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On the Aspects of Social Work Support for Adoptive Parents in the Process of Adoption

ABSTRACT

The article represents a part of a master thesis research project carried out at Klaipeda university. Concepts of biological, emotional, and procedural parenting obligations were utilised to analyse the issues of social work support for adoptive families. Procedural and emotional components were found to raise the biggest challenges. Although fostering and adoption mean raising a child deprived of parental care and usually needing additional help, social work support is mostly oriented towards fostering families. Therefore, social work support for adoptive parents while rather intensive in preparing the necessary documentation, initial training and matching of a family and a child, basically stops after the child arrives in a family. After that support remains purely voluntary and occasional. Research results show that the adoption process needs to be improved by revising training programmes, enhancing inter-institutional communication, and enriching the information provided for adoptive parents. The current procedures are seen as inefficient by social workers and adoptive parents.

Keywords:
social work, parental obligations, social work support, training of adoptive parents, adoption

Every child's right to family relations is established in Article 9 of the UN Convention on the rights of the child, Article 7 of the EU Charter of fundamental rights, Article 8 of the European convention on human rights and in many other

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documents of national and international legislation. When this right cannot be ensured, alternative solutions for a child are sought to establish an environment akin to a family experience.

As Gedvilaitė-Kordušienė et al. (2019) argue, there is no single definition of a family concept. Various family forms are distinguished, including foster families, remarried families, etc. Although the natural family is considered the most important for a child, it does not necessarily mean biological parenthood would better represent the child's best interests.

Millions of families worldwide who cannot conceive a biological child see this as a personal tragedy. They describe this experience as the tensest period of their lives (Baudin et al., 2015). Infertility, though not considered an illness, might result in psychological and emotional disorders, including anxiety, depression and guilt (Hasanpoor-Azghdy et al., 2014), difficulties in conceiving might present social pressure and pose a threat to a woman's self-worth and ability to fulfil the centuries-old role ascribed to her (Prasad et al., 2017; Baudin et al., 2015). Eventually, this could decrease the family's life quality and provoke marriage conflicts (Prasad et al., 2017). According to Dongn et al. (2021), motherhood is experienced through a bond with a child and influences not just the mother but also her relations with her husband and the broader social environment. For families without biological children such experiences are unavailable, therefore adoption becomes the possibility to attain a sense of fullness (Giedrimas et al., 2013; Prasad et al., 2017).

A glance at the statistics of Lithuania shows the drop in numbers both in foster care and adoption during the pandemic. Yet the decision to adopt is taken significantly less often (Table 1).

Table 1. Number of children taken into foster care and adoption per year in Lithuania

	Number of adopted children		Number of children who were placed under foster care
	Lithuanian citizens	Foreign citizens	
2021	57	12	953
2020	51	29	877
2019	74	34	1312
2018	103	56	2033
2017	92	47	2402

Source: Official statistics portal) natural parenthood is an adoption.

Besides the pandemic, other considerable reasons for the small number of adoptions is the decrease in the total number of children under 3 years of age and the wish of future adoptive parents to find a healthy child as Lithuanian families mostly prefer children from 0 to 3 years old having none or insignificant health disorders. However, the decision to adopt and find a child are only the first steps of the process. The research problem of the article encompasses a lack of aid and support for adoptive parents in Lithuania, which also might add to the small numbers of adoptions. What an adoptive family has to go through and what it means to raise a non-biological child is sometimes difficult to perceive for relatives and professionals. Improper reactions of people around the family and their behaviour might deepen the family's hardships. Therefore, competent support is of high importance.

The research on adoption in Lithuania is rather scarce, especially compared to the research in foster care. Lithuania is gradually moving away from institutional care towards community and family care. Lesser dependency on childcare homes requires increased attention to training and motivation of foster and adoptive parents and the development of a social service system. Considering these changes in the legislation and structure of the child rights protection system in Lithuania, it becomes particularly relevant to address the issues of adoption and social work role in this process. Thus, the object of this article is social work support in the adoption process. The article aims to identify the need for social work support among adoptive parents in the adoption process. The objectives of the article are: 1. to identify legal and educational aspects of adoption processes and fostering; 2. to review the system of social work support for adoptive parents in Lithuania; 3. to empirically research adoptive parents' and social workers' experiences of social work support in the process of adoption

LEGAL AND EDUCATIONAL DIFFERENCES BETWEEN FOSTERING AND ADOPTION

Legal aspects. Adoption is not the only way to protect the interests of children deprived of parental care. In such cases The Civil Code of Lithuania allows for adoption or foster care.

The State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour defines adoption as a process when the personal and property rights and duties of the child, natural parents and relatives are terminated while the personal and property rights and duties of the child and adoptive parents

are created (2021). Thus, adoptive families are equated to natural families, and do not become entitled to any additional social services other than any family in Lithuania is eligible to. At the same time the state does not supervise adoptive families in any form.

Meanwhile, foster care is defined as the guardianship and upbringing of a child, deprived of parental care, and entrusted by the state to an individual or legal person to represent and ensure the child's property and personal interests. In this case, a kind of agreement is made between the state and foster parents, where the state obliges them to provide financial and social support during the fostering period, while foster parents oblige to cooperate with supervising social workers.

The procedures to become adoptive or foster parents are similar: in both cases, prospective foster or adoptive families have to fill in a formal application, then they are initially assessed by a regional Child rights protection institution, have to complete the programme for the preparation of foster parents and adoptive parents "Parent Resources for Information, Development and Education" (PRIDE) and get a positive final assessment to be enlisted as prospective adoptees or fosterers. According to Eriksson (2016), despite the similarities in preparation and general aims, fostering and adoption have differences in their outcomes for a child: foster parents might be relieved or removed from their duties, or even refuse to continue their duties, while adoptive parents might only be restricted from their parental rights by a court which is a more difficult procedure also bearing more severe consequences for a family. Foster parents also must ensure contact between a child and biological family, while adoptive parents do not have such an obligation.

