

BLACK SOUTH AFRICANS' PERCEPTIONS AND EXPERIENCES OF THE LEGAL CHILD ADOPTION ASSESSMENT PROCESS

Priscilla Gerrand, Garth Stevens

Domestic adoption is usually considered to be in the best interests of abandoned children. However, although ongoing efforts have been made to recruit prospective black adopters, adoption rates remain low. A grounded theory study was conducted to explore how black South Africans perceive and experience the adoption assessment process regarding the adoption of abandoned children. Findings indicated that social workers regard a rigorous assessment process as essential to ensure that adoption applicants are fit and proper to adopt, whereas prospective adopters deem the process unreasonable. The grounded theory emerging addressed tensions around adoption policy and practice, and the perceptions and experiences of adoption.

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PROBLEM STATEMENT AND RATIONALE FOR STUDY

In South Africa the influx of black abandoned children (usually infants) entering the legal childcare system and becoming adoptable is taking place in the context of a variety of social, economic, political and material circumstances. These circumstances, all detrimental to the family system, include HIV/AIDS, widespread poverty and unemployment, unplanned pregnancy, high levels of violence (specifically gender-based violence related to rape), xenophobia and the fact that illegal migrants do not qualify for social assistance, alcohol abuse, lack of family support, and expectations that abandonment will secure a better future for the child (Blackie, 2014; Fritz, 2015).

A pressing child welfare challenge currently facing South Africa involves securing a sufficient number of South African adopters willing to adopt abandoned children. There is much debate between pro- and anti-international adoption practice (Balding, Feng, Armita & Feng, 2015). Domestic adoption rather than international adoption is usually considered to be in the best interests of abandoned children, because it recognises the importance of children's rights to preserve their cultural identity and nationality (Doubell, 2014:46; Rochat, Mokomane, Mitchell & The Directorate, 2016: para. 4). Furthermore, Article 24 of the African Charter describes intercountry adoption as 'a last resort'. This principle is stressed by most African countries, including South Africa, which are 'donor' countries.

According to statistics issued by the National Department of Social Development, international adoption of South African children is declining. Unfortunately the number of national adoptions of abandoned children is also declining (National Adoption Commission of South Africa, 2018). Consequently, many abandoned children remain in the child welfare system for longer periods than they should and much research evidence indicates that the institutionalisation of children undermines their healthy development (Sherr, Roberts & Gandhi, 2017; Tibu, Sheridan, McLaughlin & Nelson, 2016).

In order to strive to increase domestic adoption rates, the researcher focused her study on black¹ South African citizens because they present as a possible pool of potential domestic adopters for the reasons outlined below.

The size and socio-economic status of the urban black population

International research has indicated that adopted children are more likely to be raised by highly educated, more affluent parents than biological children are (Nasser, 2014). Iqani and Yika (2018, citing Southall, 2016) point out that there has been a considerable increase in the size of the black middle class in South Africa. Although the unemployment rate in South Africa is still particularly high, the black middle class now surpasses the white middle class (Chibaya, 2016). Furthermore, the number of black middle-class members with a tertiary qualification has grown significantly (Burger, Steenkamp, Van der Berg & Zoch, 2015; Leepile, 2018; Statistics South Africa, 2016).

¹ A note on terminology: the term 'black' is sometimes used as a generic term to refer to those groups of people who were systematically disadvantaged during the apartheid era in South Africa, namely black African, Coloured and Indian categories of people (Stevens, Franchi & Swart, 2006). However, in this report we use the term 'black' to specifically refer to the black African population group.

Black women are fast becoming economically empowered

South African women who are economically secure and empowered are usually free to pursue their personal goals and aspirations (Burger, McAravey and Van der Berg, 2015).

Economic empowerment is affecting traditional gender roles and decision-making in households headed by black women (Babu, 2015; Department of Women, Republic of South Africa, 2015). Many single, well-educated older women, who are self-sufficient, thus present as an important reserve of potential adopters, because in terms of the Children's Act single persons are entitled to adopt.

The value of children

Fertility and parenthood are highly valued in African countries, including South Africa, and thus there is a low prevalence of voluntary childlessness (Afolabi, 2017; Fledderjohann, 2012; Ombelet, Cooke, Dyer, Serour & Devroey, 2008). For people facing involuntary childlessness as a consequence of infertility, fertility services in the public health sector are available only at a limited number of tertiary hospitals. In addition, the assisted reproduction treatments available in the private sector are prohibitively expensive (Dyer & Kruger, 2012; Dyer, Sherwood, McIntyre & Ataguba, 2013).

