing diminish a disabled child's chances of becoming adopted. There are too few examples where social workers looked for alternative ways of assessing adopters, such as, linking adopters with disability organisations or with experienced adopters who have taken on a disabled child.

Speculatively hypothesising into the future life course of the child is another strategy social workers use to assess the authenticity of adopters commitment to the role of parent to a disabled child. However, projecting abstractly in the future is something which adopters appear to do intuitively in their own reflexive deliberations. The conclusion adopter's come to is based on whether they could remain emotionally invested in the child should the worst possible scenario occur; and not how will they practically manage conjectured situations in the distant future. Therefore, this research has opened up for discussion the complexities of assessment processes in terms of improving the outcomes of disabled children in adoption.

Adopters make a reflexive calculation which draws on their emotions but is not governed by them. The lifelong commitment required for the role necessitates adopters take their personal power to reflexively consider the implications of adopting a child with a significant health or learning impairment seriously. However, the conclusions which adopters arrive at may be based on their own subjective limits, not those prescribed under cultural conditioning. The lifestyles of these adopters who positively adopt a disabled child are often unconventional but not so abnormal that we cannot make sense of their motives. Adopters are primarily concerned by a drive to nurture; which characterizes humans as social creatures who invest their time and resources in social relationships (Midgeley

2002). There are two final points I would like to make. Firstly, these adopters have the capacity to see beyond negative conjecture in relation to a disabled life which leaves them unopposed to the prospect of adopting a disabled child. Secondly, adopters like all other human beings invest most in roles which give them a sense of self-worth (Archer 2000). Their role of parent offers a sense of purpose and meaning to their lives and brings its own rewards.

References

Adams, N., Barton, A., Johnson, G., Matejic, P. (2011) *An Analysis of The Income Distribution 1994/95 – 2009/10*. London: Department of Work and Pensions. Available at:
http://research.dwp.gov.uk/asd/hbai/hbai2010/pdf_files/full_hbai11.pdf
(Accessed 10/02/2013).

Adoption and Children Act. (2002). *The National Archives*. Available from:
<http://www.legislation.gov.uk/ukpga/2002/38/section/120> [accessed 27/8/2010].

Adoption Register (2009) *Annual Report 2008-2009*. Retrieved from:
<http://www.adoptionregister.org.uk/adoreg/default.asp> [accessed 07/05/2010].

Aldgate, J. (2001) *The Children Act now: messages from research*. London, UK: Department of Health.

Allen, N. (2007) *Making Sense of the New Adoption Law: a guide for social and welfare services* Dorset: Russell House Publishing.

Archer, M. (2000) *Being Human: the problem of agency*. Cambridge: Cambridge University Press.

Archer, M. (2003) *Structure, Agency and the Internal Conversation*. Cambridge: Cambridge University Press.

Archer, M. (2007) *Making our Way through the World: human reflexivity and social mobility*. Cambridge: Cambridge University press.

Archer, M., Bhaskar, R., Collier, A., Lawson, T., Norrie, A. (1998) *Critical Realism: essential readings*. London: New York.

Argent, H. (1984) *Find me a family: The story of parents for children*. London: UK: Souvenir Press.

Argent, H. (1998) *Whatever Happened to Adam: stories of disabled people who were adopted or fostered*. London: British Agency of Adoption and Fostering.

Argent, H. (2003) *Models of Adoption Support: what works and what doesn't*. London; British Agency of Adoption and Fostering.

Aries, P. (1962) *Centuries of Childhood*. London: Jonathan Cape.

Armer, B. (2004) 'In Search of a Social Model of Disability: Marxism, normality and culture'. in Barnes, C., Mercer, G. (eds.) *Implementing the Social Model of Disability: Theory and Research*. Leeds: The Disability Press, pp. 48-64.

- Ashbaker, B. (2011) 'History of Legal and Legislative Acts Concerned with Special Education', in Rotatori, A., Obiakor, F., Bakken, J. (eds.) *History of Special Education*. Bingley: Emerald Group Publishing Limited, pp. 21-46
- Ayres, G. (1971) *England's First State Hospitals and the Metropolitan Asylum Board*. London: Institute of the History of Medicine.
- Baker, C. (2007). 'Disabled children's experience of permanency in the looked after system'. *British Journal of Social Work*, vol. 37, no.7, pp.1173–1188.
- Ball, C. (2002) Regulating Inclusivity: reforming adoption law for the 21st century. *Child and Family Social Work*, vol.7, no.4, pp. 285-296.
- Barnes, C. (1992) *An Exploration of the Principles for Media Representations of Disabled People*. Halifax: The British Council of Organisations of Disabled People and Ryburn Publishing Limited.
- Barnes, C., & Mercer, G. (2003) *Disability: key concepts*. Cambridge, UK: Polity Press.
- Barthes, R. (1993) *Mythologies*. London: Vintage
- Bartlett, D., Payne, S. (1997) 'Grounded Theory- its Basis Rationale and Procedures', in McKenzie, G., Powell, J., Usher, R. (eds.) *Understanding Social Research: perspectives on methodology and practice*. London: Falmer Press pp173-195
- Batson, D. (1991) *The Altruism Question: toward a social-psychological answer*. New Jersey: Lawrence Erlbaum Associates.
- Baudrillard, J. (1995) *The Gulf War Did Not Take Place*. Indiana: Indiana University Press
- Becker, H. (1996) 'Outsiders', in Munice, J. McLaughlin, E., Langan, M. (ed.) *Criminological Perspectives*. London: Sage Publications.
- Benton, T. (2001) 'Whys are sociologists naturephobes', in Potter, G., Lopez, J. (eds.) *After Postmodernism: an introduction to Critical Realism*, London: The Athlone Press, pp. 133-145.
- Benton, T., Craib, I. (2001) *Philosophy of Social Science: the philosophical foundations of social thought*. Hampshire: Palgrave.
- Bevan, H., Gerlis, S., Parry, M., Potter, L., Ryden, D. (2007) *The Adoption and Children Act 2002*. London: Butterworth.
- Bhaskar, R. (1978) *A Realist Theory of Science*. Hertfordshire: The Harvester Press Limited.
- Bhaskar, R. (1998) *The Possibility of Naturalism: a philosophical critique of the contemporary human sciences* (3rd edn.). London: Routledge.

- Bhaskar, R., Danermark, B. (2006) Metatheory, Interdisciplinarity and Disability Research: A Critical Realist Perspective. *Scandinavian Journal of Disability Research*. vol. 8, no. 4, pp. 278-297.
- Bickenbach, J. (1993). *Physical disability and social policy*. Toronto, Canada: University of Toronto.
- Blaikie, N. (1993) *Approaches to Social Enquiry*. Cambridge: Polity Press.
- Blumer, H. (1969) *Symbolic Interactionism: perspective and method*. California: University of California Press.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Translated into English by Nice, R. Cambridge. UK: Cambridge University Press.
- Bourdieu, P. (1984) *Distinction: A social critique of the judgement of taste*. Translated into English by Nice, R. London, UK: Routledge.
- Bourdieu, P. (1990) *The Logic of Practice*. Translated into English by Nice, R. Cambridge: Polity Press.
- Bourdieu, P. (2002) 'Habitus' in Hiller, J., Rooksby, E. (eds.) *Habitus A Sense of Place* (2nd edn.). Hants: Ashgate Publishing Limited, pp.43-53.
- Bourdieu, P., Wacquant, L. (1992) *An Invitation to Reflexive Sociology*. Chicago: The University of Chicago Press.
- Bouveresse, J. (1999) 'Rules, Dispositions and the Habitus', In Shusterman, R. (ed.) *Bourdieu: a critical reader*. Oxford: Blackwell Publishers, pp. 45-63
- Bowlby, J. (1973) *Separation Anxiety and Anger*. Middlesex: Hoggart Press and the Institute of Psycho Analysis,
- Bridge, C., Swindells, H. (2003) *Adoption: the modern law*. Bristol, Jordon Publishing Limited.
- British Agency of Adoption and Fostering (2005) *Child Permanence Report: BAAF for CPR*. London: British Agency of Adoption and Fostering.
- Brown, I., Brown, R. (2003) *Quality of Life and Disability: an approach for community practitioners*. London: Jessica Kingsley Publishers.
- Burke, P (2004) *Brothers and Sisters of Disabled Children*. London: Jessica Kingsley Publishers.
- Burman, E., Parker, I. (1993) *Discourse Analytic Research: repertoires and readings of texts in action*. London: Routledge.
- Burns, T. (1992) *Erving Goffman*, London: Routledge
- Bryman, A. (2004) *Social Research Methods* (2nd edn). Oxford: Oxford University Press.
- Carlson, L. (2010) *The Faces of Intellectual Disability: Philosophical Reflections*. Indiana: Indiana University Press.

Charmaz, K. (2006) *Constructing Grounded Theory: a practical guide through qualitative analysis*. London: Sage Publications.

Charmaz, K. (2009) 'Shifting the Grounds: constructivist Grounded Theory methods', in Morse, J., Noerager Stern, P., Corbin, J., Bowers, B., Charmaz, K., Clarke, A. (eds.) *Developing Grounded Theory: the second generation*. Walnut Creek: Left Coast Press, pp 127- 193.

Children Act (2004) *National Archives*. Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_4005024 (Accessed 05/04/2010).

Coleman, J (2003) 'Providing effective adoption support: a new model for a new Act?', in Argent, H. (ed.) *Models of Adoption Support: what works and what doesn't*. London; British Agency of Adoption and Fostering, pp 48-73.

Connors, C., Stalker, K. (2003) *The Views and Experiences of Disabled Children and Their Siblings*. London: Jessica Kingsley Publishers.

Corbin, J., Strauss, A. (2008) *Basics of Qualitative Research: techniques and procedures for developing Grounded Theory* (3rd edn.). California: Sage

Cousins, J. (2006) *Every Child is Special: placing disabled children for permanence*. London: British Agency of Adoption and Fostering.

Cousins, J. (2008). *Finding families: Ten top tips*. London. UK: British Agency of Adoption and Fostering.

Cousins, J. (2009) 'Placing disabled children with permanent new families', in Schofield, G., Simmonds, J (eds.) *The child placement handbook*. London, UK: BAAF, pp. 345–363.

Crow, L. (1996). 'Including all of our lives: Renewing the Social Model of disability', in C. Barnes, & G. Mercer (eds.), *Exploring the divide: Illness and disability* Leeds, UK: The Disability Press, pp. 55–73.

Dance, C., Ouwejan, D., Beecham, J., & Farmer, E. (2010). *Linking and matching: A survey of adoption agency practice in England and Wales*, London, UK: British Agency of Adoption and Fostering.

Delanty, G. (1997) *Social Science: beyond constructivism and realism*. Buckingham: Open University Press.

Denzin, N. (2005) *The sage handbook of qualitative research* (3rd edn.). California: Sage Publication.

Department of Education (2011) *New local authority Children in Care and Adoption Performance Tables*. Available from: <http://www.education.gov.uk/childrenandyoungpeople/strategy/laupdates/a00199782/new-local-authority-children-in-care-and-adoption-performance-tables> (Accessed on 19/05/2012).

Department of Education (2011) 'An Action Plan for Adoption: tackling delay', London: Home Office. Available at: <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2012> (Accessed 23/03/2011).

Department of Education (2012) '*Proposals for Placing Children with their Potential Adopters Earlier*', Available at: www.education.gov.uk/childrenandyoungpeople/families/adoption/a00211400/earlier-placement. (Assessed 10/01/2013).

Department of Education and Skills (2005) Every Child Matters: change for children *National Archives*. Available at: <https://www.education.gov.uk/publications/eOrderingDownload/DfES10812004.pdf> (Accessed 06/04/2013).

Department of Education and Skills (2005) '*Data Collection by Type of Special Educational Need*', London: Home Office. Available at: https://www.education.gov.uk/publications/standard/arc_Governancemanagementandfinance/Page6/DFES-1889-2005 (Accessed 10/01/2010).

Department of Health (1993) *Adoption: The Future*, Com 2288. London: HMSO.

Department of Health (2000) 'LAC (2000) 16: Prime Minister's Review of Adoption: report from the Performance and Innovation Unit.' Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_4005024 (Accessed 05/04/2010).

Department of Health (2012) Abortion Statistics: England and Wales: 2011. Available at: <https://www.gov.uk/government/news/abortion-statistics-england-wales-2011> (Accessed 26/01/2013).

Doherty, J., Graham, E., Malek, M. (1992) *Postmodernism and the Social Sciences*. Hampshire: Macmillan Press.

Dupre, M. (2012) "Disability Culture and Cultural Competency in Social Work." *Social Work Education*. vol. 31, No. 2, pp. 168–183

Dyson, S., Brown, B. (2006) *Social Theory and Applied Health Research*. New York: Open University Press.

Fairclough, N. (1995) *Critical Discourse Analysis: the critical study of language*. Essex: Pearson Education Limited.

Father Hudson Society (2008) 'History of the Society'. Available at: <http://www.fatherhudsons.org.uk/index.php?/site/Sochistory/> (Accessed 26/03/2013).

Faulkner, J. (2011) *The importance of being innocent: why we worry about children*. Cambridge: Cambridge University Press.

Ferguson, P. (2000) 'Mapping the Family.' In Albrecht. G, Seelman. K and Bury. M (eds.) *Handbook of Disability Studies*. California: Sage Publications Limited. pp 373-395.

Foucault, M. (1977) *Discipline and Punish : the birth of the prison*. Translated from the French by Alan Sheridan. London: Penguin Books.

Foucault, M. (1979) *The History of Sexuality Volume One: an introduction*. Translated from the French by Robert Hurley. French London: Penguin Books.

Foucault, M. (1980) *Power and Knowledge: selected interviews and other writings 1972-1977*, Edited by Colin Gordon. Hertfordshire: The Harvester Press.

Fox-Harding, L. (1997) *Perspectives in Child Care Policy* (2nd edn.) London: Longman.

Franklin, B. (2002) *the New Handbook of Children's Rights*. London: Routledge.

Franklin, A., Sloper, P. (2008) 'Supporting the Participation of Disabled Children and Young People in Decision-making', *Children and Society*, vol. 23, no.1, pp.3-15.

Garrett, M. (2002) 'Getting 'a grip': New Labour and the reform of the law on child adoption', *Critical Social Policy*. vol. 22, no.2, pp. 174 – 201.