A more detailed list of differences is presented in Table 2. As seen in this table, the legal regulation of Lithuania's fostering and adoption processes leans quite heavily towards ensuring social services and supervision of the foster care process, while post-adoption services are very scarce. However, support during preparation for adoption and in the period of post-adoption might be of great essence because adoption represents a transitional period, a turning point in family life changing family structure and respective roles (Chobhthaigh & Duffy, 2019; DeJong et al., 2016). Psychosocial support for a family at a transitional point is very important in helping to adapt to new circumstances and embrace new roles or lifestyles.

Table 2. Comparison of legal norms regulating foster care and adoption in Lithuania (compiled by authors)

	Foster care	Adoption
Relations with natural family	Children have the right to communicate with their biological family, except when this is contrary to the child's interests.	Relations with biological family are terminated. Adoption is a confidential process, data on the child's adoption may not be disclosed.
Property rights	A fostered child acquires no property rights to the assets of his or her foster parents.	An adopted child acquires the inheritance rights to the assets of adoptive parents on equal terms with natural children.
Child identity	The name and surname of a child remain the same.	An adopted child may be given the surname of the adoptive parents.
Supervision	Fostering of a child is supervised by the regional Child's Rights Protection Institution.	Adoptive families are not supervised.
Designation procedures	Temporary foster care is established by the decision of the regional municipal board, permanent foster care is established by the court order.	Adoption cases are heard at the court in a closed hearing, adoption is established by the court order.
Ending of the process	Foster parents can be dismissed or suspended from their duties or relinquish their duties themselves. Fostered children can be returned to a natural family.	Adoption cannot be revoked. Adoptive children are equated to natural children.
Financial support	Foster parents receive monthly grants. Some municipalities assign additional support money.	Regular grants are not assigned. Adoptive parents are eligible for a one-time reimbursement.
Social services	Foster families receive regular services from foster care centres.	Social services are provided only at the adoptive parents' request.

Lithuania together with other EU countries adhere to a unified paradigm of adoption, which is seen as modern and humanistic, focusing on the best interests of a child:

- child welfare is prioritised; thus, the whole welfare system is oriented towards the child's well-being;
- tensions arise because the number of prospective adoptive parents is significantly bigger than the number of children available to adopt (the same situation is in Slovenia, Italy, Germany etc.). To release this tension an international dimension of adoption is developed;

- the basic service package in most countries is similar: training of prospective foster and adoptive parents, professional counselling, mediation and support;
- EU sticks to a paradigm that in their legal status and eligibility for social benefits and services adoptive families should not differ from natural families (Merkys et al., 2020).

However, due to financial differences and stereotyped attitudes towards applying for social services, adoptive parents find themselves in an unfavourable situation compared with foster families.

Finally, another legal issue concerning adoption is its confidentiality. Here the opinions differ from regarding confidentiality as an essential value to considering it as a destructive phenomenon violating the best interests of a child as stated in Article 7 of the Convention on the Child rights of the child (child's right to know his/her parents) and Article 8 (child's right to identity). Gužinskienė and Navaitis (2016) note that there is no unanimous legal regulation standard on confidentiality of adoption across EU member states.

Educational aspects. The differences between biological parenting, foster care and adoption can also be distinguished on an educational level. These differences here are analysed using Fahlberg's model of parental obligations (Figure 1).
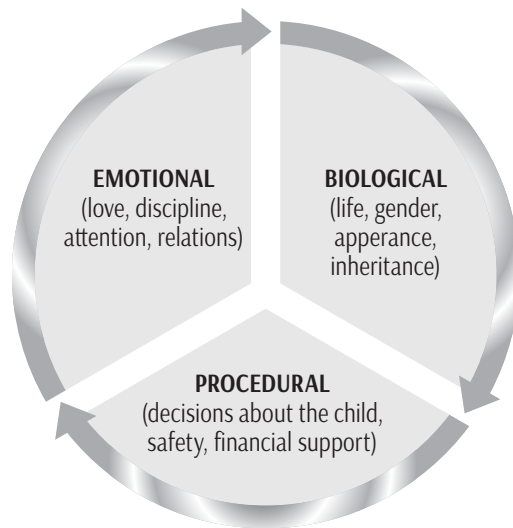

Figure. 1. Components of parental obligations

Source: (Fahlberg, 1988, in Staskevičienė & Bankauskienė, 2003, p. 77).

In Fahlberg's model, the biological component consists of characteristics a child brings from his/her natural family, inherited features, i. e. things, that cannot be taken from the child: gender, appearances, character traits, inclinations to certain illnesses etc. The procedural component includes all parents' decisions concerning the child: school selection, after-school activities, insurance, financial support, etc. And finally, the emotional component covers the expression of love, attention, parenting methods, creation of warm, and supportive relations. In the case of a natural family, parents usually accomplish all these obligations. However, in cases of foster care or adoption they become shared among several parties: foster or adoptive parents, natural parents, and social/child protection workers. In the Lithuanian context the division of these components usually goes along the following pattern: in the case of foster care biological and procedural components are shared, whereas in the case of adoption – only the biological component.