Unfortunately, most potential adopters in South Africa approaching accredited adoption agencies to inquire about adopting a child decide not to proceed after gaining an insight into what the assessment process entails. Statistics obtained from the Department of Social Development clearly indicate that the number of same-race, black adoptions taking place on an annual basis is declining significantly. For example, in March 2010 the number of black children adopted by unrelated black adults was 898. However, in March 2018 the number of fit-and-proper black prospective adopters waiting to be matched with black children was only 54 (Personal communication with Mr. Chavalala on of the Department of Social Development who manages the Register on Adoptable Children and Prospective Adoptive Parents [RACAP])

The urgent need to research the topic of domestic adoption was made apparent by Mokomane and Rochat (2016), who emphasised that if policy makers in South Africa are going to facilitate domestic adoptions, it is important that they gain a clearer understanding of the barriers that may prevent them from doing so. Furthermore, the Department of Social Development (DSD) and the National Adoption Committee of South Africa (NACSA) have repeatedly emphasised that there is an urgent need to recruit prospective black adopters (NACSA, 2016).

Based on extensive searches of professional literature using multiple search engines and key words, the researcher became aware of the fact that there was no grounded theory explaining why black prospective adopters decide not to enter the adoption assessment process or how adopters experienced the process. The researcher reasoned that if social workers are to lead the way in facilitating black domestic adoptions, an enhanced theoretical understanding of why prospective adopters do not enter the assessment process, and how it is generally experienced, is required. This article communicates findings related to a specific research question set out in a doctoral degree research study, which focused on factors affecting the decision-making process of black South Africans regarding the legal adoption of unrelated children

OVERVIEW OF THE ADOPTION ASSESSMENT PROCESS

In terms of s. 231(1) of the Children's Act (No. 38 of 2005), the following persons may adopt a biologically unrelated child: a husband and wife jointly; partners in a permanent domestic life-partnership, or other persons sharing a common household and forming a permanent family unit; a widower, widow, divorced or unmarried person; or the foster parent of the child.

Worldwide, and in South Africa, the adoption assessment process is the subject of ongoing debate and has been criticised from both within and outside of adoption circles (Lind & Lindgren, 2017; Selwyn, 2015). There are no scientific tests that can predict adoptive parents' suitability to potentially parent an

unrelated child (De Wispelaere & De Weinstock, 2012; McLeod & Botterell, 2014), so guidelines need to be developed and directed at meeting the adoptable child's best interests.

In order to meet the adoptable child's best interests, the DSD developed practice guidelines for domestic adoptions. The guidelines are based on section 231 (2) of the Children's Act and on recommendations made by NACSA (2015) and South African Association of Social Workers in Private Practice (SAASWIPP; 2015). Basically, the assessment of prospective adopters involves the following steps:

- Orientation: When prospective adopters approach adoption agencies, they are informed of what the adoption assessment process entails. They are orientated in a group setting or on an individual basis;
- Personal interviews with adoption applicants: During the initial stage of the assessment process, adoption social workers conduct in-depth, personal interviews with adoption applicants. Matters explored include motives for applying to adopt a child; background information (e.g. their own childhood experiences and upbringing); family relations; attitude of relatives towards the prospective adoptive parent(s); social and religious aspects; and their expectations regarding the child they would like to adopt (e.g. the child's age, race, religion, health);
- Criminal record check: Social workers check the National Child Protection Register, National Register of Sexual Offenders and SAPS headquarters to see if adoption applicants have a criminal record;
- A marriage assessment (married couples or, if single, applicants share an intimate relationship);
- Interviews with significant others: Interviewing significant others (such as members of the extended family) is deemed essential, because they should be able to provide support and care to both the adopter and adoptee;
- References: Adoption applicants are required to nominate about three people who know them well and would be willing to be interviewed regarding their parenting/caring capacity and other issues relevant to the application;
- Medical and psychological assessments: Potential adopters are required to undergo comprehensive medical assessments to ensure that they have a reasonable expectation of continuing in good health and would be able to take on the responsibility of raising an adopted child through childhood and into adulthood. Psychological assessments must be undertaken because emotional stability and behaviour of the person play a key role in the upbringing of a child;
- (Applicants are usually required to undergo assessments by medical practitioners and psychologists working in conjunction with adoption agencies in order to ensure feedback is not biased);
- Applicants' work record and occupation, as well as financial ability to provide for the child, are assessed to ensure that the child will grow up in a stable family environment that will be able to cater for the child's material and educational needs.
- Accommodation and living environment: Social workers verify and assess the physical home environment of the prospective parents by conducting a home visit. This is to confirm that the applicant is staying at the given address, as well as to check whether the home and surroundings are conducive to and safe for the proper upbringing of a child;
- Intimate relationship assessments: Adoption social workers determine whether a prospective adoptive couple is engaged in a stable, healthy relationship and that both are committed to the adoption process. Although assessment guidelines do not outline any specific steps to be conducted, many accredited adoption NGOs require married couples and non-marital partners to complete a relationship assessment.