Garrett, P. (2009) *Transforming Children's Services: Social Work, Neo-Liberalism and the Modern World*. Milton Keynes: Open University Press.

Giddens, A. (1984) *The Constitution of Society*. California: California University Press.

Giddens, A., Pierson, C. (1998) *Conversations with Anthony Giddens: making sense of modernity*. Cambridge: Blackwell Publishers.

Gilbert, T. 'Impersonal trust and professional authority: exploring the dynamics.' (2005) *Journal of Advanced Nursing*. vol.49, no. 6, pp.568–577

Glaser, B., Strauss, A. (1967) *The Discovery of Grounded Theory: strategies for qualitative research*. London: Weidenfeld and Nicolson.

Glaser, B. (1978) *Theoretical Sensitivity: advances in the methodology of Grounded Theory*. California: Sociology Press.

Goffman, E. (1963) *Stigma: notes on the management of spoiled identity*. United States of America: Prentice Hall.

Goffman, E. (1971) *Relations in Public: microstudies of the public order*. New York: Basic Books.

Gordon, D., Parker, R., Loughran, F., & Heslop, P. (2000). *Disabled children in Britain: A re-analysis of the OPCS disability surveys*. London, UK: The Stationary Office.

- Grbich, C. (2007) *Qualitative Data Analysis: an introduction*. London: Sage Publication.
- Groza, V., Rosenberg, K. (1998) *Clinical Practice Issues in Adoption: bridging the gap between adoptees*. Connecticut: Preager.
- Hakim, C. (2000) *Work-Lifestyle Choices in the 21st Century*. Oxford: Oxford University Press.
- Harnett, A., Tierney, E., & Guerin, S. (2009) 'Convention of hope – communicating positive, realistic messages to families at the time of a child's diagnosis with disabilities'. *British Journal of Learning Disabilities*. vol.37, no.4 pp. 257–264.
- Hendrick, H (1997) "Constructions and Reconstructions of British Childhood: an interpretative survey 1800 to the Present." In James, A., Prout, A. (eds.) *Constructing and Reconstructing Childhood*, London: Falmer Press, pp. 33-60.
- Heino, R., Ellison, N., Gibbs, J. (2010) 'Relationship Shopping: Investigating the Market Metaphor in Online Dating', *Journal of Social and Personal Relationships*. Vol. 27., no. 4, pp. 427-448.
- Hermanns, H. (2004) 'Interviewing as an Activity', in Flick, U., von Kardorff, E., Steinke I. (eds.) *A Companion to Qualitative Research*. London: Sage Publications, pp. 209-213.
- Hill, N. (2009) *The Pink Guide to Adoption for Lesbians and Gay Men*. London: British Agency of Adoption and Fostering.
- Hordyk, S., Soltane, S., Hanley, J. (2013) 'Sometimes you have to go underwater to come up: a poetic, critical realist approach to documenting the voices of homeless immigrant women.' *Qualitative Social Work*. DOI: 10.1177/1473325013491448.
- Holman, R. (1980) *Inequality in Child Care*. London: Child Poverty Action Group.
- Howe, D. (2006) 'Disabled Children, Maltreatment and Attachment', *The British Journal of Social Work*. vol. 36, no. 5, pp. 743-760.
- Howe, D., Brandon, M., Hinings, D., Schofield, G. (1999) *Attachment Theory, Child Maltreatment and Family Support: a practice and Assessment model*. Hampshire: Macmillan Press Limited.
- Hughes, B. (2004) 'Disability and the Body', in Swain, J., French, S., Barnes, C., Thomas, C. (eds) *Disabling Barriers Enabling Environments* (2nd edn). London: Sage Publications pp. 63-68.
- Hughes, B. (2005) 'What can a Foucauldian Analysis Contribute to Disability Theory?' In Tremain, S. (ed.) *Foucault and the Government of Disability*. Michigan: University of Michigan, pp. 78-92.
- Imrie, R. (2004). 'Demystifying disability: A review of the international classification of functioning, disability and health', *Sociology of Health and Illnes*. vol.26, no. 3, pp. 287-305.

- Irwin, A. (2001) 'Repositioning Disability and the Life Course: a social claiming perspective.' In Priestley, M. (ed) *Disability and the Life Course: global perspectives*. Cambridge: Cambridge University Press, pp. 15-25.
- Ivaldi, G (2000) *Surveying Adoption*. London: British Agency of Adoption and Fostering.
- James, A., Prout, A. (1997) *Constructing and Reconstructing Childhood*. London: Falmer Press.
- James, A., James, A. (2004) *Constructing Childhood*. Hampshire: Palgrave Macmillan.
- Jeffery, L. (2011) *Understanding Agency: Social Welfare and Change*. Bristol: The Policy Press.
- Jenkins, R. (1992) *Pierre Bourdieu*. London: Routledge.
- Jolley, J., Shields, L. (2009) The Evolution of Family-Centred Care. *Journal of Pediatric Nursing*. vol. 24, no.2 p.164-70.
- Jordan, L., Sales, R. (2007) 'Risk embodied? Growing up disabled', in Thom, B., Sales, R., Pearce, J. (eds,) *Growing up with risk*. Bristol: The Policy Press, pp.165-184.
- Keating, J. (2009) *A Child for Keeps: the history of adoption in England 1918-45*. Hampshire: Palgrave Macmillan.
- Kingston, A. (2007). *Mothering special needs: A different maternal journey*. London, UK: Jessica Kinsley Publishers.
- Layder, D. (1993) *New Strategies in Social Research*. Cambridge: Polity Press.
- Layder, D. (2006) *Understanding Social Theory* (2nd edn.). London: Sage Publications.
- Lindsay, H. (2009) *Adoption in the Roman World*. Cambridge: Cambridge University Press.
- Logon, J., Smith, C. (2005) 'Face-to-Face Contact Post Adoption: Views from the Triangles. *British Journal of Social Work*. vol. 35 no.1 pp.3-35.
- Lowe, N., Murch, M., Bader, K., Borkowski, M., Copner, R., Lises, C., & Shearman, J. (2002). *The plan for the child: Adoption and long term fostering*. London, UK: British Association for Adoption and Fostering.
- Macaskill, C. (1985) *Against All Odds: adopting mentally handicapped children*. London: British Agency of Adoption and Fostering.
- MacDonald, M., McSherry, D (2011) 'Open adoption Adoptive parents' experiences of birth family contact and talking to their child about adoption'. *Adoption and Fostering*. vol. 35, no.3 pp. 4-16.

- Masson, J. (2010) 'A New Approach to Care Proceedings'. *Child and Family Social Work*. vol.15, no. 3, pp. 369-379.
- Masson, J. (2012) 'Adoption: future legal issues', *Adoption and Fostering*, vol. 34, no.3, pp. 80-83.
- Mather, M. (2003) 'Health and Adoption Support' in Argent, H. (ed.) *Models of Adoption Support: what works and what doesn't*. London: British Association of Fostering and Adoption, pp253-268.
- May, T. (2001) *Social Research: issues methods and process* (3rd edn.). Berkshire: Open University Press.
- McClure, R. (1981) *Coram's Children: the London Foundling Hospital in the Eighteenth Century*. USA: Yale University Press.
- McLaughlin, J., Goodley, D. (2008) 'Unmaking Children', in McLaughlin, J., Goodley, D., Clavering, E., Fisher, P. (eds.) *Families Raising Disabled Children Enabling Care and Social Justice*. London: Palgrave Macmillan, pp 53-77.
- McConkey, R., Kelly, F., Craig, S. (2012) A National Comparative Study over One Decade of Children with Intellectual Disabilities Living Away from Their Natural Parents. *British Journal of Social Work*. DOI:10.1093/BJSW/BCS170.
- Mead, G. H. (1934). *Mind, self and society*. Chicago: Chicago University Press.
- Meltzer, B., Petras, J., Reynolds, L. (1975) *Symbolic Interactionism: genesis, varieties and criticism*. London: Routledge.
- Midgley, M. (2002) *Beast and Man*. Oxon: Routledge Classics.
- Miles, M., Huberman, A. (1994) *Qualitative Data Analysis* (2nd edn.). London: Sage Publications.
- Mills, J., Bonner, A., Francis, K. (2006) Adopting a Constructivist Approach to Grounded Theory: implications for research design. *International Journal of Nursing Practice*. vol. 12, no.2, pp 8-13.
- Morgan, K. (2002) 'The Boer War and the Media' (1899-1902) *Twentieth Century British History*. vol.13, no.1, pp.1-6.
- Morris, J. (1993) *Pride against Prejudice, A Personal Politics of Disability*. London: Women Writers Institute.
- Morris, J. (1995) *Gone Missing? A research and policy review of disabled children living away from their families*. London: Who Cares Trust.
- Morris, J. (1997) Gone Missing? Disabled Children Living Away from their Families. *Disability and Society*. vol. 12, no.2, pp.241-258
- Morse, J. (2009) 'Tussles, Tensions, and Resolutions', in Morse, J., Noerager Stern, P., Corbin, J., Bowers, B., Charmaz, K., Clarke, A. (eds.) *Developing*

Grounded Theory: the second generation. Walnut Creek: Left Coast Press, pp. 13-23.

Murphy, R. (1995) 'The Body Silent', in Ingstad, B., Reynolds Whyte, S. (ed) *Disability in Local and Global Worlds*. California: University of California Press, pp140-158.

Murray, M. (2009) *Safeguarding Disabled Children: practice guidance*, London: Department for Children's Schools and Families, Available at: <https://www.education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf> (Accessed 10/01/2010)

Musolf, G. (2003) *Structure and Agency in Everyday Life: an introduction to social psychology*. Maryland: Rowman and Littlefield Publishers.

Office for Disability Issues (2011) 'UK Initial Report On the UN Convention on the Rights of Persons with Disabilities. Available at: <http://odi.dwp.gov.uk/docs/disabled-people-and-legislation/uk-initial-report.pdf>

Office of the High Commissioner for Human Rights (1989) 'The UN Convention on the Rights of the Child'. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> (Accessed 06/04/2013).

Office of the High Commissioner for Human Rights (2006) 'Convention on the Rights of Persons with Disabilities and Optional Protocol.' Available at: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> (Accessed 08/08/2013).

Ofsted (2011) *Protecting Disabled Children: thematic inspection*. Available at: <http://www.ofsted.gov.uk/resources/protecting-disabled-children-thematic-inspection> (Accessed 10/01/2013).

Oliver, M. (1990) *The Politics of Disablement: critical texts in social work and the welfare state*, Hampshire: Macmillan Press.

Oliver, M. (1996) 'Defining Impairment and Disability: issues at stake', In Barnes, C., Mercer, G. (eds) *Exploring the Divide: Illness and Disability*. Leeds: The Disability Press, pp 39-54.

Oliver, M (2004) 'If I had a hammer: the Social Model in action', in Swain, J., French, S., Barnes, C., Thomas, C. (eds.) *Disabling Barriers Enabling Environments* (2nd edn.). London: Sage Publications, pp 13-20

Oliver, M., Sapey, B (2006) *Social Work with Disabled People* 3rd edn. Hampshire: Palgrave Macmillan.

Oswin, M. (1978) *Children living in long stay hospitals*. London: Spastics International Medical Publications.

Oxford Uehiro (2013) *Hot Topics: Disability*, Available at: <http://www.practicaethics.ox.ac.uk/ht/disability/main> (Accessed 26/03/2013).

Ozinga, J. (1999) *Altruism*. Westport: Praeger

- Palmer, I. (2009) *What to expect when you're adopting*. London, UK: Vermilion.
- Parker, R. (1999) *Adoption Now: messages from research*. Sussex: John Wiley and sons.
- Parton, N. (2006) *Safeguarding Childhood: early intervention and surveillance in a late modern society*. Hampshire: Palgrave Macmillan
- Peters, S. (1999) 'Transforming Disability Identity through Critical Literacy and the Cultural Politics of Language ', in Corker, M., French, S (eds.) *Disability Discourse*. Buckingham: Open University Press, pp. 103-115.
- Peterson, D., Newton, C., Rosen, K., Schulman, R. (2006) 'Coping Processes of Couples Experiencing Infertility', *Family Relations*. vol. 55, no. 4 pp. 227-239.
- Pickel, A. (2005). 'The Habitus process: A biopsychosocial conception'. *Journal for the Theory of Social Behaviour*. vol.34, no.4, pp. 437–446.
- Porpora, D. (2001) 'Do Realists Run Regressions,' in Potter, G., Lopez, J. (eds.) *After Postmodernism: an introduction to Critical Realism*. London: The Athlone Press, pp. 260-268.
- Potter, G., Lopez, J. (2001) *After Postmodernism: an introduction to Critical Realism*. London: The Athlone Press.
- Potter, J. (2013) Adopting Commodities: A Burkean Cluster Analysis of Adoption Rhetoric. *Adoption Quarterly*. vol.16, no. 4, pp. 108-127
- Postman, N (1983) *The Disappearance of Childhood*. New York: Vintage Books.
- Priestley, M. (1998) Constructions and Creations: Idealism, Materialism, and Disability Theory. *Disability and Society*. vol. 13, no. 1, pp. 75-94.
- Priestley, M. (2001) *Disability and the Life Course: global perspectives*. Cambridge: Cambridge University Press.
- Priestley, M. (2003). *Disability a life course approach*. Cambridge, UK: Polity Press.
- Priestley, M., Rabiee, P., Harris, J. (2003) 'Young Disabled People and the New Arrangements' for Leaving Care in England and Wales'. *Children and Youth Services Review*. vol. 25, no.11, pp. 863-890.
- Rachiman, J. (1991) *Truth and Eros: Foucault, Lacan, and the question of ethics*. New York: Routledge.
- Read, J., Clements, L., Ruebain, D. (2006) *Disabled Children and the Law: research and good practice*. (2nd edn.). London: Jessica Kingsley Publishers.
- Reay, D. (2010) 'It's all becoming a Habitus': beyond the habitual use of Habitus in educational research' *British Journal of Sociology of Education*. vol. 25, no.4, pp. 431-444.
- Reed-Danahay, D. (2005) *Locating Bourdieu*. Indiana: Indiana University Press.