Foster care in Lithuania is supervised and monitored by regional Child rights protection institution, while social services to foster parents are provided by foster care centres. It means, that foster parents have to "share" the biological component with their natural family and the procedural component with child protection workers. "Sharing" the biological component implies recognising, accepting, and respecting the biological characteristics of a child, which he/she brought from the natural parents. A fostered child arrives with an own name, surname, genetical predispositions, family traditions, inherited character traits, habits, values. These are parts of a child's personality and cannot be ignored. Foster or adoptive parents must respect that and correct some of these if necessary. In this respect, foster care and adoption have no essential differences.

Sharing a procedural component means cooperation with supervisory institutions. Supervision of foster care in Lithuania involves Child rights protection workers visiting foster parents as least once a year and completing a foster care review form. Thus, procedural decisions of foster parents, concerning the child, might be discussed and/or contested during this process. Therefore, foster parents must understand the fostering principles and be ready to cooperate with outside professionals. This is especially important in cases of sensitive decisions: vaccination plans, medical treatment, financial support, and disciplinary rules. However, this is not the case for adoption. As adoption is not supervised in Lithuania, adoptive families do not have to obligation to discuss their decisions with child protection workers, and they are not visited by them.

And finally, the third – the emotional component. Here foster and adoption processes also have no essential differences. Developing a warm, caring, loving, emotionally supportive atmosphere is equally important in every family and is

difficult to supervise or control. Both foster and adoptive families' love and caring play an important role in helping children overcome whatever traumas they have brought from their previous environments.

The comparative review of foster care and adoption processes shows that raising a child deprived of parental care is a demanding and responsible undertaking. There are several differences in biological, emotional, and procedural levels between fostering and adoption. The biggest differences appear on a procedural level. Although foster and adoptive parents face an equally difficult task, support is mainly oriented towards foster parents.

SUPPORT SYSTEM FOR ADOPTIVE PARENTS IN LITHUANIA

Training and consultancy of adoptive parents in Lithuania is implemented by the individuals certificated by the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour. They are usually employed at a municipality level at Foster Care Centres or Social Service Centres. They participate throughout the whole process of adoption: evaluate future foster parents' motives and possibilities to adopt, provide social and psychological support and implement a training programme.

The programme for preparing foster parents and adoptive parents, "Parent Resources for Information, Development and Education" (PRIDE), was implemented in Lithuania from 2008 to 2018. In 2012, the PRIDE programme in Lithuania was renamed "Training and consultancy of foster parents (guardians) and adoptive parents" – GIMK (henceforth in this article – GIMK training).

Also, in order to support adoptive and foster parents during child adaptation in a new family, since 2011 they are offered to participate in a further training programme. This programme encourages continuous development and learning and shares common experiences among individuals to meet the children's needs. It also aims to help individuals overcome difficulties and support them.

The further training programme is initiated by the staff of a Foster Care Centre or by the request of foster or adoptive parents. The programme is optional, of a recommendatory nature.

However, due to the earlier mentioned focus of social services towards foster care, adoptive parents are not among the regular participants of the further training programme. State support for adoptive families ends with completing the initial GIMK programme. The period of child adaptation in the family gets significantly less attention unless the adoptive parents themselves write a request for support.

RESEARCH METHODOLOGY

This article represents the master thesis research project in a social-work programme at the Klaipeda University. Due to article volume restrictions, only a part of this research focusing on social work support for adoptive parents is presented herein.

In the first stage of the research, scientific literature was analysed and selected using scientific journals and databases. The literature analysis led to a research question – what is a need for social work support in the adoption process? In the second stage, the methodology of the research was developed. It is based on the following theoretical approaches:

–   an existentialist perspective on an individual's experiences, emotions, and choices acquires great significance in the adoption process when knowledge of adoption motives, specifics of a certain family and assessment of their possibilities is vital in ensuring a safe environment for the child and overcoming possible challenges. Dialogue plays an essential role here, as communication and community are fundamental to every person (Ratnikaitė & Uzdila, 2008).
–   a humanist approach focuses on studies of individuals rather than groups with priority given to interpretative methods of cognition of social reality (Kardelis, 2016). In this case focus is on an adopted child and his/her best interests. The pair's need to adopt has to be coordinated with the welfare of the child and the legal status of the adoptive family has to be the same as that of a natural family (Merkys et al., 2020).
–   social constructivism and social constructionism argue that knowledge and social reality are constructed either within individuals (social constructivism) or through discourse and conversation (social constructionism). Individuals create everything that constitutes an individual's social life: thoughts, ideas, communication, perception, abilities (Giesen, 2011). This perspective is important in this context as adoption involves creating a new, safe environment for a child, which would stimulate new roles, knowledge, ways to communicate, values and experiences.

The third stage of the research included carrying out empirical research. The qualitative research utilising semi-structured interviews was performed from January to March 2022. The interviewees were adoptive parents and Child Rights Protection and Adoption Service workers. The qualitative interview method was

chosen because qualitative research allows for flexibility and inductive data analysis (Kardelis, 2016). According to Tidikis (2003), interview and conversation are among the most effective qualitative research methods. Direct and purposeful interviews with respondents provide the necessary verbal information to embrace such a multifaceted phenomenon as adoption.

The semi-structured questionnaire consisted of 4 diagnostic blocks:

– The first diagnostic block (questions 1–3) intended to indicate fundamental motives for adoption, origins of the decision to adopt, and recognition of the links between adoption motivation and future success. The results of this block are omitted in this article seeking to avoid excessive volume.
– The second diagnostic block (questions 4–6) intended to determine which requirements for adoptive parents are the most/least important, and determine which stages of the adoption process are the most challenging.
– The third diagnostic block (questions 7–12) intended to identify the importance of the "Training and consultancy of foster parents (guardians) and adoptive parents" programme, to find out the pros and cons of the programme, and to determine whether adoptive parents maintain contact with social workers and participate in Further training programmes after adoption.
– Fourth diagnostic block (questions 13–15) socio-demographic characteristics of the interviewees.