Once the adoption assessment process has been completed, the identifying particulars of prospective adopters are placed on the Register of Adoptable Children and Prospective Adoptive Parents (RACAP) to facilitate matching of adoptable child with fit-and-proper prospective adopters.

The rigorousness of the adoption assessment process is hotly debated. For example, adoption social workers insist that rigorous assessment is essential to ensure that the best interests of the adoptable child are met. However, some critics point out that such differential treatment of adoptive and biological parents is not justified (De Wispelaere & Weinstock, 2012). McLeod and Botterell (2014:166) highlight that, in their opinion, although the reasons justifying the rigorous assessment of adoptive applicants are valid, these reasons are not unique to adoptive parents and only serve to “reinforce the belief that biological families are superior to (more natural, less likely to be dysfunctional) than adoptive families; it promotes, in other words, the biological bias”. McLeod and Botterell (2014) emphasise that people arguing in favour of an intensive assessment usually highlight two points: i) the lack of a biological tie between parent and child in an adoption increases the possibility of harm to the child; and ii) adopted children have special needs that not everyone is competent to satisfy. Furthermore, these children will be harmed unless the state ensures that their adoptive parents possess the relevant competence to care for them.

RESEARCH AIM, OBJECTIVES AND METHODOLOGY

The main aim of the study was to establish what factors affect the decision-making process of black South Africans regarding the legal adoption of abandoned children. Based on this primary aim, one of the most pertinent objectives was to explore participants’ perceptions and experiences of the adoption assessment process.

This study was shaped by the Corbin and Strauss model of grounded theory, which has leanings towards the philosophical paradigm of constructivism (Charmaz, 2014; Levers, 2013). Grounded theory is an applicable research method because it is usually implemented when there is a paucity of theory, focus and empirical data associated with the primary aim and objectives of a study (Corbin & Strauss, 2015). The intent of a grounded theory study is to move beyond exploration or description, and to generate a general explanation (a substantive theory) of a process, action or interaction shaped by the views of participants (Levers, 2013; Corbin & Strauss; 2015). The method of data collection and data analysis occur concurrently and at higher levels as the process progresses (namely the open coding, axial coding and selective coding levels), thereby helping to ensure trustworthy results (Charmaz, 2014; Corbin & Strauss, 2015).

Although theoretical frameworks are appropriate in most types of qualitative studies, the use of a theoretical framework is not encouraged in the grounded theory study method. This is because the fundamental purpose of grounded theory methodology is that this theory development is generated or “grounded” in data from participants who have experienced the process (Creswell & Creswell, 2018).

Non-probability, purposive sampling was applied to select five different cohorts of black participants, namely: (i) adopters; (ii) prospective adopters in the process of being assessed; (iii) potential adopters who did not enter the adoption assessment process after orientation; (iv) accredited adoption social workers who had constructed their interpretations of legal, unrelated adoption based on their academic and work experience; and (v) citizens. However, findings pertinent to this article are based on data analysis in respect of the first four cohorts of participants. The citizen cohort was not included because citizen participants did not have in-depth insight into what the assessment process entails. Adoption social workers employed at accredited adoption agencies in Tshwane and Johannesburg took responsibility for recruiting the four cohorts of participants. A summary of demographic details of these four cohorts of participants is as follows:

- *Adopters*: Six single women and two married couples. Their ages ranged from 31 to 43 years. Level of education: five had diplomas; one had an undergraduate degree and four participants had postgraduate degrees;

- *Prospective adopters in the process of completing the assessment process:* Two married couples. Their ages ranged from 47 to 55 years. Level of education: two had diplomas and two had postgraduate degrees;
- *Potential adopters not entering the assessment process:* Three single women and five married women. Their ages ranged from 30-50 years. Level of education: three had completed Grade 12; three had diplomas; one had an undergraduate degree and one had a postgraduate degree;
- *Social workers specialising in the field of adoption:* Seven women who were employees at non-government child welfare agencies in the Johannesburg and Tshwane districts, and one who was in private practice in KwaZulu-Natal. These black social workers' level of work experience in the adoption field ranged from approximately four months to ten years.