- Rodger, J. (1996) *Family Life and Social Control: a sociological perspective*. London: Macmillan Press Limited.
- Rubin, H., Rubin, I. (2005) *Qualitative Interviewing: the art of hearing data*. California: Sage Publication.
- Sayer, A. (1992) *Method in Social Science: a realist approach*. London: Routledge
- Sayer, A. (2000) *Realism and Social Science*. London: Sage
- Safford, P.L., Safford, E. J. (1996) *A History of Childhood and Disability*. New York: Teachers College Press.
- Schofield, G. (2009) 'Permanence in foster Care', in Schofield, G., Simmonds, J (eds.) *The Child Placement Handbook: research policy and practice*. London: BAAF Page number
- Schutz, A., Luckmann, T. (1983) *The Structures of the Life World* (volume 2). Illinois: Northwestern University Press.
- Schwartenberg, S. (2005) *Becoming Citizens: family life and the politics of disability*, Seattle: University of Washington Press.
- Secord, P. (1990) 'Subjects' versus Persons in Social Psychological Research', in Bhaskar, R. (ed.) *Harre and His Critics*. Oxford: Basil Blackwell Limited, pp.165- 188.
- Seidman, I. (2006) *Interviewing as Qualitative Research: a guide for researchers in education and the social sciences* (3rd edn.). New York: Teachers College Press
- Shah, S., & Priestley, M. (2010) 'Home and away: The changing impact of educational policies on disabled children's experiences of family and friendship', *Research Papers in Education*. vol.25, no.2, pp.155–175.
- Shakespeare, T., (1994) "Cultural Representation of Disabled People: Dustbins for Disavowal." *Disability and Society*. vol. 9, no. 3. Pp. 283-299.
- Shakespeare, T. (2006) *Disability Rights and Wrongs*. London: Routledge.
- Sheppard, M. (1995) *Care Management and the New Social Work*. London: Whiting and Birch.
- Sheppard, M. (2003) 'Practitioners as Rule Using Analysts: a further development of process knowledge in social work', *The British Journal of Social Work*. vol. 33, no, 2 pp. 157-176.
- Sheppard, M. (2004) *Appraising and Using Social Research in the Human Services: an introduction for social work and health professionals*. London: Jessica Kingsley.
- Sheppard, M., Newstead, S., Di Caccavo, A., Ryan, K. (2000)' Reflexivity and the Development of Process Knowledge in Social Work: Classification and Empirical Study', *British Journal of Social Work*. Volume 30 465-488.

Sheppard, M., Newstead, S., DiCaccavo, A., Ryan, K. (2001) 'Comparative Hypothesis Assessment and Quasi Triangulation as Process Knowledge Assessment Strategies in Social Work Practice'. *British Journal of Social Work*. vol.31, no.6, pp 863-885.

Sheppard, M (2006) *Social Work and Social Exclusion: the idea of practice*. Hampshire: Ashgate Publishing Limited.

Shotter, J. (1990) 'Rom Harre: realism and the turn to social construction', in Bhaskar, R. (ed.) *Harre and His Critics*. Oxford: Basil Blackwell Limited, pp. 206-223.

Sinclair, L. (1988) *Adopting a New Attitude? A study of five years experience of placing children with a mental handicap with adoptive families*. Newcastle Upon Tyne: Barnardo's.

Sloper, P., Beresford, B., Rabiee, P. (2009) 'Every Child Matters outcomes: what do they mean for disabled children and young people?', *Children and Society*. vol.23, no. 4, pp.265-278.

Smith, K. (2011) Producing Governable Subjects: images of childhood old and new, *Childhood*, vol.19, no.1 pp.24-37.

Social Services Inspectorate. (2004). Audit commission: Services for disabled children. Available at: <http://www.joint-reviews.gov.uk/money/children/4-27.html#4-271> (Accessed 23/03/2011).

Spradley, J (1979) *The Ethnographic Interview*. New York: Holt, Rinehart and Winston.

Sritharan, R., Heilpern, K., Wilbur, C., Gawronski, B. (2010) 'I think I like you: Spontaneous and deliberate evaluations of potential romantic partners in an online dating context', *European Journal of Social Psychology*. vol. 40, no.6, pp. 1062-1077.

Sullivan, P., Knutson, J. (2000) 'Maltreatment and disabilities: a population-based epidemiological study' (2000) *Child Abuse and Neglect*. vol. 24, no.10 pp. 1257-1273.

Swmai, V., Furnham, A. (2008) *The Psychology of Physical Attraction*. Sussex: Routeledge.

Taggart, L., Cousins, W., Milner, S. (2007) Young People with Learning Disabilities Living in State Care: their emotional behavioural and mental health status. *Child Care in Practice*. vol.3, no.4, pp. 401-416.

Taylor, M. (2008) 'Disabled in Images and Language', in Swain, J., French, S. (eds.) *Disability on Equal Terms*. London: Sage Publications, pp. Ltd. 31-41.

The Children Act. (1989). *The National Archives*. Available at <http://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed 17/04/2010).

The Children's Society (2011) 'Four in Ten Disabled Children are Living in Poverty'. Available at: <http://www.childrenssociety.org.uk/news-views/press-release/four-ten-disabled-children-are-living-poverty> (Assessed 29/05/2012).

The Family Justice Review Panel (2011) 'The Family Justice Review: Final Report'. The Department of Education and Welsh Government. Available at: <http://www.justice.gov.uk/downloads/publications/moj/2011/family-justice-review-final-report.pdf> (Accessed 10/01/2013).

The University of Plymouth (2007) *Guidance for Research Degree Student's and Staff*. Plymouth: Graduate School

Thomas, C. (2002) 'Disability Theory: Key Ideas, Issues and Thinkers', In Barnes, C., Oliver, M., Barton, L. (eds.) *Disability Studies Today*. Cambridge: Polity Press, pp 38-57.

Thomas, C. (2002). 'The disabled body', in Evans, M., Lee, E. (eds.), *Real bodies: A sociological introduction*. Hampshire: Palgrave Macmillan, pp.64-77.

Thomas, C. (2004) 'Disability and Impairment', in Swain, J., French, S., Barnes, C., Thomas, C. (eds.) *Disabling Barriers Enabling Environments* (2nd edn.). London: Sage Publications , pp. 21-27.

Thompson, P. (2008) 'Field' in Grenfell, M. (ed.) *Pierre Bourdieu: Key Concepts*. Durham: Acumen Publishing Limited, pp. 67-84.

Tomlinson, B. (2000) 'Talking to Yourself: the role of the inner voice in language learning.' *Applied Language Learning*. vol. 11, no. 1, pp.123.

Tremain, S. (2002) 'On the Subject of Impairment'. Corker, M., Shakespeare, T. (eds.) *Disability/Postmodernity: embodying disability theory*. London: Continuum, pp.32-47.

Tremain, S. (2005) *Foucault and the Government of Disability*. Michigan: University of Michigan.

Triseliotis, J., Shireman, J., Hundleby, M. (1997) *Adoption: theory, policy and practice*. London: Cassell.

Vold, G., Bernard, T., Snipes, J. (1998) *Theoretical criminology* (4th edn.). Oxford,UK: Oxford University Press.

Waldschmidt, A. (2005). 'Who is normal? Who is deviant? "Normality" and "risk" in genetic diagnosis and counselling', in S. Tremain (ed.), *Foucault and the government of disability*. Ann Arbor, MI: The University of Michigan Press, pp 198-207.

Webb, J., Schirato, T., Danaher, G. (2002) *Understanding Bourdieu*. London: Sage Publications.

- Weiss, R. (1991) "The Attachment Bond in Childhood and Adulthood." In Parkes, C., Stevenson-Hinde, J., Marris, P. (Eds) *Attachment Across the Life-Cycle*. London Routledge. 66-76
- Willems, H. (2004) 'Erving Goffman', in Flick, U., von Kadorff, E., Steinke, I. (2004) *A Companion to Qualitative Research*. London: Sage Publications, pp. 24-28.
- Williams, S. (1999) Is Anybody There? Critical Realism, chronic illness and the disability debate. *Sociology of Health and Illness*. vol. 21, no. 6, pp. 797-819.
- Wolbring, G. (2003) 'Disability Rights Approach Towards Bioethics?' *Disability Policy Studies*, 14(3) pp. 174-180
- Wood, L., Kroger, R. (2000) *Doing Discourse Analysis*, California: Sage Publications.
- Woodhead and Montgomery (2003) *Understanding Childhood: an interdisciplinary approach*. Oxford: Oxford University Press/ Wiley
- Zebrowitz, L. (1997) *Reading Faces: Window to the Soul* Colorado: Westview Press

Appendices

A Summary Sheet

B Information Sheet for Adoptive Parents

C Information Sheet for Local Authorities

D research schedule for interviews with the child's key worker.

E research schedule for interviews with adoptive parents.

F Memorandums

Appendix A: Summary Sheet

**RESEARCH
WITH
PLYMOUTH
UNIVERSITY**

The Adoption of Disabled Children Research Project

Faculty of Health
University of Plymouth

Sarah Bunt
Researcher
Room 103
4 Portland Villas
Drake Circus
Plymouth
PL4 8AA
01752 586666
07952753864
sarah.k.bunt@plymouth.ac.uk

Summary of Findings Interviews with Local Authorities

Strategic recruitment

Many local authorities felt that a promotional recruitment strategy was almost immediately necessary when a child had some form of health need or impairment. . In most adoption cases potential adopters are recruited from within the consortium area. However, in general, for disabled children it is assumed that these children would be harder to place (and therefore required a wider recruitment strategy).

Recruitment strategies were wide ranging, including using the Adoption Register, promoting amongst the disabled community, and putting a child's profile onto Be My Parent and Children Who Wait.

While adoption websites have frequently been used to promote children to a wider set of adopters, adoption practitioners considered that promotional campaigns can be problematic as the interest it generates is not always with people in a position to proceed with adoption. Nevertheless, some agencies have gone on to approve adopters specifically for the child they have expressed an interest in, particularly if the potential adopter can demonstrate that they have a skill set that can meet the needs of the child.

It was also felt by many agencies that promotional campaigns should be used with caution particularly as the emotional connection adopters might feel for a child could cause them to overlook the reality of their impairment. Adopters that express an interest are often asked to demonstrate that they have proficient understanding and experience of disability

Profile

The built up relationship built between the child and the family finder meant that some agencies are better equipped than others to write an adequate account of the child's attributes and qualities and balance them against information about the child's condition, and how it impacts upon day to day living and life course trajectory

The right family

Agencies tend to have greater anxiety, when compared with other children, about placing children with particular health needs. There is, furthermore, some variation in practices. Some agencies have a set criterion about the types of adopters they are looking for, while other agencies will consider a range of different adopters and will assess them on an individual basis. Some agencies will prefer to keep the child remaining in foster care if they feel they don't have the right family to meet the child's needs coming forward, whereas other agencies will place more importance on achieving permanency of a child.

Agencies were often open minded about considering a range of family setups providing that adopters had support networks that they could draw on. The main placement criteria centred upon the adopters' ability to cater for the child's needs. Although many agencies state that the adopters would need to be able to meet the child's holistic needs they also had to demonstrate that they would be able to manage and see to his/her additional needs

Selecting a family where it was not clear that they fully understood the implications of caring for a child with a health needs was often regarded as a risk which could lead to potential placement breakdown. Therefore, adopters were more frequently assessed as suitable if they could demonstrate that they had some experience of impairment and disability issues, as well as ensuring that they fully understood and accepted the uncertainty of health outcomes. However, some agencies requested that adopters without the necessary

experience spend some time in an adult centre for disabled people in order to fully comprehend the challenge they were about to undertake and they considered this to be a useful exercise.

Support

Support tended to vary between different local authorities. Social workers often felt frustrated that they could not reassure potential adopters that the right level of support could be provided at an earlier stage of the process.

Interviews with Adopters

Initial Decision to Adopt

Adopter's arrived at the decision to adopt through a range of reasons and circumstances. Some adopters had grown up birth children, others through reasons of infertility, some adopters had already had birth children with a particular health need, others had adopted the child they had been fostering.

Decisions regarding child specification:

There were several factors that impacted on the type of child the adopter could consider:

Discrimination

Many single adopter's or older couples felt they would be discriminated against in the adoption process in relation to a 'normal' child. Anticipating this discrimination, they pre-empt matters, stating from the outset that they would be prepared to accept an older child or a child with some level of health need.

Significant others

At times adopters were influenced by the view of family members about the level and severity of impairment they would consider in a child. Because the family may be involved in child care provision it was often important to adopters that other members of the family was confident would be able to manage the child's impairment needs.

Resources

Some adopters were unaware of possible resources available when adopting a disabled child. As a result they often felt the imperative to continue to work full time (since they would need to provide for the child almost entirely themselves). This proved a disincentive to adopting a moderately or severely disabled child, the necessity to work affecting the level and severity of impairment the adopter could consider in a child.

Experience of disability

A good understanding of impairment and disability issues meant that adopters could fully comprehend and assess what could be involved in raising children with impairment needs. Consequently, they were not unduly disconcerted by medical impairment labels and could also be realistic about the level and severity of impairment that they felt they could manage. Many adopters have been very dismissive about their local authority's caution about placing disabled children only with adopters with experience of disability. They felt that a willingness to learn and the emotional connection you have with your adopted child is the most important factor. Furthermore, although many adopter's were aware of impairment and disability issues there were still aspects of care that they needed to learn according to the child's specific needs.

Appendix B: Information Sheet for Adoptive Parents

Information Sheet for Adoptive Parents



Faculty of Health
University of Plymouth

Sarah Bunt
Researcher
Room 103
4 Portland Villas
Drake Circus
Plymouth
PL4 8AA
01752 586666
sarah.k.bunt@plymouth.ac.uk

Dear Parent(s)

The Adoption of Disabled Children Research Project.

I am currently a Researcher from the University of Plymouth looking at adoption placements for disabled children. I would like to interview adoptive parents of disabled children to understand better your experiences and view about the adoption process. I write to you to ask whether you would consider sharing your adoption experience. I hope, as a result of this work, to provide information that will be of practical help in future adoptions through the greater understanding provided by your experience. .

Why have I been invited?

This letter has been forwarded to you via your adopted child's local authority. None of your personal details have been passed on and will remain undisclosed without your permission.

What is the purpose of this study?

This research supported by the National Adoption Register, the Department for Education and the Welsh Assembly. The Adoption Register is a national service that looks for potential matches between adopters and children deemed as hard to place. Whilst they have achieved success in finding suitable adoption placements for many hard to place children, the register has had difficulty in finding successful matches for children with multiple needs. Therefore, it is hoped that through collecting these adoption experiences this research could

enhance adoption practice, recruitment and matching of adopters for disabled children. The main research question is: what are the principle factors that motivate the decision to adopt a disabled child?