Interviews were conducted through direct contact with the respondents and using other means of communication: video and telephone calls. Each interview took from 40 to 60 minutes. Respondents were informed about the purpose and objectives of the research. In order to ensure confidentiality, each respondent was given a code number from 1 to 16. The interviews were recorded and later transcribed. The transcribed text was grouped according to thematic segments (categories and sub-categories). After categories and sub-categories were built, the data matrix was created to reflect the opinions of the interviewees.

The research participants were selected using convenience and "snowball" sampling.

The convenience sample was used, because, due to the principle of confidentiality in adoption applied in Lithuania, it was difficult to locate adoptive parents. Convenience sampling allowed to include the most accessible respondents of a general set. While "snowball" sampling allowed to use not only researchers', but also respondents' resources. Thus, research participants could recommend other interviewees, useful for research purposes, who usually belong to a rather limited

and difficult-to-reach general set, yet the one possessing peculiar and rich information. In order to get more detailed and fuller information, sampling was focused on including social workers with work experience longer than one year and adoptive parents who have already adopted. Thus, eight workers of Child Rights Protection and Adoption Service were chosen. They work in offices located in Klaipeda, Skuodas, Gargzdai, Silute, Taurage and Silale municipalities. The average age of the interviewees was 47 years. They all have a higher education diploma and have been working in the "Training and consultancy of foster parents (guardians) and adoptive parents" programme for six years on average.

Also, eight adoptive parents were interviewed, 5 of whom had already adopted, and three were still waiting for a child. The average age of the adoptive parents was 38 years. Four have a higher, two – professional, and one – high school education.

As this research has a rather exploratory nature, a non-representative sample was used. Thus, the data does not represent the general set and the conclusions should not be generalised for all social workers and adoptive parents participating in the adoption process in Lithuania.

RESEARCH RESULTS

SOCIAL WORKERS PERSPECTIVE ON SOCIAL WORK SUPPORT IN THE PROCESS OF ADOPTION

Social workers' opinions about which stages of the adoption procedure were the most challenging for adoptive parents are presented in Table 3. The research data gathered under this category exposed 7 sub-categories: participation in GIMK training, establishing emotional contact with the child, gathering the necessary documentation, providing information about a child, preconceived notions about the training, challenge to meet the requirements, and too-long waiting for a child.

From Table 3 it can be seen that, according to social workers, adoptive parents face the biggest challenges in establishing emotional contact with a child (G1, G2, G5) and gathering necessary documentation (G2, G3, G8). Also, respondents indicated that it is emotionally difficult to wait for a child and sometimes influences adoptive parents to change their decision and become foster parents.

Table 3. Social workers' opinions about which stages of the adoption procedure were the most challenging for adoptive parents

Category	Sub-categories	Supporting statements
Stages of the adoption process presenting the most challenges for adoptive parents	participation in GIMK training	"Adoptive parents come to GIMK training with the notion that the training are going to be very difficult ‹…›. After completion, when the first stage is done, they eagerly wait when a child will be offered, and forthcoming child's reaction is very important for them ‹…›" [G1] "‹…› it's a challenge for adoptive parents to participate in GIMK training, albeit they are happy after completing them, and say that it was useful, still during the process when they have to attend, they come up with different excuses ‹…›" [G3]
	establishing emotional contact with the child	"‹…› adoptive parents are afraid of the first contact with the child. Even though they are taught not to wait for a child, not to wallow in waiting, but to continue with everyday life, however, it's easier said than done, and often adoptive parents continue to live in waiting. ‹…›" [G1] "‹…› adoptive parents are nervous during the meeting with the child, therefore it's important that they are accompanied to this meeting by a social worker who conducted training, to reassure them, to answer their questions. ‹…›" [G2] "‹…› the biggest challenges arise during the matching process and the adaptation period in the family. I think, all adoptive parents have big expectations concerning the child, and if these expectations are not met, families start to break. If they can come up with solutions of how to get along, then it's OK, but if not, children get returned to a foster placement. Then adoptive parents say that a child did not adapt to them. Thus, it's very important that social workers retain contact with adoptive parents, so they would not be left alone in the process of adoption, "keep the hand on a pulse", I mean, give them a call from time to time, ask how it's going ‹…›" [G5]
	gathering the necessary documentation	"‹…› the biggest challenges arise when the primary documents on adoption have to be provided for adoptive parents and during the meeting with a child ‹…›" [G2] "‹…› the initial evaluation presents challenges, adoptive parents get bored visiting doctors and gathering papers ‹…›" [G3] "‹…› the long process of gathering documentation before family become adoptive parents. The required agreement of biological parents in certain cases might make the process difficult ‹…›" [G8]