All research participants spoke various home languages including Sesotho, Xitsonga, Xhosa, IsiZulu, siSwati and Venda, and they lived in desegregated urban areas. They also communicated well in English. Abbreviations were used to guarantee participants' anonymity (A=adopters; IS=prospective adopters in the assessment process; NE=prospective adopters not entering the assessment process and SW=adoption social workers.

FINDINGS OF THE STUDY

The findings of the study related to the objective of investigating how prospective adopters perceive and experience the adoption assessment process, and are grouped into four main categories.

Orientation conducted in a group setting builds support

Most of the adoptive participants and social workers highlighted the benefits of attending adoption orientation in groups. This is because group cohesiveness frequently developed based on personal interaction. Potential adopters could relate to one another and mutually encourage one another to complete a challenging assessment process. Men, especially, felt encouraged when learning first-hand that other men were also considering adoption. However, a few social workers did not recognise the benefits of conducting orientation in a group setting. They pointed out that many adoptive participants experience meeting in a group set-up as an invasion of privacy.

Adoption social workers strongly supporting group orientation commented that group interaction eases the social pressure often placed on applicants by their families and communities to refrain from adoption. This is because it helps reduce feelings of isolation and self-doubt and offers encouragement, affirmation and hope:

"You know we didn't expect to find so many people here in this meeting". Because we ask them ... and they say, "we thought it would just be a meeting between me and the social worker ... so many people ..." No, the grouping really motivates them and they consider they're not alone ... and they get motivated ... they make friends in the group and will keep on phoning each other ... some of them will say that 'You know [name of social worker], I never knew there were other black couples adopting. Others will see old men, priests adopting, so that gives them a boost of confidence. "But we are not alone in this" ... they form links with one another for support." (SW 1)

Adoptive participants affirmed this point of view. They indicated that when attending orientation in a group setting, a sense of comfort and belonging developed when they realised that they were not the only people experiencing the challenge of involuntary childlessness and considering unrelated adoption as a means of meeting the need to parent. Two adoptive participants stated:

"And the other thing I really liked about it ... we managed to see how many people are in our situation ... we managed to interact with other couples. We ended up saying we are not alone ... we are not alone ... Oh ... we ended up exchanging contacts." (A 1)

“We were open to each other, that we can't have children. Adoption was the best ... You know, each one came with his own story. Ja ... so most of us, especially us ladies, we were open ... we can't have children.” (IS 2)

A single adopter also mentioned that she had received support in the group set-up:

“So, they don't frown upon you... you know other people would frown upon a single person saying, ‘I want to adopt. `I guess they have seen it all, so they were very nice I'd say.’” (A 2)

Recurring responses from most adoptive participants presented the notion that the main reason men do not support the practice of the legal adoption of an unrelated child is because it might indicate to their communities that they are not virile. Examples were cited of men terminating intimate relationships on the basis of the expectation among significant family members and friends, and members of their society that men prove their worth – or manhood – by fathering a child. For example, a single adopter shared that she was astonished to see men attending the orientation workshop for adoptive applicants because:

“The most resistance you find is from African men. African men view adoption as an attack on their manhood ... and people will tend to say something in public and something else in private; where it's a safe place to say it. I think with African men it's almost like an attack on their manhood to actually have to adopt.” (A 5)

Social work participants emphasised that men often become more relaxed about proceeding with the adoption assessment process after meeting in the group context where other men are present.

“Especially with the men ... when they come into that meeting they realise there are other couples ... and somehow it gives them confidence that this is the correct decision. It's not just them. There are other people that are in the same situation that they are in.” (SW 3)

However, a couple of social workers expressed a different point of view regarding orientating potential adopters in a group setting. They explained that the adoption agency where they work had initially conducted orientation sessions in group settings, but found this approach unsuccessful:

“At [name of adoption agency] in the past, they used to do the black same-race adoption orientation in groups and lost everyone and they didn't understand why. But when we started calling people individually, we realized that to them they come to this first meeting with certain expectations. They did not expect or realize that there would be so many other people in the orientation and there was that fear of sharing to a whole group of unknown people, rather than just to the social worker.” (SW 5)

Successful adopters are frequently invited as guest speakers to group orientation. Most adoptive participants experienced this as particularly meaningful:

“She was talking positive things, she was so positive and, you know, how happy she was having a child.” (IS2).