How will the research be carried out?

This research has two phases. Firstly, local authority staff will be interviewed about their experience of placing a disabled child and how they managed information about the child's impairment alongside their other unique qualities and attributes. Secondly, I would like to interview adopters of disabled children about their experience of the adoption process and their reasons for proceeding with the adoption of their specific child.

Should you wish to participate in the research, the interview will take approximately 90 minutes and will be carried out at a time and location convenient to you. With your consent the interview will be recorded by Dictaphone. There will be a few questions put to you to help discussion, although the interview is more concerned with your story from your perspective. There are three themes that I would like to explore with you. These are: your initial motivation to adopt; your experience of the process involved; and the factors that influenced your decision to adopt your specific child

What will happen to the results?

The findings will be presented as part of a Doctorate. I shall also provide a readable summary of findings, which I can send to you if you wish. I also intend to write reports for relevant agencies involved in the adoption process including the National Adoption Register, in order to help further develop good practice.

Will my taking part in the study be kept confidential?

Access to the data will be limited to the researcher and supervisor. All data shall be kept confidential in a locked cupboard or a password controlled data system. Confidentiality shall be strictly maintained except where significant harm to a child is indicated. In order that your identity might be protected you will be given a fictional name and your location, and the location of your child's local authority shall be coded and not made known.

What happens if I want to withdraw my participation from this study?

During the interview should you not wish to answer a particular question or would like the interview to cease this will be respected. Should you like to withdraw from the research altogether, the information that you have disclosed shall be erased from the research. You can withdraw from the study at any time without explanation.

Can I find out the results of the study?

You may request a summary of the research when completed and should contact me if you want to read any publications.

If you feel you would like to participate in the research fill in the below response form and send it in the stamped addressed envelope. Alternatively, you can permit your adopted child's local authority to pass on your details. If you would rather contact me directly or you would like to ask any questions about the research please don't hesitate to contact me on telephone: 01752 586666 mobile: 07952753864 email: sarah.k.bunt@plymouth.ac.uk

Thank you for taking the time to read this. I look forward to hearing from you.

Yours Sincerely

Sarah Bunt
PhD candidate.
Response form

Name:

Address:

Email Address:

Telephone Number:

Best time to call:

Worst time to call:

I would rather be contacted by: Letter Email Telephone

I would like to participate in the research:

I would not like to participate in the research:

I would like to know more about the research:

Appendix C: Information Sheet for Local Authorities



Faculty of Health
University of Plymouth

Sarah Bunt
Researcher
Room 103
4 Portland Villas
Drake Circus
Plymouth
PL4 8AA
01752 586666
sarah.k.bunt@plymouth.ac.uk

Information Sheet for local authorities: The Adoption of Disabled Children Research Project

I am currently a Researcher from the University of Plymouth looking at adoption placements for disabled children. The research, will include interviews with families where adoption has taken place and practitioners involved in these adoptions. I hope, through this work to provide findings and recommendations which will be of practical benefit to practitioners in future adoptions.

What is the purpose of this study?

This research is supported by the Adoption Register for England and Wales which is operated by BAAF on behalf of the Department for Education and the Welsh Assembly Government. Our aim is to make a significant contribution to practice use and we anticipate that by collecting these adoption experiences this research will enhance adoption practice, recruitment and matching of adopters for disabled children. The main research question is: what are the social processes and principle factors that motivate the decision to adopt a disabled child?

How will the research be carried out?

I shall interview local authority staff about their experience of placing a disabled child and how they managed information about the child's impairment alongside their other unique qualities and attributes. I shall, secondly interview adopters'

of disabled children about their experience of the adoption process and their reasons for proceeding with the adoption of their specific child.

The interview will take up to 90 minutes and will be carried out at a time and location convenient to you. With your consent the interview will be recorded by Dictaphone. For the purposes of this study I would like to explore the complexities that surround family finding for a disabled child. The child's social worker may be able to provide valuable insights into the difficulties of finding a placement, as well as highlighting whether there are any specific requirements or characteristics which were looked for in potential adopters of a disabled

In the interviews with adoptive parents of disabled children I will explore three themes. These are: their initial motivation to adopt; the experience of the adoptive parents of the process involved; and the factors that influenced the decision to adopt their specific child.

What will happen to the results?

The aim of this research is to have a positive impact upon practice. I will be looking to feed back findings to key agencies in the adoption process. The findings will be presented as part of a Doctorate. I shall also provide readable reports on the findings, and would be happy to present these findings verbally to key personnel. I will seek to publish findings in learned journals, and, if appropriate, professional magazines (e.g. Professional Social Work). I also aim to pull the findings together to form part of a Doctorate.

Will my taking part in the study be kept confidential?

Access to the data will be limited to the researcher and supervisor. All data shall be kept confidential in a locked cupboard or a password controlled data system. Confidentiality shall be strictly maintained except where significant harm to a child is indicated. All participants will be anonymous. To protect your identity all participants will be given a fictional name. The location of the local authority and the location of the adoptive family shall be coded and not made known.

What happens if I want to withdraw my participation from this study?

During the interview should you not wish to answer a particular question or would like the interview to cease this will be respected. Should you like to withdraw from the research altogether, the information that you have disclosed shall be erased from the research. You can withdraw from the study at any time without explanation.

Can I find out the results of the study?

You may request a summary of the research when completed and can contact me should you want to read any publications.

If you feel that you would like to participate in the research I would like to ask any further questions please don't hesitate to contact me on telephone:01752 586666 mobile:07952753864 email: sarah.k.bunt@plymouth.ac.uk

Thank you for taking the time to read this. I look forward to hearing from you.

Yours Sincerely

Sarah Bunt
Researcher

Appendix D: research schedule for interviews with the child's key worker.

Research Questions

Introduction

- Introduction to the Research area
- Confidentiality
- Consent
- Anonymity
- Right to withdraw

Themes

- 1. Profiling the child: this will involve exploring how agencies viewed their role in constructing the child's profile which is used to introduce the child to the adopter.**
- 2. Finding families: this refers to the methods of family finding used by the local authority and the involvement of the adoption register.**
- 3. A suitable match: this entails investigating the needs of the disabled child and the pool of adopters that they conceived as best serving the child's needs.**

Questions

- **Can you take me through the process of developing the child's profile?**
- (sub question) How was the information relating to the child's impairment disclosed to potential adopters?
- **Can you take me through the different family finding strategies used to help match the child to adopters?**
- (sub question) What if any support plans put in place to support the adoptive placement?
- (sub question) Were the types of support offered established before or after matching?
- (sub question) How was the child matched to their adoptive family? How soon? [possible] Were you looking for any particular kinds of families?

- **How did you assess families as being suitable? What characteristics were you looking for in adopters?**

Debriefing

We are just about out of time. Thank you very much for your time; you have given me a lot to think about.

How did you think that went?

Do you have any questions you would like to ask me?

Would it be okay if called you after I have looked over my notes if I have any additional questions?

Would you like me to send you a copy of my notes when I type them up?

Appendix E: research schedule for interviews with adoptive parents.

Semi-structured Interview with Adoptive Parent

Introduction

- Introduction to the Research area
- Confidentiality
- Anonymity
- Right to withdraw
- Consent

Background Information about the Adoption Placement

- Gender of participant M F

- Age of participant : 20-25 26-30 31-35 36-40

- 41-45 46-49 50+

- Occupation _____

- Ethnicity would you describe yourself as:

- Black White Asian Dual heritage Other

- Family structure

- Childs Impairment

- Child's age

- How long has the child been placed with you?

Themes

1. **Initial Motivation:** refers to the factors involved in the adopter's decision to go through the adoption process as an alternative means of parenting.
2. **Social Practices:** this study will endeavour to investigate any of the social practices that influenced the adoption outcome, including the development of the prospective adopters report form.
3. **Proceeding with the adoption:** The factors involved which influenced the decision to adopt their specific child.

Questions

- Can you tell me what led you to make the decision to adopt?
- [Possible sub question] Did you have in mind the type of child you would like to adopt – age, sibling group, gender, ethnicity, disability?
- Can you talk me through your experience of the adoption process?
- [Possible sub question] How did you find completing the prospective adopters report form?
- [Possible sub question] What if any supports were you offered?
- [Possible sub question] How were you introduced to your child?

- [Possible sub question] What was it that attracted you to adopting your child?

- What led you to adopt this specific child?

- [Possible sub question] How did the local authority prepare you in adopting child – what information were you given about you child prior to adoption?
- [Possible sub question] What has it been like since your child was placed with you – is it what you expected?
- [Possible sub question] What was the reality compared to what you expected before hand?

Debriefing

We are just about out of time. Thank you very much for your time; you have given me a lot to think about.

How did you think that went?

Do you have any questions you would like to ask me?

Would it be okay if called you after I have looked over my notes if I have any additional questions?

Appendix F: Memorandums

Memo Sheet:

Themes and issues	Significant events
Significant others	
Possible hypothesis	Revised questions for the next interview
Possible meanings behind the responses	How comfortable was the interaction during the interview
The quality of data collected	Any other information
Summarise the information you got (or failed to get on each of the target questions?)	
Question	Information

Appendix G Coding the Data

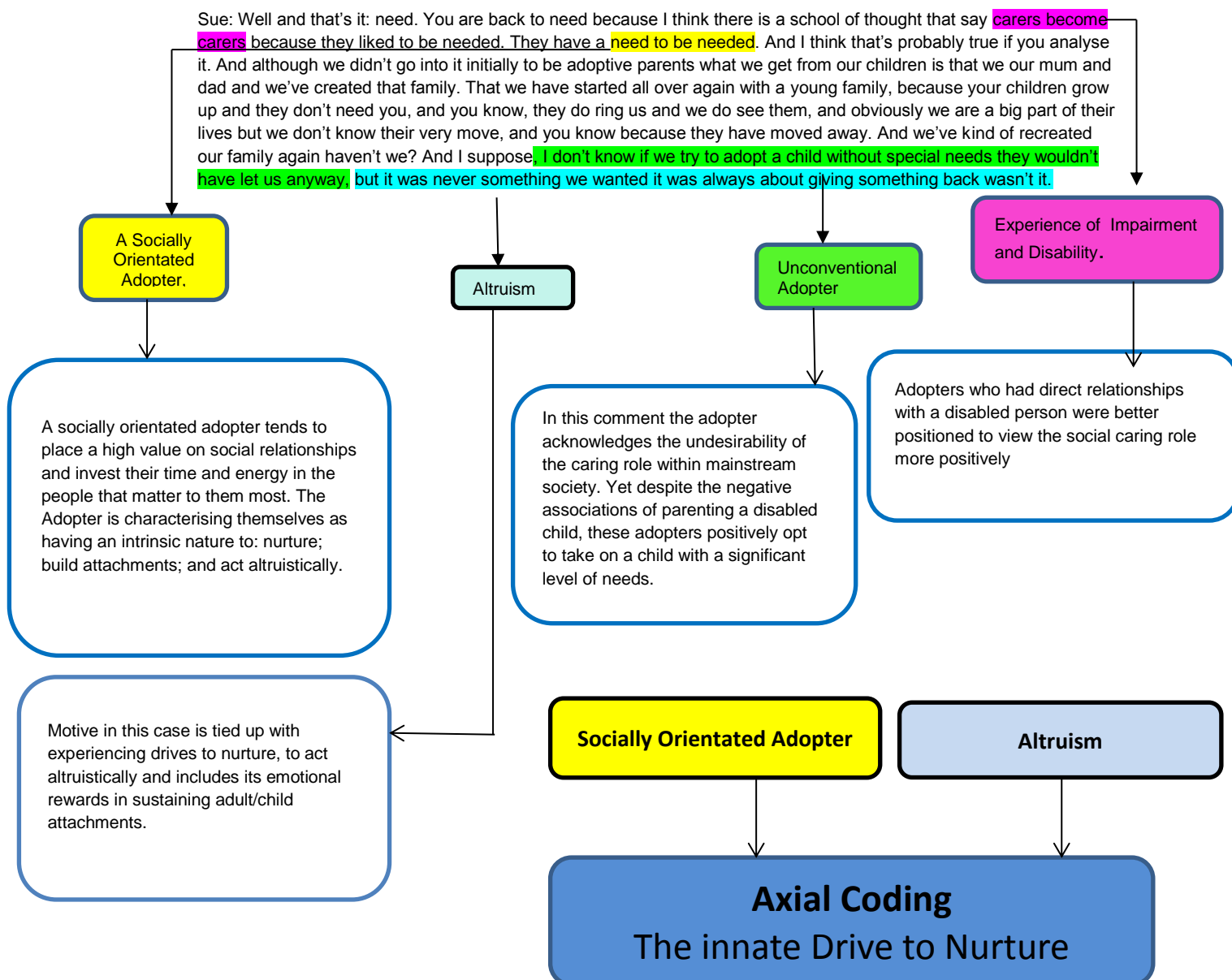
The overarching theory was developed from the significant themes that emerged from the data sets. The concluding chapter outlined the conceptual ordering of axial codes into its main theoretical concept. Figure 2 (p.266) and Figure 3 in (p.278) demonstrate how axial codes serve to support the central concept of the Rationalistic and Commitment Habitus. In effect, the **Innate Drive to Nurture, Emotional Connectivity** as well and **Reflexive Cognitive Considerations** when combined support the notion of the Commitment Habitus. Similarly, **Impression Management, Constructing Identity**, and **Assessing Adopters**, support the approach of Social Workers where they appear to embody a **Rationalistic Habitus**.

A description of the methodological coding tools used in this research is outlined in Chapter Four Conducting the Research. However, it does not exhibit how axial coding develops out of fragmented open codes which are identified in the raw data. Below is a small extract of an interview which demonstrates the open coding process. The data has been highlighted where the adopter shares something which the research deems as significant. Figure 4, shows how the significant themes are then formulated into open codes which signify a particular meaning. These codes are then further explored and compared against other data sets which give rise to the axial concept. In this extract, the adopter characterises themselves as social orientated ('a need to be needed') and altruistic ('giving something back'). These two codes are interconnected as they indicate how the adopter understands their intrinsic identity and disposition towards caring roles. Although 'the need to be needed' and 'giving something back' are two separate and distinct categories they do reflect a perceived notion

in an **Innate Drive to Nurture** which prompts their interest in adoption.