Category	Sub-catego-ries	Supporting statements
Stages of the adoption process presenting the most chal-lenges for adoptive parents	providing information about a child	"<...> the person who provides information about a child for adoptive parents bears a very big responsibility, because the information might scare them, be written somehow dryly, i.e., only about the health problems, I mean, health issues of a child and biological parents, which for adoptive parents might paint a rather gloomy picture. In such cases adoptive parents get scared and refuse to even meet the proposed child <...>" [G2]
	preconceived notions about the training	"<...> adoptive parents who already have their natural children, often come with preconceived notions, that they have experi-ence in parenting and know everything <...>" [G3]
	challenge to meet the requirements	"<...> adoptive parents worry the most about their income or the fact that they live in small apartments, they fear of the nega-tive decision because of the lack of space for a child, however, these fears are rather self-induced. What concerns income, it happens that families have their own businesses and do not declare all of their income officially, so although the living con-ditions are of high quality, the small officially declared income might become a disturbance. Also, we often encounter fami-lies, where husband works abroad and spends two weeks in Lithuania and four weeks away. Such families do not meet the full requirements for adoptive parents, although many biologi-cal families live that way in Lithuania. After all such a husband might provide a child with two weeks of quality attention, while another, even coming home every night, may ignore the child. Therefore, I think, that such situations should be assessed individually, according to the situation, after all, technologies exist allowing constant contact with a family. When we write a conclusion we receive an inquiry from the adoption service whether we think that father often being away meets the best interests of a child. <...>" [G4]
	too long waiting for a child	"<...> waiting for child, as it is a period of uncertainty. Families come to training when they have already matured internally for that decision and decided to go this route, and after completion of the training they do not stop and move onwards. So waiting for a child exhausts people <...>" [G6] "<...> long waiting for a child, this uncertainty. It happens that after a long waiting adoptive parents decide not to adopt, but to become foster parents, especially if they wish for a small child, as it is easier to get such a child through fostering. <...>" [G7]

Six subcategories were built out of adoptive parents' opinions on the challenges they faced throughout the adoption procedure: insufficient information about

a child, too long waiting for a child, urgency in deciding after the proposal arrived, lack of self-confidence in decision making, permanent challenges, and anxiety not to meet the requirements. Adoptive parents' opinions are presented in Table 4.

Table 4. Adoptive parents' opinions about which stages of the adoption procedure were the most challenging

Category	Sub-categories	Supporting statements
Stages of the adoption process presenting the most challenges for adoptive parents	insufficient information about a child	"‹…› child proposal – very limited and incomplete presentation of information about a child. Basically, only the information about the health status was presented. I missed the description of child's dreams, favourite activities, and other things. Description of a child looked like a description of a commodity ‹…›" [T2]
	too long waiting for a child	"‹…› waiting and uncertainty when and what proposal will arrive presented a big challenge ‹…›" [T3] "‹…› decision to adopt came rather from a husband's side. Our motivation was really strong, and training did not alter it. Yet the waiting for a child got really prolonged, a very long waiting queue, which "moved slowly", it did not move for the whole year. So, this waiting took too long ‹…›" [T7] "‹…› the only deficiency – long waiting for a child, we thought, that we will not be proposed a child at all ‹…›" [T8]
	urgency in deciding after the proposal arrived	"‹…› when we received a proposal, we needed to decide really quick, we had one day to prepare for a meeting with a two-week-old child who was in the hospital at the time. Thus, we experienced such a stress. Already on the way to Kaunas clinics I asked to send me a photo, as I couldn't believe how fast everything was developing ‹…›" [T3]
	lack of self-confidence in decision making	"‹…› during the court session I had to answer all these questions. I'm not a bossy woman, dependent on my husband. However, in the court process they've chosen me as a representative of our whole family and it gave me stress ‹…›" [T4]
	permanent challenges	"‹…› the matching process was rather challenging. The child characteristic looked "bogyish", basically just illnesses of a child and parents, if I hadn't had information that mental retardation is not some terrible diagnosis, that almost every child who lost parental care has have developmental issues, I, for sure, would have decided against meeting our daughter. Our first meeting with the daughter took place in a care home, me and my husband were simply left alone with a girl. She stood in a corner, frightened. It was a challenge not just for us, but for a child also. When we took this girl to our home for a visit, it was strange to hear a social

Category	Sub-categories	Supporting statements
Stages of the adoption process presenting the most challenges for adoptive parents	permanent challenges	worker, who saw us out, asking if we really have made a decision. "You look such good, reasonable people, and I want to tell you, so you know, that this girl will never get a higher education, her parents have mental disorders". We were simply left in awe, how a social worker can determine that. Our eyes were full of tears, husband just answered that we will do everything to have this girl graduate university. At that time, we had our rose-coloured glasses on, there was a great wish to have a child and we didn't want to hear anything about possible difficulties. However, after the adoption when the honeymoon was over, we came face to face with reality, only then everything came out and chaos set in both our heads. The child was wildling, uncontrollable, and rejected all the warmth, love, and touches, it was incomprehensible. She didn't want us to caress her, to put her to sleep, she lived in her own world, as she was used to, and wished to be left alone. Even today the thoughts that I didn't give birth to her accompany me, those thoughts come, also negative ones when you ask yourself: did we really need all of this? ‹…›" [T6]
	anxiety not to meet the requirements	"‹…› perhaps in the beginning there was some kind of anxiety, that we may not meet the requirements, as we have heard talks, that in the bigger cities it seems like specialists don't want you to adopt and look for flaws. Only because of that we had slight anxiety, even if we knew that everything is fine with us ‹…›" [T1]

Content analysis revealed that the biggest challenge for adoptive parents was too long waiting for a child (T3, T7, T8). Separate respondents also indicated that the biggest challenge was insufficient information about a child, based primarily on health status (T2), or urgency in needing to decide and take action after the proposal arrived (T3). One of the interviewees pointed out that challenges followed them throughout adoption (T6).

The research also addressed the issues of post-adoptive services. The interviews with social workers allowed to build two categories in this field: the need for ongoing services for adoptive parents after GIMK training, adoptive parents participation in Further training and self-support groups. Each of the categories were divided into sub-categories as shown in Table 5.