“Oh, my God! I think that was the most special moment. The child actually ... [tears swelled in her eyes]. My tears sometimes they come it was special hey... like they let us play with the child and they were just explaining what they went through, the whole process; how long it's been and how their family reacted; the challenges they went through and how they overcame them.” (NE3).

Medical and psychological assessments are controversial

It became apparent to the researcher that the adoptive participants and the social work participants tend to have opposing views around the need for all adoption applicants to undergo comprehensive medical assessments, especially regarding HIV tests.

Many social work participants stressed that adoption applicants often both downplay the need to undergo comprehensive medical assessments and dispute the notion that a medical condition should cancel out the possibility of them being found fit and proper to adopt a child.

“We put our foot down and say no you've got to go and deal with your issues ... you've got to go for long-term counselling ... you can't just test HIV-positive and then say `It's okay, we've come to terms with it. Let's get a baby`. and things like that. You should know that you're going to be able to look after yourself before we can give you the child.” (SW 1)

Social workers reasoned that it would be unfair to place a child in need of care and protection in the care of an adult who might not be able to responsibly raise a child unless their medical concerns were responsibly addressed:

“... they seem to think that we are being fussy over everything. They don't seem to see the importance of looking after themselves well, you know, a good healthy lifestyle. The doctor would say "rather go for a weight management programme... and they would say to lose weight will take me forever.... You would ask, "How are you going to look after the child, if you can't look well after yourself ?” (SW 2)

One social worker pointed out that the adoption agency she is employed at shows flexibility if an adoption applicant presents with a chronic illness. She pointed out that adoption applicants with a chronic illness can continue with the assessment process if they nominate a significant other who would be willing to take on the role of an informal ‘guardian’ should the need arise. Furthermore, the nominee should also complete the assessment process. However, one of the main reasons why some prospective adopters who are chronically ill do not complete the assessment process is because they cannot identify such an individual:

“If they decide to go through the screening, it is usually after the medicals [that adoption applicants drop out]. Maybe the person is HIV positive, and they find it very difficult to get a screening partner. Not that they want to stop, it's that they can't find a screening partner.” (SW 4)

Most social work participants considered psychometric testing as an important phase of the assessment process, because the tests are designed to measure the extent to which adoption applicants’ personality and cognitive abilities match those required to perform the role, in this case the role of adoptive parent. They mentioned that it is challenging to persuade prospective adopters that there is a need to undergo psychological assessment to avoid placing the child at risk:

We do explain to them the importance of that test; that we're not just trying to be very strict as an agency, but we are trying to alleviate a situation where the child will be at risk. That's why we have these measures. So, we try convincing per se, so that when the time comes for them to do the psychological assessments, then they know that it's a requirement and in the child's best interests.” (SW 3)

“We explained why we had to do it, but they felt that this was threatening the screening more and more ... because they now had to and see the psychologist. After seeing the psychologist, they have to go and receive feedback on the psychological assessment.” (SW 6)

However, one social worker commented that she recognises that the psychometric tests need to be more user-friendly. She highlighted that, apart from the excessive cost, the tests are not culturally sensitive:

“We have a psychologist that comes here; but it's difficult with my clients because she only assesses in either English or Afrikaans. The language is a bit of a problem.” (SW 9).

Although virtually all adoption social workers deemed psychometric testing important, many adopters did not. For example:

“So, when [name of social worker] gave me feedback, I felt she kept on hammering on the stress level and I said that when the baby comes I'm going to change that ... so I felt it was like a personal

attack. I felt that the interpretation of the report did not look beyond the report for me. It should have looked at, this is my position, this is what I do; people in this position are going to get stressed [referring to her work responsibilities]. Yes, not just zone in on the stress. ... I remember I phoned my sister and I was crying. I just thought they're going to tell me to wait.” (A 5)

Assessment process costly

A matter repeatedly raised by most adoptive participants was the high financial costs involved in completing the adoption assessment process. They regarded the process as unreasonably expensive. Adoptive participants pointed out that fees charged by professionals forming part of the assessment process (such as physicians and psychologists) are particularly costly. One adoptive participant's comments related to the fact that although her medical aid was willing to cover the costs, the medical practitioner insisted that she pay the fees upfront in cash:

“If you and your husband go for tests, you pay R800 for tests. You pay for the doctor to see you ... which is something that you could actually pay through your medical aid. But they don't want the medical aid to pay. They [referring to doctors used by a specific adoption agency] want you to give them cash. That's what they told us.” (NE 1)

Some social workers acknowledged that many adoptive applicants find it difficult to complete the assessment process because of the costs involved:

“Everything is very costly. Medicals are very costly and the psychological assessment. And if it's a couple, they still have to do the marriage enrich [marital enrichment course], you know ... which they have to pay for”. (SW 3)

“... and the fees; some clients cannot afford the fees.” (SW 9)

An adopter expressed that she thought that the extremely high costs of the assessment process were immoral. She had initially approached an adoption agency and was informed that the full screening process would cost approximately R30 000. She stated:

“From a moral perspective, it's like you're buying a child. You don't want to look at a child all the time and think: “You know, I paid R30 000 for you.” ... that's what I said to [an adoption social worker managing her application]... but don't say if people want to adopt then they can't start the process before they pay you an amount of money you don't necessarily have with adoption ... there were people [referring to other potential adopters attending the orientation workshop] who felt it was a bit too much.” (A 1)

It also became evident that some adoption social workers assume that applicants' willingness to cover assessment costs is a good indicator of whether their motive for adoption is sound. Two social workers pointed out that many married couples approaching an adoption agency have already spent several thousands of rand on assisted reproductive treatment. For this reason, they assume that if applicants are not willing to cover the costs of services rendered during the assessment process, they obviously are not really committed to making an investment for a child they have not conceived:

“If an applicant is reluctant to pay fees for services, one needs to question whether they really want to adopt a child for the right reasons.” (SW 5)

Quality of client-worker relationship

Most adoptive participants highlighted that the quality of the working relationship they shared with adoption social workers responsible for their assessment definitely affected the way they experienced the process. For example, an adopter pointed out that she did not reside in Johannesburg at the time she underwent assessment, but the adoption social worker showed flexibility in addressing her needs by speeding up the screening process. She conducted the home visit to assess living circumstances, even though the suburb in which she resided fell outside the agency's service zone.

“I don't know if it was only her or what ... but she was so lovely and sweet, and she would give one person enough time to talk ... and somehow, we were treated like people who came very far ... what do you call it? We would perform two sessions in one day.” (A 1)

However, it also became apparent that when social workers not specialising in adoption are involved in the assessment process, their personal attitudes towards the adoption of unrelated children can exacerbate feelings of exposure and threat being experienced by prospective adopters. For example, a social worker employed by the DSD conducted a home visit to assess the applicant's accommodation because she did not reside in the adoption agency's service area. The adopter felt that the social worker who conducted the home visit was unprofessional in the sense that she adopted a discriminatory point of view.

“It could be at that stage that this person's [referring to someone in her situation] insecurities and uncertainties are confirmed, and that person might have cold feet and stop [i.e. not complete the assessment process]. It irritated me; that's all I know. I felt I should go visit her and tell her that, “I want to educate you for the benefit of others and those like you.” (A 3)

Another troublesome issue identified is that some medical practitioners affiliated with adoption agencies are not mindful of adoption applicants' feelings of vulnerability during the adoption assessment process and sometimes do not show respect. However, adoption applicants do not challenge their misconduct, because they want to present their best front at all stages of the adoption assessment process. For example, an adopter shared with the researcher her experience in this regard:

“I had hoped that they would just give us the forms, but then they [adoption agencies] choose their own doctors. So, I had like a little cough because I have allergies, so I think maybe it was because of that....and he was like, ‘You need to do chest X-rays. ` But I knew I could not have TB. But he didn't even tell me that he was going to test for TB. ... At least he could have told me why he was doing that because it was not part of the tests ... I was expecting at least for him to sit down with me and discuss, which he didn't. According to them [adoption social worker], he was supposed to discuss with me the results before he sent them to them ... send the results to my GP, especially the HIV test results ... He didn't even give me that. He just sent them through.” (A 1).

In summary, findings indicate that adoption social workers tend to reason that a rigorous assessment process is essential to ensure that adoptable children's best interests are met. Conversely, prospective adopters feel that their genuine willingness to take on the lifelong responsibility of raising a child in need of care and protection is not given the recognition it deserves. They implied that in many respects the assessment process seeks to identify any possible shortcomings, rather than focusing on their strengths and empowering them to complete the assessment process. Based on the research findings, the following grounded theory emerged: Tensions surround adoption policy and practice and perceptions and experiences of adoption.

DISCUSSION OF RESEARCH FINDINGS

Findings suggest that adoptive participants' perceptions and experiences of the adoption assessment process are affected by four main, interrelated and debatable components of the process: (i) mandatory medical and psychological assessments; (ii) the financial costs involved; (iii) the quality of professional relationships established with social workers and other professionals; and (iv) the nature of the orientation.