Sue: Well and that's it: need. You are back to need because I think there is a school of thought that say **carers become carers** because they liked to be needed. They have a **need to be needed**. And I think that's probably true if you analyse it. And although we didn't go into it initially to be adoptive parents what we get from our children is that we our mum and dad and we've created that family. That we have started all over again with a young family, because your children grow up and they don't need you, and you know, they do ring us and we do see them, and obviously we are a big part of their lives but we don't know their very move, and you know because they have moved away. And we've kind of recreated our family again haven't we? And I suppose, **I don't know if we try to adopt a child without special needs they wouldn't have let us anyway**, but it was never something we wanted it was always about **giving something back wasn't it**.

Figure 4 Open Coding



Appendix H: Interview with Kay and Andy (Adoptive Parents of Nicola)

Andy: so do you have a list of basic questions

Researcher: I have a few questions. But yeah it is your story mainly.

Kay: Right okay

Researcher: I've got a few questions that I want to find out – like maybe three or four

Kay Yeah okay

Researcher: but it's really going to as much detail as you can really

Kay: right okay well we were foster carers to begin with erm I had experience of nursing looking after for ten years in my own home a couple of adults with learning difficulties. You hadn't in particular had you Andy.

Andy: I had no experience at all no

Kay: No

Andy: I had my own children

Kay: no. but then when we got married a little while after we decided that we would like to foster so we started off fostering and we worked for an agency... and they kind of specialised in children that were quite challenging for want of a better word erm we had erm a young girl who been evicted from the children's home two days before Christmas and she had a string of offences including GBH on a policeman and possession of knife but it turned out that she had been abused by her dad and she was lovely wasn't she a really lovely young girl and then we had a young lad with Asperger's and erm his father died while he was in placement with us didn't he?

Andy: he smoked eh...

Kay: Oh that's right

Andy: a horrendous amount

Kay: he smoked yeah. He smoked he could smoke

Andy: forty a day

Kay: Forty a day or something like that. Roll ups and erm and that was quite interesting because no one had a real protocol for what you do about that and we went to a review once and erm the reviewing officer turned on me because I had taken his cigarettes from him and was metering them out one at a time and

actually I had no right to take his cigarettes from him so then we tried to enrol him into a stop smoking programme because he was only fourteen he was too young for that he needed to be older than that and erm so that got very complicated then the agency said look you can't be buying cigarettes for him its totally out of the question you know you can't do it so he used to stand outside the coop and erm go up to strangers and get them to but cigarettes for him which was probably infinitely worse but it was kind of one of those situations where no one knew what the right thing to do was but erm we had quite a good relationship with his mum didn't we?

Andy: That was really challenging cause of eh not smoking in the house and all the rest of it with his need to smoke obviously he would dirty his bedroom and whatever

Researcher: right yeah

Kay: And he didn't like to wash did he bless him

Andy: Yeah wash allergic

Kay: so the reviewing officer told me off because I couldn't force him to have a shower and I had to give him a choice of whether he wanted one in the morning or the evening well of course in the evening he didn't want one so he would have one in the morning but then the morning came and he said no I will have one tonight and so we went on. You know

Researcher: right

Kay: I suppose the gist of all this is to say that when we were fostering there were a lot of decisions made that erm we didn't go along with and erm the little lad that we then had he was doing well wasn't he was really doing well bright little lad he was only eight or nine and he clearly stated that he loved his mum and dad and wanted contact but he wanted to stay here because I think he knew that he was in a safe environment and this is you know how erm how it is to be in a family with people that care about you but he still but he obviously still loved and wanted to see his mum and dad on a very regular I think it was twice weekly basis he used to come home from contact with litre and a half bottles of fizzy pop huge great big Gatos which he used to say were his and he wouldn't share with the other little guy in placement and yeah so it was challenging and then mum decided that she wanted him back I think they'd paid thousands for erm assessments to make sure mum could do that and mum did say to me she knew she couldn't do it but she was going to put up a fight she wanted her son back just because you know she didn't want social services to be to have one over on her but she was in no doubt that she didn't think she could do it long term but she was going to go to court to fight for him and the court guardian came out and eh she was undecided until the day of court and erm and then it was decided

that he would go back and lasted what weeks didn't it – two or three weeks I can't remember exactly how long but before he went he broke his placement with us here because you know he needed to break it spectacularly which is what he did erm we had another little lad erm oh I think that because he was in placement with that lad and when he left the little lad kind of erm went off the rails a little bit because he being able to go back to his mum do you know what I mean and he wasn't going back to his mum whereas he been okay I mean he had lots of needs as well he had been a firestarter he tried to strangle the duck and then dropped a puppy on his head but he was a nice lad he really was but again it was a bit of a challenge because erm he went on a rampage once didn't he through the house while the social worker was here well it was a social worker from the agency and she just didn't know what to do cause you know what it is just so difficult he was just throwing things around and tearing things up and basically what do you do erm anyway after a while he left and went to another placement erm and then we had a mother, father and baby placement which was quite challenging because you're balancing the three needs you know the needs of the young people to become erm parents that are good enough to keep custody of their child, the needs of the baby to be kept safe and erm you know because they're both you know they both had drug problems as well we managed to get them some counselling and that for that. Erm but it was a fine line really wasn't it and eh quite a challenge and when that placement ended I think eventually I think she did loose custody of the baby and I had to go to court and that was quite challenging because I only had Emma placed with us for adoption two weeks when I had to go to court and I had said I can't go because she has only been here a couple of weeks and you know Andy was working I can't leave him with anyone because she was incredibly clingy well they said if you don't come we'll supine you so we compromised and I gave evidence in a court room and erm but when they lest we decided that maybe fostering challenging children we done our bit really and erm that you can only do so much but it's always going to be down to the powers that be it was always going to down to protocol social workers contact and all of those issues and so you are limited what I am trying to say is I think we thought we were quite limited in how much a difference we could make and it kind of felt sometimes that we were just kind of sticking our fingers in the dike rather than doing anything really you know I guess we were doing something constructive because we were giving them a him a safe environment but maybe it wasn't maybe it wasn't at that stage enough for us we wanted more perhaps and maybe having the experience of having that little lad having to go back and how that made us feel maybe we felt that we wanted to do something more long term rather than short term so we thought about the kinds of children and we though okay children with disabilities because I had got that experience you know and so we started thinking

along the lines of you what we would do and the agencies were quite limited I think our agency was a bit limited in what they could do to find children with disabilities that needed placing and a friend of mine was a social worker and she started looking well she was looking on Be my Parent because at the time she was thinking about adoption and erm she came up with Emma's profile and said you know why don't you have a look which we did and we made enquiry's but it wasn't her picture and her wasn't her photograph and it wasn't her name so erm so we made contact because it said long term fostering or adoption and they came down to see us and told us that thy didn't want long term fostering they wanted adoption and so unless we were prepared to think about adoption erm you know they wouldn't be considering erm long term fostering. And I think you see a lot of adverts that say long term fostering or adoption and I think one of the things that needs changing is the role that if you are already a foster carer the role that the agency plays. So if you are already a foster carer for an agency it stands to reason they don't want you to adopt but if you are going to go ahead with that they want a big fat fee for taking for handing you over as adopters to another authority. Because I think it's about thirty thousand pounds or something like that and friends of ours that actually foster and the moment with an agency well known agency they are having the same trouble they want to adopt a child with disabilities but the agency are trying to put them off saying or well they will drop you like a stone when it's three years post adoption you know you won't get any money you know it's not like fostering where you get a regular income you know if they give you an allowance at all it might end in three years' time so they're desperately trying to put them off and to me that's because of the money that they earn from them fostering. You know and that's wrong it doesn't sound I don't think that's morally right erm but erm so then we thought well we our late forties you know mid to late forties as we were then and erm we have already got grown up children you know our children have grown up and left adoption is a huge commitment and then the more we thought about it we though hang on a minute it would be us responsible no decisions would be taken that wouldn't be within the children's interests no matter how they were dressed up you know they'd never be taken away and it seemed quite a good option then you know when we though about all that we had gone through with fostering and some of the decisions

Andy: Yeah cause the foster children despite being here actually want to be elsewhere don't they don't actually want to be with you because while their parents are still in the background you know however bad their parents might have been they still want to be with their parents as oppose to being with you

Kay: and I suppose what that flags up to us is that we needed that amount of we needed that affection then didn't we because we couldn't just do it without that level of affection cause they're eh as well as being anti the system they are also go eh they're also anti you because you are part of that as well and you are keeping them away from their parents you know. You are actually keeping them despite erm you are probably giving them a better life or whatever they actually want to be with them don't they.

Researcher: right yeah

Kay: So I suppose that means that we did and I think that's the case with

Andy: so the benefit that you are giving them isn't so great as somebody disabled that actually needs you more.

Kay: well and that's it need. You are back to need because I think there is a school of thought that carers become carers because they liked to be needed they have a need to be needed and I think that's probably true if you analyse it and although we didn't go into it initially to be adoptive parents what we get from our children is that we our mum and dad and we've created that family that we have started all over again with a young family because your children grow up and they don't need you and you know they do ring us and we do see them and obviously we are a big part of their lives but we don't know their very move and you know because they have moved away and wave kind of recreated our family again haven't we? And I suppose I don't know if we try to adopt a child without special needs they wouldn't have let us anyway but it was never something we wanted it was always about giving something back wasn't it

Kay: because we just thought that that would be something that we would I don't know how can you say it's not that the children that we looked after that we didn't really enjoy having and I'm sure they got something out of it but we just though our service would be better placed that really needed that and perhaps there weren't a huge amount of people that were willing to do that and we felt that we could. We felt that we got the patience we wouldn't have don't it in our twenties or even in our thirties even and we often say you kind of need that life experience and patience don't you and tolerance.

Researcher: Right yeah

Andy: You change with age

Kay: I don't think I could have done it in my twenties I couldn't do what I am doing now

Andy; I wouldn't have wanted to

Kay: so that's something you know you develop and I think that's probably quite interesting because although my children you know my son works with children with autism and his girlfriend works with children with disabilities sometimes I have said to them about fostering and they've said no they don't want that kind of commitment or you know they wouldn't. and they certainly wouldn't adopt a child with you know disabilities even though you know that's the field they work in so I don't know you know when we were talking about it last night

Andy: people don't want that level of restriction on their own lives

Kay: Responsibility as well

Andy: their lifestyle restricted to that degree to they

Researcher: right yeah

Kay and also we were talking last night about

Andy: they want to do what they want to do. Party go abroad go to the pub whatever they want to do they want to do what they want to do

Kay: well we still do that

Andy: Yeah I know but they see it as too restrictive

Kay: but you were saying last night about people that have got experience with children with disabilities seeing videos and people that haven't got any experience at all but I also think its erm it's a pull on your heart strings and kind of think you need that to begin with although we didn't have it because it was fictitious picture with Emma and a fictitious name but it was still that desire to do it and I think so you have to have that desire in the first place and then when you see the videos you know you probably feel hopefully you feel even more of a stronger pull but I think that is most important if it was that over somebody that had got experience with children that were disabled that wasn't getting that pull of think that pull keeps you going throughout the adoption process.

Andy: I think if you were a person that was completely fresh without previous experience to it I think the initial F form and the process if enough to put anybody off.

Researcher: Right yes

Andy: the seemingly needless questioning of you know

Kay: Well you found that difficult didn't you? Whereas I found it just a process

Andy: Well it's incredibly invasive and erm half of it is just so irrelevant you know erm the question of feelings of you know how you felt your aunty and your mum had a row when you was about three or whatever how does that have any relevance on how you are now.

Kay: but seeing as you didn't have any experience with children with disabilities and nor did I to a great degree with children with disabilities but more with adults when Emma was first placed with us did you find that eh I mean my recollection of it wasn't that you found it oh my goodness what do I do because you fall into it don't you it's like any other child isn't it.

Andy; you just go at it as if it's normal

Kay: It's a process isn't it it's like it would be like looking after any child

Andy: It's something routine isn't it

Kay: Yeah

Andy: its only knowing the routine in it it's what it is

Kay: Yeah. And if their on medication what types

Andy: and initially you don't know the routine but once you learnt then you just follow the routine and then adapt it suit yourself you know

Kay: because Andy does all of Emma's pshyio and actually you know you won't say it but his made incredible strides with her mobility and she's got an arm that was quite well when she first came her hand was quite clawed and her thumb was through her fist and she used to wear a little glove but as she has got older she will rip the glove off and the OT told me to sow it on but I won't do it I would rather take the glove off and bring her awareness into her hand so rather than her having something on that she can just forget about her hand and it holds it in one place keep bringing her awareness into her hand and we always say little thumb out if we notice its going into a claw we say put your little thumb out. But Andy's been doing these stretching exercises and pulling her arm out and exercises on her fingers and actually the hand is coming on so well because of think her brain is being retrained to use the arm

Andy: Yeah she can't use it or anything like that it's still you now she couldn't pick anything up or anything

Kay: but she can pick it up and put it on the top of a her bike now cant she and

Andy: sometimes she will use it to assist her good hand but eh mainly she doesn't use it it isn't in this condition all the time you know

Kay: No Andy didn't know anything about giving children with disabilities physio what I am saying is you learn don't you

Researcher: Yeah

Kay: because that's your little girl and you want to do everything you can so –so I wouldn't say not having experience bars you as long as you're as long as you're willing to learn as long as you're willing and happy to learn and if you have already have that pull with the child of course you are going to do that because you have already started that process of loving and bonding so that initial pull is going to make you want to do all you can for your child

Researcher: Right okay. And what because you obviously you've been through it twice now what about the second adoption with Nicola did you come to that decision to do it again?

Kay: I think we just felt because we were older that we didn't want to grow up alone did we

Andy: Yeah

Kay: and children don't come and play very often we found local children because she doesn't speak they get bored pretty quickly and we wanted her to because we were older we wanted her to grow up not only with a little girl a little friend whatever sister that she could play with but someone that throughout her life because it would be another child with disabilities they could be support for each other through difficult times you know.

Researcher: Yeah

Kay: so she wasn't always surrounded by children that could do more than she could that you know they can both growing up you know children with disabilities together. Does that make sense? We wouldn't have thought about

Andy: whether that's right or wrong you can't really say can you but that's the path we chose isn't it

Researcher: Yes

Kay: When you say right or wrong do you mean is that the right decision?

Andy: Well who's to say its right or wrong?