Table 5. Social workers' opinions on post-adoption support for adoptive parents

Category	Sub-categories	Supporting statements
The need for ongoing services for adoptive parents after GIMK training	services are necessary	"Necessary, and I think, that adoptive parents should apply for those services, to have them continue. Adoptive parents spend a lot of time waiting, knowledge tends to get forgotten, so they face smaller or bigger challenges after receiving a child. At least in the beginning of adaptation period social worker should occasionally show himself in the adoptive parents' family, I'm not saying that once a month, just occasionally, to maintain the mutual contact which formed during training ‹...›" [G1] "‹...› necessary. Adoptive parents receive services, yet not for everyone they are provided in a coordinated manner. Some adoptive parents we simply contact by telephone, invite them to events we organise. I'm not saying that communication should be frequent, but contacts with a social worker provides reinforcement ‹...›" [G5] "‹...› ongoing social worker support for adoptive parents after GIMK training is needed, however, we provide such services only if request from adoptive parents is received. As of today, we have received one such request. I think that social worker services are useful in solving emerging problems, reinforcing families, yet it's important to leave a space for adoptive parents to decide whether they need such services ‹...›" [G6] "‹...› needed, after all they might have various questions. However, I think social worker services should be provided according to parents' wishes, without over pushing, because adoptive parents sometimes see these services as redundant, so the same practice as with foster parents should not be applied here. ‹...›" [G7]
	adoptive parents decide on services themselves	"‹...› we do not provide ongoing services after GIMK training, and we haven't received a request for them yet ‹...›. However, I think the current situation is good, if you want services, you apply for them, if not – you don't apply, or you can cancel them any time. This allows people to choose what they need. I think that the bond and trust which form between adoptive parents and social workers during the process of matching, encourages to apply for professional help ‹...›" [G2] "‹...› after GIMK training we ask families if they want to receive ongoing services, or they want to discontinue them. If they agree we invite them to different seminars, participate in matching, provide services after the child arrives, if they don't – services are terminated. Around 40% of adoptive parents wish for services to continue. During the waiting for a child there is no regular contact, but we maintain communication

Category	Sub-categories	Supporting statements
Adoptive parents' participation in further training and/or self-support groups	adoptive parents decide on services themselves	at least once in six months. ‹...› at least during the adaptation period, when the child arrives, there is a need for psychological consultations, support in arranging the documents. It happens that adoptive parents apply for services considerably later after the adoption, when they encounter problems with child behaviour, etc. ‹...›" [G4] "‹...› the services for adoptive parents are provided after their request is received. ‹...› ongoing services after adoption are needed, because they encounter different situations, hey need support, specialist consultations ‹...›" [G8]
	adoptive parents do not participate in further training and/or self-support groups	"‹...› Don't participate. If that was legally regulated for adoptive parents to continue cooperation with foster care centre after GIMK training, they probably would participate ‹...›" [G1] "‹...› adoptive parents do not participate in self-support group meetings, there was no such need ‹...›" [G2] "‹...› do not participate. They are more willing to use individual psychological counselling. Perhaps, they don't participate in further training because of the lack of time, as the majority of them have jobs ‹...›" [G5] "‹...› in our foster care centre adoptive parents have never participated in further training. I think, they don't participate because they seek privacy and confidentiality, this is one of the characteristics of adoption and they may choose to remain confidential ‹...›" [G6] "‹...› do not participate. I think, if they encountered problems, then maybe they would agree to improve their knowledge in further training, however, after encountering problems they usually wish for psychological counselling ‹...›. ‹...› we don't invite adoptive families into self-support group meetings, perhaps, there was no such need. Foster parents participate in self-support, but adoptive parents – don't ‹...›" [G7]
	adoptive parents occasionally participate in further training and/or self-support groups	"‹...› adoptive parents very rarely participate in Further training. In most cases, they dissociate themselves from our institution after adoption. I think they don't participate because they value privacy ‹...›. ‹...› among participants of self-support groups there are only few adoptive parents, as there are only few of them in festivities, seminars organised by foster care centre, however, we find joy in small things. I think it's a right decision to allow them to decide themselves about reception of services. When I look at myself, I think, if I were an adoptive mother, I wouldn't want institutions to intrude into my family and me having to share the details of my life ‹...›" [G3]

Category	Sub-cat-egories	Supporting statements
Adoptive parents' participation in further training and/or self-support groups	adoptive parents occasionally participate in further training and/or self-support groups	"‹...› we invite adoptive parents to participate in Further training, but it's not compulsory, so they very rarely participate. Perhaps they don't participate, because they prefer individual consultations of a psychologist or social worker, where they analyse their individual case, instead of group meeting where you will not always find answers to your concerns ‹...›" [G8] "‹...› Several adoptive families participate in self-support group meetings, but as there are only few of them, they are joined together with foster parents, according to the age of children ‹...›" [G5] "‹...› they participate in Further training when parenting challenges arise. However, even more so they participate out of external motivation, because social worker have prepared a support plan and recommended to participate ‹...›, yes, those who applied for services, are provided counselling after adoption, and receive professional help according to their needs. Adoptive parents participate in self-support groups, but as there are only few of them, they participate together with foster parents, there are no separate self-support groups for adoptive parents ‹...›" [G4]

The gathered data reveal that social workers think there is a need for social services for adoptive parents after GIMK training (G1, G5, G6, G7), and they are provided after the written request from parents have been received. Yet, on the other hand, they also acknowledge, that such services although, necessary, have to be decided by the adoptive parents themselves (G2, G4, G8). The majority of adoptees have various negative experiences, such as negligence, violence, therefore, the development of such children may take unpredictable trajectories. That is why adoptive parents might need professional advice, counselling, and support (Tregeagle ir kt., 2019; Turney & Wildeman, 2017).