The first controversial issue relates to obligatory, comprehensive medical and psychological assessments. Adoption social workers insisted that children need to be raised by adoptive parents who live a healthy lifestyle so that they can be adequately parented until they reach adulthood. Their standpoint is understandable, because research evidence suggests that serious medical conditions or chronic illnesses can negatively affect a person's psycho-emotional wellbeing and even life expectancy. For example, patients can feel a deep sense of grief and loss, and be exposed to stigmatisation and discrimination (Hosahally & Padikkal 2015; Prinsloo, Greeff, Kruger & Ellis, 2016).

However, there are also counter-arguments to obligatory comprehensive medical assessments. Research evidence clearly indicates that the life expectancy of people living with chronic illness has increased significantly because of improvements in medical treatment. They can enjoy a fulfilling life (Stenberg, Haaland-Overbya, Fredriksen, Westermanna & Kvisvikd, 2016; Teeraananchai, Kerr, Amin, Ruxrungtham & Law, 2017).

For example, recent data support the view that “people living with HIV in countries, such as South Africa, can have a near-normal life expectancy, assuming they start ART before their CD4 count drops below 200 cells per μL ” (Katz & Maughan-Brown, 2017).

Furthermore, it could be argued that comprehensive medical assessments belie the human rights approach. For example, mandatory medical assessments are not consistent with the rights described in the Constitution of South Africa and in the Children’s Act, because every person has the right to dignity and non-discrimination, the right to have their dignity respected and protected, and the right to privacy and confidentiality. The World Health Organisation (2012) reaffirmed its opposition to compulsory or mandatory HIV testing of individuals on public health grounds or for any other purpose. Also, in terms of the National Health Act (No. 61 of 2003), all medical tests shall remain voluntary (National HIV Testing Services: Policy and Guidelines, 2015). Of course, it can be argued that the adoptable child’s best interests must take precedence; prospective adopters are only obligated to undergo medical and psychological assessments if they choose to proceed with the adoption assessment process.

It is interesting to note that well-developed countries, such as England, are not as rigid in medical assessment procedures. For example, the basic medical report can be completed by the general medical practitioners (GPs) of the adoption applicants, and sometimes adoption agencies cover the fees. The medical advisers make recommendations to the adoption agencies concerned about any possible risk to applicants’ current or future health and what the agency should do to support them (Sebopela, 2013).

In the study it became evident that prospective adopters experience psychological tests as very stressful and question their necessity and validity. It is open to question whether the psychological tests prospective adopters undergo in fact produce valid findings. The validity of the psychological assessments implemented in South Africa is subject to ongoing debate on an academic level. In 2004 a major concern identified by the Human Sciences Research Council (HSRC) was that most of the tests being used were not culturally appropriate. The views expressed by clinical and educational psychology practitioners were that existing South African tests need to be urgently updated and revised, and attention should be paid particularly to issues related to culture and language when adapting tests (Foxcroft, Paterson, Le Roux & Herbst, 2004).

More recently, South African experts in the field of psychological assessment pointed out that practitioners should not unquestioningly accept and subscribe to Western, Eurocentric theoretical models and paradigms because they are not suitable for South Africa. Rather practitioners need to ensure that psychological assessments are appropriate and fair for clients from diverse cultures (Laher & Cockcroft, 2017).

Reiterated throughout the study was the issue that completing the adoption process is a costly affair. Expensive fees associated with the adoption process have not only been called into question in South Africa. For example, American states insist that adoption fees should be eliminated, because they discriminate against people who cannot afford the escalating costs of the assessment process (Van Langingham, Scheuble & Johnson, 2012).

The costs of the adoption assessment process have been debated in South Africa in recent years. For example, at a national adoption conference conducted in South Africa in 2016 one of the key speakers, (Malan, 2016). Dr Malan of the North-West University, pointed out that one possible factor contributing to declining adoption rates is their cost. Other key role players at the conference highlighted that there needs to be consistent lobbying by the DSD to focus on the regulation of the fees

in respect of adoption social workers in private practice to bring them in line with those of child protection organisations (CPOs). NACSA emphasised that it is usually fees charged by adoption social workers in private practice that are particularly high (National Adoption Conference, 2016), whereas in CPOs fees are charged according to a sliding scale. However, it is important to note that all the adopters in the researcher's study had been assessed by CPOs, not adoption social workers in private practice. Although the social work service fees were not unreasonably expensive, the costs associated with medical and psychological assessments were considered unreasonable.