Kay: Well because it felt right I guess. Because it feels right because it is right. Because I think if had adopted a child not that they would have let us and we didn't want to without disabilities what would that have said to Emma. You know

Andy: She would have been the single child in this environment without other local friends because of the disability so apart from being at school she would be in this house with adults wouldn't she basically.

Kay: Yeah which we could see as being quite although we do our best to take her out and about and to places where there are other children erm I don't know between Nicola and Emma there seems to be complete acceptance doesn't there you know. Whereas even my granddaughter and Emma you know because she is able bodied and because kids say what they say you know we had this instance where she said to my son her dribbling makes me feel sick because she does dribble a lot you know but and you think you know it's really hurtful but children do say what does come into their minds don't they you know she's only saying what she thinks and of course when Emma goes to kiss because she can't purse her lips she opens her mouth wide to kiss and she will go to hug and as she puts her arm around you because of the tightness you know she will really pull but all the time she wants to cuddle Chloe she wants to give her a kiss and of course you know it can be quite and can be quite overpowering you know erm whereas I don't know Nicola and Emma they just seem to rub along and you know Nicola says Emma sister and you know they know there's a real bond between them. I think you would have to see them it's quite magical isn't it really it's you know but I think I am a great believer in meant to be you know that they found each other and we found our children and you know whatever your spiritual beliefs are I truly believe that you know that we were always meant to be on this path and that we were always meant to find those children because we did look into different children that could of fitted in here but we had to make that match then whereas with Emma we didn't have any preconceived ideas we had to make the match then for Nicola to go with Emma because there was once child that we looked into and the social workers came quite a long way to see us and they said what do you want from the relationship between them and I said well playmates really you know and she said she wouldn't even be able to hold out a toy for her you know she's that disabled and that wouldn't have worked for Emma that wouldn't have been fair on Emma because of the amount of work you know that the other child would have needed

Researcher: Right

Andy: and they need the ability to interact. It wouldn't be a lot of point for Emma would it

Kay: There wouldn't have been that relationship if they couldn't interact with each other. It would just be two children still unable to have that sort of relationship which wouldn't have helped anybody. But you know she was still up for adoption for a long while I don't know whether she still is or if she's off but one of the things we noticed with a lot of the children we looked at they were still up for adoption a long while later you know. Which I find very sad but you and that was quite difficult making those sorts of decisions wasn't it but we had to make them for the sake of Emma and for the child themselves.

Researcher: Yeah

Kay: So a lot of when we saw Nicola on the internet a lot of erm a lot of the decision making was around will that child fit in with our family you know which sounds callous but it has to be done doesn't it.

Andy: So the matching process had to be not only for the authorities side it had to be from our side as well.

Researcher: Right yes

Kay: So then it becomes a bit more complicated I think doesn't it. But when they come down to see us after we made the initial enquiry and then said yes they wanted to go ahead and the process for Emma took a year the process for Nicola took from her being placed with us ten months it's a long process and you do kind of think that because you have been foster carers before and certainly because you have been an approved adopter before but of course we adopted from different authorities so you're not approved by them now I don't know why you have to go through the whole thing all over again to be honest because if you've only done it two years previously its all the same isn't it and whether that's down to money you know I don't know I don't know to me that seemed I mean whilst we enjoyed it and you know Nicola's Social Worker made it absolutely brilliant didn't they you know they were great people to be with and I have no worries there and it was a completely different ball game wasn't it because the first time round we had some difficulties because I think the social worker wasn't able to understand sort of the subtleties of Andy's humour and that came out wrong in the form F when it was finally printed off and then they had us doing loads of essays about my beliefs and about why Andy doesn't see his children and this was all

going on over Christmas panel got delayed and we finally went to panel in the January and eh we were asked some questions

Andy: Plus the lady got no experience of doing it herself

Kay: No it was her first time at doing it

Andy; so there were major cultural differences and eh and inexperienced of having to do it for the first time

Researcher: Right

Kay: that probably didn't help us when we came to panel

Andy: but there again see that was a bad management decision that with a such a case that somebody so inexperienced should be given that case wasn't it really?

Kay: She was lovely, bless her, don't get me wrong.

Andy: Yeah she was a nice person

Kay: She was a lovely lovely lady. And she really had Emma's best interests at heart she really did

Andy: but she struggled very much of the way

Kay: she struggled with it all

Researcher: so that relationship with the social worker is quite important to your experience of the whole adoption process

Kay: Yes very because if you don't empathise and get on with them and share sort of you now because you with them a long time I mean you know they came down to do our assessment and they said this is both sets of social workers both of them stayed at the B and B you are at and erm and so they are in your house then everyday doing intensive stuff and because you are a long way away from them sort of thing I mean it doesn't work like that I think ordinarily does it but because you are a long way they come and visit and do it over the course of five or ten days or however long it is and so and I guess when we did it the second time round it was so fresh in our memories that at one point Diane or Keith was asking Andy questions and when he had finished he said and now you can put down that we are resilient. Because you know there's a section that is trying to see how resilient you are well we knew that's that where all the questioning was leading and you know you kind of think it must be huge expense and what I am saying is in these days of budgetary restrictions you know can we afford you know if somebody has come along for the first time fair enough but a lot of

the work that could be you know curtailed in order to get a I dint know they'd probably say know wouldn't they but as I say the BAAF [British Agency of Adoption and Fostering] form had already altered form the first time when we did it. It was a completely we had to do a portfolio erm it was all evidence based practice with Emma and we had to have evidence of all the points on their how we had looked after children in the past what experience we had. I thought that was quite valid actually but the they changed it all so you don't do that anymore it's a different form I can't remember what it is erm and I wonder whether that's necessary why do they keep changing the forms as well.

Researcher: so when you... both times when you went for adoption you went in with a specific child in mind it wasn't a question of you wanted to do and you were looking at other profiles of children?

Kay: That's right. Yes no no no, I think for us both times but certainly second time around we didn't just want to be assessed and then they come to us and say what about this child what about this child. Especially second time around our needs were so our needs to fit to fit in with Emma and fit in with our family were quite specific and so we wanted to be the authors of that choice so therefore we were looking at children on Be My Parent and thinking yeah we could know we couldn't because I think maybe the danger of being approved of being able to adopt a disabled child and then waiting for them to ask you is that you don't want to say know you would feel bad about saying no you know or I would anyway I would feel as if well even if there was a niggling doubt you know just see how it goes but I think the beauty of Be My Parent and those kind of websites is that you look and you analyse it and you think about it and then you say I am going to make an enquiry about that.

Researcher: Right so both times you were approved by the local authority of that child.

Kay: Yeah that's right we weren't approved adopters each time and so each time and actually second time around I tried I though well okay when we had the notion that we would adopt again I tried to get approved first by an agency down here and that proved to be an absolute nightmare it really did we tried Barnardo's but they were in disarray with management problems and one thing and another we tried and I think basically they dragged their heels and were so slow and I think they made it quite obvious that no they couldn't do it or no they didn't want to do it erm and so in the end we went back to the way of saying okay we will enquire about a child and if they want us then they will approve us which is what we did erm

because it is just tiring all the time isn't it you know you wait for these people to come back to you and its three weeks later and you ring up and that's three weeks gone and they still haven't contacted you and I think that's another thing that maybe people don't understand I mean I can remember saying to the social worker with Emma when we enquired in the January and by the September we still hadn't got her and I remember saying to the social worker she was three in the July and I said I missed her three year old summer. Her three year old summer has gone.

Researcher: Yeah

Kay: And she said there will be other summers and I said but there will never be a three year old summer and I don't think people realise how much you know once you have identified a child whilst you know it can't go quickly I don't think people understand the amount of emotional investment there is you have already taken on you know responsibility in your mind for that child for years to come and so things like missing their birthdays and then of course we missed Christmas. Because you know fair enough the foster carer didn't want to part with her before Christmas and so that delayed panel when it became January so we missed her third year old Christmas as well and now when you are going to look after a child for the rest of their life that's a pretty big ask you know and you know I found it quite upsetting and then the business of going up to see the foster carer and Emma being pushed around in a chair by the social worker outside and we weren't allowed to see her erm I found that quite difficult as well. With Nicola's you are used to that, you know that you're not going to see them until well you see a DVD and you will see some photographs but you won't actually meet the child until you do the introductions and so that's quite but second time around you understand that don't you you kind of have to live with it a bit but first time around that can be quite you know you think well why can't I meet them and see them you know you really want to with all your mind body and soul you really want to see that little person don't you and its quite tough knowing that they're that close and your sitting in a café and they're outside you know.

Researcher: that seems poorly organised as well doesn't it?

Kay: well yeah. They were adamant that it is protocol and sometimes protocol is all very well you need it don't you but

Andy: but going back to the training again. The training has got to be on specific days and

Kay: We had to go to for that

Andy: And with me working and the training got to be in and eh I don't know some ridiculous mileage I don't know two thousand miles and a fortnight just to do what we were already familiar with doing anyway

Kay: Because they couldn't access the training down here and then actually when we adopted Nicolas we went on the second time adopters training

Andy: That was hopeless as well wasn't it? Accessing the training

Kay: We tried desperately to get on the training down here for Emma but we couldn't so we ended up

Andy: It was already been oh when's the next one oh we don't really know when the next one is

Kay: Not until March and so I range up, you know in a panic saying look we are supposed to be in panel in January and we haven't done any training and then what are we going to do and they said we will get you on next week and so you know that was something that was

Andy: Instead of training here then not knowing when the next one was going to be didn't we put your name down for the last one and this sort of rubbish you ended up going backwards and forwards.

Researcher: And how did you find the training.

Kay: I think

Andy: Terrible

Kay: Andy's point of view. I found it interesting when we had the speakers like when we had that lady she had adopted shed adopted herself shed been adopted as a child and she had given a child up for adoption so and her sense of humour was fantastic

Andy: So the other side of it with the lecturers was so condescending wasn't it.

Kay: Andy found it so

Andy: You've got people from all different walks of life and some very intelligent people and yet they are being spoken to like they are children themselves. It's very poor really and the worst example was eh this what's in a name aspect of it and eh

Kay: They have you chalk your name up on a board

Researcher: Oh right

Kay: It's about not changing the child's name

Andy: You put your name up on a board and you say why your name is important to you yeah and this I don't know this afro Caribbean lady came in late and her command of English wasn't that good and where she come in late they immediately paraded her in front of the class to explain what was in her name when she had only just walked in through the door and her command of her English wasn't that good

Kay: And we just thought it was bad

Andy: Really embarrassing. The way that they handled it was really embarrassing

Researcher: Right

Andy: You know it was like she's come in as a naughty child cause she come late and eh

Andy: Yeah so she was obviously embarrassed and squirming because she was late anyway and so her command of English wasn't that good and then to stand her in front of everybody straight out

Researcher: Oh gosh

Andy: and make her say what her name meant it was really uncomfortable circumstance really. But it is like that

Kay: Again. Training is in no way tailored to adopting disabled children. No way. There is nothing in there that is I mean there are things like memory boxes and experience of other adopters you know there is a lot of stuff but you know there is nothing specifically tailored. You know I would like to see some specialist training erm you know just a day out of the training that you do to become an adopter around the needs and also your needs your needs to make sure because if you don't invest in your relationship that's not going to be any good for the children if you split up and got divorced because you haven't put you know put energy into your loving relationship erm so I am not necessarily saying that we need training you know this is how you look after a disabled child cause they're all different you know that all have varying needs but you need some sort of training around keeping yourself you know healthy stress free you know things you can do to alleviate some of the strains because there will be strains like hospital appointments you know one child in hospital and you know someone left at home and how do you cope and all of the stuff

that we've been through and I would like to see some specialist training around you know coping with your needs as parents you know of children with disabilities. And there has been none of that.

Researcher: So obviously that's been missing from the training but did you get that kind of preparation with the local authority did they help at all with that side of things.

Kay: No I don't think no I don't think so well other than you know this is what we can offer and to be honest its quite limited because its only funding because we were talking about direct payments last night you can't access direct payments until if you adopt from a different local authority until its three years post adoption not post placement post the day that they take your name. Right so you won't get direct payments so you know you won't get respite you know there is nothing form the local authority where you live until three years well very little. The occupational therapist that's down here has to be paid to come and visit by the local authority where Emma came from. So it's all a mind field and so

Andy: So if they don't pay they won't come

Researcher: Right. And then you got to be the organisers of that as well?

Kay: Well and in the end you learn to well I can only speak from our experiences I don't know about anybody else's but in the end you become self-sufficient and you learn to rely on your own resources and you learn to source out what's going to help and what you can access now come three years I have this imagination of everybody knocking on my door and me saying do you know what I've done without you for three years I don't need you. You know because that's how it makes you feel quite angry doesn't it really that and it's no one person's fault they all get caught up in this political you know so you have this you do your training and you know there is all this protocol and there's this massive form F and you talk about what you did when you were a child and I understand where all of that has a place but then where they fall down is that no one has got a clue what happens you know after that because a child with disabilities like both our children have required standing frames and we had a battle the first time round no you can't take the standing frame all the way down to ... that belongs to us. Well she needs it. Well okay get one form So then you speak to and they say well we can't just give you a standing frame just like that you know that's a different budget you need to be bringing the one down with you and you know so second time around

Andy: They'll have to pay for it

Kay: Yeah so second time around you know all this so I said right we need the standing frame so the foster carer said no that's going back to stores tomorrow. No, no, no it's coming with us and then you go to the social worker and you say right I need that standing frame no if butts or maybes we have to take it with otherwise she won't have one. And they said okay because they know you know but they don't really know themselves and everybody's where's her well she hasn't got a wheelchair, right okay well how are we going to push around. Well foster carers been using her own pushchair she can't really have a pushchair can she cause she is three and a half now so can somebody can we refer her to the wheelchair association no I mean she is getting a proper wheelchair this Thursday she has been on the list since October. So she was placed on the list in October it's now the end of May.

Andy: So apart from carrying her

Kay: So what would we have done up to now. So what we did do was look on eBay find a special needs pushchair give it a quick measure up to make sure it would be okay worked it all out erm say to its £250 and can we have the money over and above the settling grant for that and of course they said fine. If we hadn't of had that how would we have moved here around up to now you know.

Andy: You would have had to carry her unless you got behind and sorted yourself. Because potentially you could have the child there in your house and nothing

Kay: Because it takes so long

Andy: Because we had got the wisdom of what had happened previous obviously we could set things in motion but again somebody without the experience and eh knowledge of the system or whatever they could be left high and dry without being able to access their basic needs stuff.