Social workers also indicated that adoptive parents either completely do not participate (G1, G2, G5, G6, G7) or just occasionally participate in Further training (G3, G8). The same situation is with their participation in self-support groups. Respondents argue that adoption is confidential in Lithuania, so adoptive families might wish to remain anonymous, which stops them from participating in training and other events. The fact that due to small number of those willing, adoptive parents are joined in the same self-support groups with foster parents, doesn't help to increase the number of participants, especially those who value their right to confidentiality.

ADOPTIVE PARENTS' PERSPECTIVE ON SOCIAL WORK SUPPORT IN THE PROCESS OF ADOPTION

Adoptive parents' opinions on post-adoptive support are presented in table 6. Three categories were built based on the respondents' statements: maintaining contacts with social workers after adoption, seeking help from other professionals and suggestions for improvement of the adoption process. Each category has two subcategories.

Table 6. Adoptive parents' opinions on post-adoption support

Category	Sub-categories	Supporting statements
maintaining contacts with social workers after adoption	communication with social worker	"‹...› yes, we continue communicating with a GIMK tutor. We consult her if needed. We are on friendly terms. ‹...›" [T2] "‹...› yes, we maintain communication with a GIMK tutor. We communicate as old acquaintances. The tutor invites us to participate in GIMK training, to share our adoption experience, we participate if we have a possibility ‹...›" [T4] "‹...› we do. Social worker occasionally calls us, it's always a pleasure to communicate with her, I feel her support. Sometimes I participate in self-support groups, which gives me a lot of strength ‹...›" [T6] "‹...› occasionally we communicate with a social worker. It's always nice to meet social workers, who were tutoring GIMK training, we never pass each other without talking, however we do not communicate regularly ‹...›" [T7] "‹...› there is no regular communication, and I feel no need for that, yet I know that I always can address her if I have questions, we have each other's contacts and communicate if there's a need ‹...›" [T5]
	participation in further training	"‹...› we participate if we have a possibility. In training I receive useful information which I can apply in appropriate parenting situations. Information provided there is targeted, reflects individual situations and topics of interest ‹...›" [T2] "‹...› we participate if possible, we have participated in further training where we shared our experience with other adoptive parents, also we sometimes participate in seminars and other events organised by a Foster care centre. We come because we have a close contact with a social worker, sometimes it's nice to get distracted, get away from daily routines and acquire knowledge ‹...›" [T4]

Category	Sub-categories	Supporting statements
seeking help from other professionals	participation in further training	"‹...› we do not participate, but if we would adopt and encounter problems, we would participate. I am for further training. If we would encounter problems, we would address professionals ‹...›" [T1] "‹...› no, we didn't participate and we don't see a need for that. I wouldn't want to participate there together with strangers, because I value my confidentiality. I think we have plenty of knowledge on child raising, we're interested in that, therefore we feel no need ‹...›" [T7] "‹...› no, we didn't participate, because our child is small, we don't encounter any problems yet, as of today we feel no need, but if we would feel the lack of knowledge, we would for sure participate ‹...›" [T8]
	psychological support	"‹...› we have applied for psychological counselling for our fostered child, but we haven't applied for our adopted daughter as she is only two now ‹...›" [T3] "‹...› it took a lot of time for our daughter to develop a sense of attachment ‹...›. We applied for psychological help both for me and our daughter. The daughter still receives psychological counselling at a foster care centre ‹...›" [T6]
	did not look for a professional help	"‹...› so far we didn't need any help, we manage ourselves. If we will need support, we definitely will apply ‹....›" [T2] "‹...› we haven't applied as there was no need ‹...›" [T4] "‹....› no we haven't, because our child is small, but if we would face any challenges, we would try to solve them ourselves, and would apply for professionals if we failed ‹...›" [T8]

The content analysis revealed that most respondents maintain contact with a social worker (T2, T4 – T7). However, communication bears rather an informal character (telephone calls, occasional meetings), and only a few of the respondents (T4, T6) participate in more formal forms of communication (share their experiences, participate in self-support groups). What concerns further training, most often adoptive parents do not participate in them, because they do not feel the need (T1, T5, T6, T7), or participate only if possible (T2, T4). Also, only two of the respondents indicated that they have applied for help from other professionals, in this case – a psychologist (T3, T6). According to Lithuanian legislation, adoptive parents receive social services only if they have applied for them. The lack of need for further training and professional support explains the small number of applications and this leads to contacts with social workers being rather occasional and informal, especially if compared with foster parents.

DISCUSSION

As argued, there are several differences in biological, emotional, and procedural levels among biological parenting, fostering and adoption. Comparing the answers of social workers and adoptive parents it is clear that the procedural level raises the most issues. Both groups agree that a long waiting time for a child is one of the biggest challenges in the adoption process. Nevertheless, the most accurate explanation of this problem, probably, lies not in the slow actions of personnel or other human factors, but in the characteristics of children who are put up for adoption. The problem of the lack of children available to adopt is not a recent one. According to the Activity Report of the State Child Rights Protection and Adoption Service (2021), most children put up for adoption in Lithuania are of a bigger age, have various health issues or refuse to be adopted. There was a 37% increase in children put up for adoption in 2021 compared with 2020, yet in children under 3 years of age available to adoption there was a 2% decrease during the same period. Whereas adoptive parents mostly want to adopt children under three years of age, with no or only slight health problems. For example, in 2020 – 95% and in 2021 – 93,4% of families waiting to adopt expressed a wish to adopt a child between 0–5. While in 2021 there were only 3 families who agreed to adopt an 8–9-year old child and one family determined to adopt a child under 10. These tendencies help to explain why waiting for a child takes much longer than expected.