Kay: Because you have very rosy views you think you know you have adopted this child from wherever it doesn't matter from where and everybody'd is going to help they are cause you know they are going to see that she is a great kid and that's a great thing to do doesn't work like that in fact when we first brought Emma back people were horrified because I had already tried to set the ball in motion saying look we are adopting a child and she has got this, this and this and she need this, this and this and they say no well has she come to live with you yet – no but I am just warning you are you approved yet and have you been matched well no but well

until you have been approved and matched well of course you are approved and matched and bring the child home within ten days. So we came down and we said I don't I know it might have been the health visitor whatever and they went what there's a child living in the middle of nowhere and we don't know and the balloon went up and the adoption people down here and the adoption team were saying oh well how come this is all happened well we told you it was all happening but you chose because it wasn't top of your agenda but then they start panicking then and try and trace the thread back you know how these people approved what's happened here. And in fact before I before we actually took Emma home I'd phoned up erm social services down here a guy very high up and said look you know we need to know about a grant so that we can have a downstairs bedroom facilities and erm I need to know how does that work because the authority had no real idea they were getting us to estimates on the house without even a OT which we since found out that you don't do it that way, but they obviously didn't know.

Researcher: Right

Kay: And I was like right okay then put the child first hey you know. But that was there attitude. You know

Researcher: So that must have been quite difficult really

Kay: You know they didn't want to know. They were as interested as everybody else has been in protecting their own budgets. You know so so yeah form filing all these forms absolutely wonderful all these forms Fs all of that brilliant but we know what all of that is about relevance but what they need to do is get their act together and work out who is responsible for what bit if they want to really get to grips with placing children outside of the areas.

Researcher: and when you were thinking of adopting your children from the outset was that something that you went into I guess thinking that that support would be there until, or did you go into thinking well we don't know but

Kay: Well I think you do I think you think the support is going to be there.

.

Kay: Yeah but I think there was a difference in the way their primary care team works I think they have different protocols so erm and you get this thing where erm you have got the school budget which is education budget you got the health budget and those things things like standing frames cross because you need a standing frame in school but is that education or is that health. So you get into this and is a bed health or is that really social needs because the local authority is supposed to see to social needs social care like you know when we asked initially when we asked Merton for the extra funding for this what we've

got now the extension she said no it's not to come out of social care that's not social care need that's a health need. So you get thrown between these definitions of is a standing frame or is funding towards erm a bedroom is that a health need or a social need. And I don't care what need it is as long as I get money for it and Emma's got it. Or you know but you do get caught up in that sort of battle don't you. They've got a long way to go I think before they get it.

Appendix I Interview with Nicola's Social Worker:

Researcher: So we do that. And if you want to withdraw from the interview at any stage that's fine as well, or even, if like later on you feel 'oh no I don't want to participate' we can take your information away from it.

Family Finder: Okay

Researcher: Okay so I just wondered if we can start right from the very beginning, like when you had the case presented to you. I just wondered if you could tell me a little bit about that, like when you were first presented with the case a little bit of background information, kind of the early on decisions that were made there.

Family Finder: Well we as an adoption team become involved usually when the plan changes to one of adoption in the LAC reviews the Looked After Children reviews, that's how our agencies work. So very early on in the process usually when it's still all going through court. You know, and the plan is twin tracking. So erm because the teams are very closely based, you know, the team that we get our referrals from are placed on the same level as us. They will make a referral to us give us basic background on a child and the reasons why and their looking at a plan of adoption. So we get who's who in the family, erm is there, are any disabilities, if there are any behavioural challenging behaviours, that kind of thing. Erm and you know it's very brief information that we get. And so I was I can't remember how old Nicola was, I know I had the case for quite some time, obviously before she was placed for adoption. And she did, did you want information about why she came into care?

Researcher: Well yeah, just all the kind of early on stuff like why adoption was seen as the most appropriate

Family Finder: Well we always do a plan a meeting called an adoption planning meeting so it's all the key people that get together to decide you know what's the legal position, what are the issues, and whose been looked at already in the family, whose yet to be looked at and assessed, erm and timescales so that children are not left in the system any longer than they need to be really. Erm and it was felt at that time that all family members had been approached, erm that were able to be approached, because this was quite a complicated case, you know not your normal case. Nicola came into care as a result of a non-accidental injury, which was brain significant; you know quite a significant brain injury. She was born with no problems you know no health issues, and it was when she was four months old she was taken into care, to erm hospital, as an emergency and erm because there was only two people really that it could have been, erm that had care of her at that time, obviously we couldn't and at that time, we didn't know who it was that caused the injury that she was received into care for her own safety. And then there was a long

investigation really and a finding of facts in court that deemed that the mother was the most likely to have caused the injury to this little girl.

Researcher: Right

Family Finder: And during that time. She was shaken, and it left her quite significantly brain damage and actually one point they weren't particularly sure whether she will live or not. And it was quite serious erm and she pulled through she was a little fighter. During the finding of facts hearing erm it was established that the person who mum had been saying was dad wasn't the birth father and it was actually another chap who after DNA testing was proven to be father. But his situation was such that he was already in a relationship and had children and the courts decided, that erm it was erm detrimental to their family life he didn't wish to have any involvement with this little girl. He couldn't offer her any long term care even if he was on his own. So erm obviously then the family members were limited to who we could look at. Erm and so you know that's why the plan became definitely one of adoption and we were granted a placement order for her. It's at that point we start actively family finding because we can't actively family find until that point. But what we did was we as part of the court process, erm got in touch with the Adoption Register, Be My Parent Children Who Wait, to find out how many families there were waiting that had been assessed and were waiting to adopt children with disabilities, such as Nicola, and the likelihood of us finding a family for her. So we did all of that research before the placement order just so that we were as confident as we could be that we would find her a placement. Nicola had always remained in the same foster placement and she came into care and she was placed with a very well established, they had been fostering for about thirty three thirty four years now.

Researcher: Right

Family Finder: And they have generally fostered unwell babies you know babies with special needs. So they are very experienced, very capable erm and so she had a very good start. And they actually brought her to where she was you know they brought her on and advanced her far above what any of the medical experts thought she was going to be

Researcher: Right

Family Finder: You know they didn't think she was going to sit up and she did. They didn't think she would crawl and she did, and they didn't think she would have any understanding, and she does have some understanding. Limited but she does recognise people and she is able to say some words, erm and communicate, you know. Limited you know but erm she is able to make, and she is a happy little soul, erm you know, and erm that's all credit to the foster carers really. The fostering team are very good at matching the children's needs with the foster carers that they place them with in this area. They will do a matching process. As we would in adoption, they would look at what foster

carers they have got and what children's needs are and match those children with those foster carers.

Researcher: Right. And what was the response when you said you have phoned the Adoption Register and Be My Parent, what was the response?

Family Finder: The response was that there were families out there. Erm obviously the problem is that it is limited information that they can give us. They can't give us specifics so if a family say, what they will and won't cope with its quite generic really, so you spend a lot of time you know, when you start talking to actual agencies. Actually their families are not able to manage that level of need, so erm you do a lot of that ringing round even though you've got a list of families that potentially could. They are saying they could offer a level of care to a child with a disability, when you actually go into it deeper it's that they can't manage that level. It's the form, you know it doesn't its how you do it really, you could have a whole list of things. Some will say severe disabilities, but its erm how severe and what extent, so erm that's an issue. And I know I've just done another one a child with special needs and again it was about her specific issue that wasn't on the list that when you rang around people were able to manage other things but just not this. So it is a life limiting condition. It's maybe better to look at how best you could get the information across you know a hundred page document of what people can and can't accept. But that's just the way it is. I think I can't remember off the top of my head how many were waiting, there is quite a significant number on the Adoption Register, but again they couldn't be specific about what level of need those families would be willing to accept. And for the Children Who Wait and Be My Parent were able to give me the children that they had, erm statistics on what they had, who had been placed you know, which again gave you hope that there were families that were waiting. And are agency again is good we will do a blanket distribution really of children. Like my colleague was saying that she is doing a referral, erm and we will do usually a three month block of advertising of a child to begin with, we will always look at more. So we will do a three month advertising of in Be My Parent and Children who Wait.

Researcher: And do you incorporate a video with that or is it picture and details

Family Finder: Yeah we do picture and details. I don't know why really. It has to be very specific about the quality of the DVDs if you are putting them, on but they are so expensive. So for the Children who Wait and Be my Parent to come out and do them, they are very, very expensive and so there's costs there. But you know, I think the pictures and the wordage you use because we will do in the magazines but we will also do it online. Which can be very, very useful the putting the information online. Both Be My Parent and Children who Wait has been a good move really. We've had more response from that then we have from the magazines. I think it is more accessible, you are more able to go online now and you can actually put more online information than you can in the

paper, erm and so that gives you a better platform because people can read in much more detail than they can in the paper. Erm and that's been a boost to the family finding. Erm and our agency will do we generally do a three month in those magazines and we will do that for any child with a disability because we know that those children that those children, are more difficult to family find for, so we will do that as a matter of course where there is a child with a disability, erm as well as putting them on the register. And we are part of the Yorkshire consortium and we are also part of a much smaller consortium, which is that meets on a monthly basis and so it's kind of we throw are net wide for the families. But in no way shape or form do we take the first family that comes along if they are not the right family. Just because a child has got a disability does not mean to say that they don't warrant the same level of commitment then any other child when we are family finding.

Researcher: And so if that's the case what other options do you look at long term fostering or....

Family Finder: Yeah well we were quite lucky in this case that the foster carers would have kept her if need be. We don't tend to take children out of this area if the plan tend to become one of long term fostering we will use our own foster carers that are approved as long term foster carers, we don't tend to send children out of the area if they are not going to adopt a family. So the foster carers again a very committed couple and you know they were saying if you can't find adoptive family for her, which they wanted for her then she will stay here with us. They were very committed to her.

Researcher: Right okay

Family Finder: But you know we pushed to find an adoptive family, it's not just oh this is going to be difficult so we can't so we're not going to give this much energy. Just as much energy is given to finding children with disabilities an adoptive family same as it is for any child.

Researcher: Right

Family Finder: So I don't think oh well they've got disabilities we are not even going to bother, they are given the same chance as anybody else. We will push that as well, you know we will push. And because they have got a disability you know they are children first the disability comes second. It's just part of who they are. It doesn't mean to say that they don't deserve a long term, you know family for them so that they will commit to finding them a family if we can. So it's just the same, there is no difference for us and if you spoke to any of my colleagues they will tell you the same. There is no difference is they are with a disabled child with just additional needs or emotional needs.

Researcher: Right. Can you tell, take me through the process of developing Nicola's profile, erm like you say to put on Be My Parent and Children who Wait. I am assuming that that must have been quite difficult if you

were not sure on the prognosis if the medics were saying one thing but her development was something else.

Family Finder: Well by the time we got to the erm putting things in getting the placement order and putting things into the magazines we had a better idea of where she was because she had come along such a lot, and she was outdoing much more than anybody predicted for her. But we always have to be very careful and say we don't know the long term outcome for her she has progressed so well, far beyond what anybody ever predicted for her but she may plateau out. She may plateau out and so we can't predict and so it's about finding a family that could live with those uncertainties, about where she would be and what she would be doing in the future. So when we were doing the profile we you know you look at the positives that she's doing and then balance that with, we don't know the with the reality is that you know we don't know. We are very big believers in giving adopters as much information as we can give, and being very realistic and open and honest because if you don't your setting up people to fail. You know and erm you're setting up a child that is just not done, we just wouldn't do it. So whatever information we have whatever access those professionals that work with that child the adopter's would get access to, meetings with those people so that they could have full information, which is what happened and erm for Nicola's family. So they had all reports all medical reports. She had a multi-agency professional health team, that worked with her providing needs and they met on a regular basis to update on her progress. So there was an occupational therapist physiotherapist, speech and language a whole gamut. And they would meet on a regular basis to see where she was, and how she was doing, and what the goals they wanted her to attain. And so the adopter's had full access to those reports. So that they could see where she was at the beginning, where she was now, and being realistic about the prognosis for her. So the profile wasn't that hard to right in a way because I got to know her, because we are very hands on. The adoption team does all the direct work with children helping them to understand you know where they are and how to move them on, and for a child with a disability you have to use other means to get that information across. So it's more your auditory sounds your touching and feeling, and rather than giving verbal for this little girl. So the adopters themselves had their family book, rather than, put together an album that had photographs but they could leave messages so she could get their voices as well as the sight of their faces. So by the time they actually met her she recognised them. Yeah so, and she knew who they were because they introduced you know "hello I'm going to be your mummy", so she knew their voices when she met them.

Researcher: So that relationship you had with Nicola that helped you write the profile because you could see other attributes other than the impairment

Family Finder: Yes, definitely. And I don't know if you are going to actually meet her, but when you meet her, she is just a little girl who just draws you completely in. You can't not want to be with this child. She's just, I always say she is beautiful both inside and out. She's a beautiful looking girl but she's beautiful inside. She's just amazing. She's just a strong character who through really her own strength and determination, and the care that she received from the foster carers, and now from the adoptive family, she's just amazing. And everybody that comes into contact with her is just drawn to her. She's just one of those children, unfortunately things happen to her in when she was four months old, but since then any professionals that come into contact with her they just want to do the very best for her. Because she demands it, you know and she deserves it. You know, so yes, you can't not engage with her because she won't allow it. She will come to you, if you don't go to her. She engages with you, she wants you to play, and she wants you to interact with her and play. She's got fantastic imaginative play, but she's just an amazing little girl. And it's been a joy really to work with her. She deserved a family that was going to keep her safe and that was going to love her, and bring her on which they have done and they are doing. So it wasn't hard to write a profile because I had got to know her very well and she got to know me so. But it was also about you have got to be very careful about your enthusiasm about a child because you've also got to look at the realities for anybody caring for that child. So while you can be enthusiastic about where this child is, you also have to give them the other side of the story. They will always have lifelong needs to be met, she is not going to be able to live independently you know we don't know where she is going to reach her plateau, if she does we just don't know the full extent and the future for this little girl. And so if you're upfront and honest with people from the start they are much more able to take stuff on board, rather than saying oh well it just might happen or it might not happen the reality is we just don't know, because the medical experts don't know. So what an adoptive family would need to do is make sure that they were able to you know understand that there are lots of uncertainties, right you know for her. And we did that by arranging meetings with our medical advisor, with the foster carer who knew her inside out and had had her from day one, and seen and gone through all the ups and downs of the early days, because she really was quite poorly in the early days. And so they had all access to the medical, the development, she attended the child development centre locally and that she had all the information from them. So you know they had every piece of information we had on her, the adopter's had sight of, because they had to make an informed decision based on the information we had, you know as to whether they could you know accept her for what she was, and where she was going to be. We do become very involved. I know some adoption agencies don't, but we do in the children that we are family finding for so erm we work conjointly with the child care team. So the child care team hold the case and they have the final say, but they work very closely with us so we will do joint visits to prospective adopters. Whereas as family finder it's my role to speak to all the agencies and look at reports on prospective

adopters, to give information about you know, a child and then to make a decision about whether to exchange those reports. From that I then liaise with the child care team and give them access to those reports and they make decision about which family they would like to visit. But we kind of gate keep some of it because we know the children so well, you know from discussions that you have with agencies, you know with discussions with families, that they are just not going to be able to meet the needs of that child. So you won't take it any further and actually and I've found that in a lot of adopted children's cases, especially if you put them on the website and on the magazines you will get a lot of people coming forward that are not actually approved yet.