Another procedural challenge, where the opinions of social workers and adoptive parents concurred in essence, is the information about a child. Respondents from both groups notice that information is insufficient, oriented only towards the child's health issues and his/her parents. It calls for a revision of the form used for presenting the information and expanding it to include more exhaustive data, enhancing the process of child – adoptive parent matching. These data corroborate the results of other studies such as Moyer and Goldberg's (2017) findings that adoptive parents receive insufficient information on a child they plan to adopt. Prospective adoptive parents lack individual counselling before and after adoption. Social workers also indicated the pressure on services and lack of resources as leaving less time to work with adoptive children and families (Featherstone et al., 2018).

The study carried out in Lithuania by independent researchers and volunteers in 2020, which included 444 adoptive and foster parents from across the country, found that 87,8% of the respondents assessed the basic GIMK training as very good (Merkys et al., 2020). In this research, however, the opinions were slightly less positive. Although, most of the respondents thought that GIMK training

were useful and necessary, the procedural challenges and issues emphasised by both groups of respondents show that the current procedure of adoption might be improved by revising training programmes, enhancing inter-institutional communication, enriching the information provided for adoptive parents and raising social awareness of adoption and fostering in order to remove the stigma and secrecy of the process. Shortcomings in training and related support might lead to future difficulties. For example, Chobhthaigh and Duffy (2019) argue that adoptive parents who pay formal, perfunctory attention to training, or participate in low-quality ones are more prone to future crises, unfulfilled expectations and disappointment in themselves and a child.

The emotional component as raising certain problems and demanding attention was indicated only by social workers. Establishing emotional contact with a child, although seen as the most challenging by three social worker respondents, was not acknowledged as such by adoptive parents. Only one of the adoptive parents indicated this as a challenge. There might be several possible explanations. First of all, three out of eight adoptive parents were still waiting for a child, therefore they have not yet encountered the need to establish emotional contact with an adopted child and might still be living, according to one of the respondents, with the rose-coloured glasses on. Another point, also emphasised by several adoptive parents in their answers, was their wish for confidentiality and privacy. In Lithuania the secret of adoption is protected by the law. That together with a relatively short tradition of modern social services might result in people not wanting to seek outside help and trying to solve the arising issues themselves. However, other researchers' findings show that establishing an emotional bond is important. Adoptive parents might fulfil their parental roles and take good care of a child, but if they do not accept a child on an emotional level, children might feel insecurity and parents themselves might be less resilient to rising difficulties (Pavao, 1998; Pileckaitė-Markovienė & Lazdauskas, 2007). Adopted children tend to be sad, despondent, and afraid to experience yet another rejection and therefore might engage in provocative behaviour just to test adoptive parents. A child arriving with a negative past experiences, habits, and grievances pose additional difficulties for adoptive parents (Chobhthaigh & Duffy, 2019). Thus, the social worker's role becomes important to prevent possible crises and ensure successful adaptation. Moreover, adoptive parents' relatives are not always able to help, as they usually do not have similar experiences (Gvaldaitė, 2017).

The studies of Burvytė and Tribockaja (2014) and Featherstone et al. (2018), among others, revealed that adoptive families wished for more substantial, less fragmented social work support, information, and counselling after the adoption.

The respondents expressed a lack of social worker's intervention during the adaptation period after a child arrived in a family. They also said they felt a need for financial support. The same, however, cannot be said about the respondents of this research and their opinions on participation in further training and receiving post-adoptive support. Most adoptive parents do not participate in further training as they feel no need. Besides that, by emphasising their right to confidentiality, they express their wish not to participate with anybody outside their group, i.e., strangers or foster parents. Thus, the majority of post-adoptive support is provided through informal meetings and occasional meetings of self-help groups or further training. It is interesting to note that social workers agree that there is a need for post-adoption services, yet they emphasise the importance of the voluntary nature of such services.

The biological and emotional components of educational, parental obligations are interconnected in the adoption process. Although neither social workers nor adoptive parents expressed major concerns about accepting the biological origins of a child, characteristics and experiences brought from natural family might play an important role in the process of child adaptation and further development, thus challenging the establishment of emotional ties within a new family.

CONCLUSIONS

Adoption is when all rights and obligations of birth parents towards their child are terminated and legally transferred to adoptive parents. The secret of adoption in Lithuania is protected by law. It creates a situation where adoptive families are eligible for the same state benefits and social work support as any natural family, i. e. depending on their income and social situation. At the same time, foster families besides that receive additional grants and services during the whole period of fostering. Thus, although fostering and adoption mean raising a child deprived of parental care and usually needing additional help, social work support is mostly oriented towards fostering families. Therefore, social work support for adoptive parents, while rather intensive in preparing the necessary documentation, GIMK training and matching of a family and a child, basically stops after the child arrives in a family. After that, support remains purely voluntary and occasional.

As the research results show, the adoption process needs to be improved by revising training programmes, enhancing inter-institutional communication, and enriching the information provided for adoptive parents. The current procedures are seen as inefficient by social workers and adoptive parents. Personalised and

individualised packages of services might be considered the most suitable for the needs of adopted children and families.

The secrecy of adoption and adoptive parents' wish for confidentiality and generally cautious attitudes towards social services in Lithuania result in their reluctance to apply for help if they encounter problems with their adopted child. This situation calls for rethinking and improving the system of information and motivation of adoptive families to utilise the existing social work services. If adoptive parents know they can access confidential post-adoption services whenever needed, they will feel safer and more resilient. Publicly dispersed messages raising awareness that it is expected that families will need help at some point in the adoption process might also be helpful.

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