Researcher: Right

Family Finder: And you know so you are actually speaking to a lot of people not with an agency, or you get an email you know, because they will email you as the link worker to enquire, so we give very limited information to those people because obviously you know, its confidential information. But what we will tend to do is ask them questions about themselves where they are in the process. If they are not in the process we will generally point them to wherever they are living to an agency to get them started on the process. Erm if you know, but actually in this case we had to think outside the box on this one you now for this little girl this wasn't a normal procedure in any shape or form. This package that we did for this little girl was tailored for her and her needs. So you know we did the normal things of putting her details on the websites and in the magazines and the register and all the rest of it, but the family that we found for her actually came through, as many did having seen her information on the online, because they had adopted prior and a child with special needs and they felt that they wanted to do it again. So I actually had the initial conversation with the adoptive mother.

Researcher So at that point that hadn't engaged again in the adoption process. They were just kind of

Family Finder: They hadn't started but they were looking and in their minds they wanted to go through the process again. So erm they contacted me and I spoke to the adoptive mum. Again limited information was given at that point. She was very clear that they hadn't started the process so, but from the conversation I had with her about their experiences; they had been foster carers in two areas, they had looked after a range of children with different needs, they had adopted, they had been parents themselves with grown up children. So they had an awful lot of experience of parenting and they also had experience of looking after children who weren't their own, erm and then they adopted a child with special needs, and they were very proactive within that and meeting her needs. So there was so much there as a basis that we didn't feel we could say no to them at that stage.

Researcher: Right

Family Finder: You know because we owed to Nicola to explore for her. So we made the decision that we would visit even though they weren't approved. That we would visit to gather more information from them and then we would come back and we would have discussions with both our managers and make a decision about whether we wanted to go further with them, to offer them an assessment by ourselves or to offer to get somebody else to do an assessment on our behalf you know that we would fund. So myself and the social worker did travel to see them and met them. It was a very positive meeting and we came away feeling that actually they would be the right family for this little girl. It was a long meeting; you know there was a lot to discuss. And so we came back and we had a discussion with our respective managers and they made the decision that yes we would proceed with them. The next question then was who was going to do the assessment because they are well out of our area.

Researcher: Right

Family Finder: And erm we did approach another agency who said they could possibly look at it, but then when we looked on hindsight, actually to know these people in more depth given that we are going to be placing this child potentially with them, then it would be better for us to do the assessment because that would give us an opportunity of getting to know this family an awful lot better, rather than somebody else writing it and us having to get to know them. And it worked out brilliant so myself and actually my supervisor went down there for a week. We spent a week with them every day, bless them, long days and did their assessment. And did all the statutory checks, all the referee visits as we would with any other child. So we made that decision because we felt it would give us a really good opportunity of getting to know them. And ensuring that it was the right placement. Because I think only by knowing somebody inside out especially for a child with special needs, you have got to know these people, because you have got to be sure that they are going to be able to meet, and you have got to develop that relationship. And it's worked out brilliant. So we did, you know, we made, we're committed to doing that for her. And then we we're committed to because they were our family then, because we had brought them up and they came to our panel and were assessed and approved as our adopters, and then they were also approved and matched with Nicola. Through our own agency. And we had all the meetings as we would have if it was another agency so nothing was kind of skimmed over, and then erm we have also committed to doing all the statutory visits. So in the beginning that's weekly visits, so we were going down there every week. And then we had the reviews, the statutory reviews, and we continued to go down on

a monthly basis to see them. And that will happen until the adoption order is granted. And there is a support package in place for her as well, and so the liaison was carried out between the people that had been involved with her up here are the professionals and the counterparts in the area that she was going into. To make sure there was a continuity of care services that they were going to provide for her. So that was all done. So some equipment actually went from here because it takes time to set up equipment in another area so it was important that any specialist equipment she needed immediately went from here down there.

Researcher: Right, yes

Family Finder: All her possessions, anything that was hers in the foster home went with her. So you know it's, we have made a big commitment to this little girl and quite rightly so. But that would happen if say her package was tailored.

Researcher: And support was that established before you found the family

Family Finder: Yeah we always do when we take a child to panel for should they be placed for adoption decision there will be a support package plan already established at that point. Obviously then once a family is identified then we tweak that we will update it. But we will also do separate support plan for the family and a separate one for the birth family.

Researcher: Right, okay

Family Finder: And you know they are all given

Researcher: And did you have other families that are, obviously you said that there was a few that approached you but was there other families that contended alongside this family?

Family Finder: There were not at that stage. There were other families that came forward at the same time were coming forward, but they just you know, when you, when I was talking to them as I had done with the family we went with, it was just very apparent that they didn't have that understanding. They tend to, one of the down sides of putting up is that they look at a photograph erm and the emotional heartstrings are pulled, you know, so and they sometimes forget, or not forget, it's not forget, but sometimes they overlook the needs of a child because they can see the physical child. Erm and so they will overlook or downplay some of the issues. Not for any negative reason because they have really emotionally connected with a photograph with a child particularly, and so when you are talking about the needs of a child, especially a disabled a child, with

special needs you have got to make sure that they have got that understanding about what they are taking on.

Researcher: Right

Family Finder: Because you don't want to set you know we are not about setting anybody up to fail.

Researcher: No and would you say erm sort of looking at the impairment then, is like probably the greatest need for that particular child, as oppose to other needs or is there like a particular set of needs that you look for?

Family Finder: I think it was need, I think yeah when we are looking for adopters erm it's fifty/fifty because you can't ignore the needs the physical and development needs of that child, but the other needs are just as equally as important. So you know like I said, as you would with any other child, you look about you and ask them what is it about this child that's drawing you. You know because you don't want them just to think 'oh well I'm just going to care for a disabled child' you want all their other needs to be met. Their emotional needs and you know, and to be part of the family not just a carers to her, you know you wanted her to be their daughter and to be part of a family and to be accepted by everybody into that family.

Researcher: Right

Family Finder: And you know so, that what you're looking at that as well, but it's not, you can't ignore the fact that she has additional needs and they need to be met too. So you look at, also looking at, what facilities are there, what services are there in their area that she is going to. Are those needs going to be able to be met?

Researcher: Right yes

Family Finder: So erm you know is there a special school that she can attend that's got all the access to developing her educationally. Is there access to all the medical stuff that she needs within the local area? For her, for this little girl she does have seizures so we needed to and they live quite remotely so a big discussion was on the safety of placing her in a remote area. So we had to look at what emergency availability there was to meet those needs, so you know it's a big, it took a long time to do because we had to make sure that all the things that she needed were going to be in place for her. But yeah, the families that we were looking at weren't, you know it wasn't just a means of can this family meet her medical needs or her disability needs, it was also can they meet her other needs you know her right to family that loved her and cared about, her and gave her every opportunity, as they would with any

other child. And for this family that we chose they are very much focused on their children. Nicola and their other daughter are given every opportunity that any child would be given. You know so they go to children's farms, they get put on the rides, you know and they go to they go anywhere that another child would go to. They are given all those opportunities so they see them as children first and their disability second.

Researcher: Yes

Family Finder: But they don't ignore the needs of the disability because they ensure that all the medical services all the developmental services are there, you know and they are very proactive and at making sure that their children get those services.

Researcher: Right yes. How long did it take to place Nicola?

Family Finder: She came in. Yeah it took a long time. She came in when she was four months but obviously she needed to be stabilised as far as her health needs were concerned. And then there was a long drawn out court hearing and so they had to be a finding of facts, and I think that took about four weeks. So she was actually, she is four in July so she was about three and a half when she went so it was a long time that she was in care. But part of that was us assessing this family because they weren't assessed so.

Researcher: Right so that kind of took a long

Family Finder: Yeah it took as long as you know, it takes a long while to do an assessment of a family and to do all the statutory checks, erm to look in it's a different areas we have to go back to those different areas, you know to do all the referee visits, to do the well all the statutory checks that we have to do, erm employers, you know education of a child, if they have got a child's education we will go and speak to the school and get a reference off them, family member's. You say if they have lived in different local authorities we will go back to those different authorities to do a check to ensure that there has never been any issues. If they have been married before and there is children in those marriages we will go back to those spouses and see if there is or has been any issues. So it's a long drawn out, it is a big piece of work you know, that we do to assess the family so that takes time. So there was all of that going on, so we, and then because the foster carers have other children in placement and they have their own children and some of those children have got special needs we had to make sure that they were for the introductions, so the introductions were delayed so that we could do them in the school holidays. So that both families had to put from other people help them with the children that they already had. So that the family could

concentrate on bonding and attaching with Nicola, and also, it was like a military operation really. The foster family had somebody that could support them in offering care to the children that they had while they were concentrating on helping the adoptive family get to know Nicola showing her you know, showing them how to care for her. The adoptive family were likewise obviously brought their daughter who had special needs up with them for the introductions because it was important that she got to know, and had got to know Nicola during the introductions and they had time together but also that there was somebody there to offer erm care to their daughter whilst the adopters could have one to one as well with Nicola.

Researcher: Right

Family Finder: So we had to make sure that all these people were in place and all that support was in place before we could start the introductions. So erm then we put them up in accommodation for them up here so they could spend time up here and they could see her every day, and we do that for any. That was no different to any other adoption that we would do. So most of our placements are done out of area so this is nothing different. So all our families' erm will have children placed from a different area because we are quite small geographically we don't tend to place our children with our families because it is too close, the families are too close to each other.

Researcher: Yes right

Family Finding: So we tend to do all our placements out of area so for us this is not unusual.

Researcher: Right

Family Finder: So we will go all over we go all over the country to place our children

Researcher: Right okay. I was just wondering, what if like, before you kind of families approached you and you were kind of assessing those families and that kind of thing if you had in mind the sort of family that you would like Nicola to, were there certain characteristics that you were looking for in adopters?

Family Finder: Yeah when we can we will always ask the birth families but in this case we weren't able to. (A) because the birth father didn't want to engage and the court had actually absolved us really of making, you know going to him. Birth mum had kind of not disengaged, but she wasn't making herself available really. So we as a part of the adoption plan we will have family finding meetings. So what we do then after panel has agreed that a child should be placed for adoption then we

will have a family finding meeting and then we look at the type of family that we were looking for, and what her needs you know, what type of family, you know is it a two or one parent family, are there any areas that we wouldn't look to place her in because it would pose a risk to the placement. Is it close to birth family members and so we were very closely matching her needs to what we were looking for. So obviously for Nicola she had all of these developmental needs as a result of the brain injury so we were looking for a family that had insight and knowledge of a child with those particular needs. Erm we were looking really at the family that had some parenting experience because you know as you can appreciate its hard work anyway, but you know they would need some form of, even if they hadn't had parenting but some form of childcare. You know quite involved. Erm we weren't necessarily struck on whether it was a one or two parent you know because, but with a disabled child there would need to be, if there is one parent they would need a lot of support you know for themselves, the adopter would need a lot of support, you need somebody the share the burden and share the load really, because it is quite tiring erm you know with a child whose growing up without special needs, eventually that child will gain some type of independence. But obviously a child such as Nicola that is going to be a lifelong. We weren't stuck on whether it was going to be a one or two, erm we were open to that, we were open to that it was a same sex couple or a heterosexual couple and it doesn't matter as long as those people can meet the needs of that child.

Researcher: Right

Family Finder: You know holistically meet the needs of that child. So erm so it was very much we focused on a family that could see beyond her disability and give her the needs of any child, but also a family could also understand that there were lots of uncertainties for her future so that's what we were looking for. Tall order you know, but I just think we owe it to any child not to just place them in a family just because they are willing to take a child on, because I think you set people up if they don't fully understand what they are taking on, I think you just set them up to fail in some cases, and it's not fair to anybody. It's not fair to the child and it's certainly not fair to the adopters. So erm tall order and as I say we would of, she would have remained in foster care if they couldn't have found somebody that could meet those needs but erm fortunately for us there was somebody that you know, came along that could. So we looked at other families and had discussions with them, they just weren't right for Nicola because it was their lack of understanding really about her needs. And once you spoke to them a little bit more in depth about what she needed they felt unable to manage that level of need.

Researcher: Right

Family Finder: But you know I think we were always pretty confident that we would find a family for her. Just because of who she was really. But I tend to find also for people that are wanting children with special needs will look into to Be My Parent Children Who Wait because most people will tend to know, that those are the hardest to place children.

Researcher: Right

Family Finder: You know they are either sibling groups, or children with additional you know, quite attachment disorders or children with developmental or physical needs. So I tend to think that a lot of people that look in those are specifically looking for children with those additional needs. You know that and luckily, we were able to find somebody like I say so.

Researcher: Right brilliant. I think that's about it really. I mean I don't know if there is anything you want to add

Family Finder: No I don't, I think you know because we do speak to a lot of agencies about how they do things. I just think you know we are very strong on every child matters and every child deserves a family, erm and every child deserves the right family, so I think we are very child focused. And erm it doesn't, like I say, whether they are disabled, or whether they are have got other needs or emotional needs of attachment disorders, we will do everything we can to find a family. And we will keep going, for as long as we can, to do that. And so in our agency they are not treated any differently to I suppose they are in the fact that automatically put them in Be My Parent but as far as how we do things other than that their given the same level of service.

Researcher: Right okay

Family Finder: That's just we are very child focused.

Researcher: Yeah well thank you for your time; it's given me loads to think about so that's really good.