The costs of the adoption assessment in South Africa are expected to decline when the Second Amendment of the Children's Act (Act 18 of 2016) is enacted. In terms of Section 1 of the Act, social workers in the employ of the DSD will become accredited to manage adoptions. Based on the researcher's personal work experience in the field of adoption, it has become apparent that many adoption bodies and entities have welcomed this amendment, because it would make adoption services more accessible, less complicated and less costly for people. However, some CPOs have expressed concern that if adoption services become more accessible, the quality of adoption service delivery might decline, because adoption is a specialised field of social work.

In this study it also became obvious that when prospective adopters develop trusting relationships with social workers managing their assessment process, they tend to feel 'safer' and more confident about completing the challenging screening process. This reinforces worldwide evidence that if helping professionals develop good professional relationships with their clients, this enhances positive outcomes for the client (Belanger, Cheung & Cordova, 2012; Tabuteau-Harrison & Mewse, 2013). A particular concern emanating from research findings is that the competency and attitudes of some social workers involved in the adoption assessment process – especially social workers not specialising in the field of adoption – can exacerbate stress for prospective adopters. This finding substantiates research evidence which reveals negative effects when there is dissonance between a social worker's personal values, beliefs and biases regarding legal adoption, and the professional ethical principles and values they should uphold. Social workers not trained in adoption competency sometimes mismanage key issues in adoption and this adds to the anxiety experienced by prospective adopters (Siegel, 2013).

Another closely related finding is that other professionals involved in the adoption assessment process, such as medical practitioners, are not always mindful of the vulnerability that adoption applicants are experiencing at the time the process. For this reason, when accredited adoption agencies enter into working agreements with other professionals, they probably need to emphasise the importance of establishing professional rapport with adoption applicants, upholding their dignity and respecting their privacy. Research findings also make it obvious that insisting that all adoption applicants undergo examinations by medical practitioners working in conjunction with adoption agencies, rather than applicants' GPs, exacerbates their feelings of tension and anxiety. This is probably because it reinforces adoption applicants' feelings of having no control over the adoption process.

Findings indicate that prospective adopters play a rather submissive, compliant role in the assessment process, whereas professionals, such as adoption social workers and medical practitioners, play a domineering role. Social workers have been granted 'authority' by international and domestic legislation to adopt a child-centred approach. Moreover, they have the support of written policy advocated by their accredited adoption agencies, which is based on national guidelines and standards regarding the assessment process. Eriksson (2016) also identified that prospective adoptive parents perceive power asymmetry through the controlling practice procedures during the assessment process.

Findings also reveal that orientating potential adopters in groups, rather than individually, provides them with meaningful emotional support and motivation. This is because adoptive participants seem to experience commonality and a sense of belonging when attending group orientation. This finding is surprising because substantial adoption research emphasises the important role support groups can play in post-adoption services rather than at the outset of and during the adoption screening process (McKay, Ross & Goldberg, 2010; Schwartz, Cody, Ayers-Lopez, McRoy & Fong, 2014; Teska, 2016).

In conclusion, based on research findings, it is evident that adoption social workers firmly believe that a rigorous assessment process, using a multi-disciplinary approach, is essential to ensure that adoptable children are raised by fit-and-proper persons because placement of a child is for a lifetime. However, although the principle of meeting the child's best interests cannot be negated, the researcher is of the opinion that this sometimes leads to adoption social workers adopting a deficit approach. They should rather adopt an individualised, strengths-based approach when assessing prospective adopters. This would entail moving away from mainly focusing on causes for concern (be they medical, psychological or marital) and rather adopt an individualised approach to empower prospective adopters to responsibly address concerns arising. Furthermore, in this approach prospective adopters (clients) are engaged as partners in the planned change, or in this case, the adoption assessment process (Huffman, Black & Bianco, 2008).

Based on research findings, it is thus recommended that black prospective adopters be motivated and empowered to take on the role of fit-and-proper adoptive parent. Possible ways of achieving this would be to constructively address the four main components of the assessment process. The medical assessment process should be simplified. Adoption applicants should be allowed to approach personal general practitioners for medical assessment. This would lower costs and create a better sense of symmetry in social interactions. Rather than conducting psychometric testing, applicants could be guided to assess their psychological wellbeing using developed self-report item banks and short forms. Training programmes (presented individually and in groups) could be conducted before, during and after the assessment process to empower prospective adopters. Topics covered could include the benefits of early diagnosis of chronic illnesses and maintaining a healthy lifestyle; developing good parenting skills; and learning how best to address the challenges of adoptive parenthood in the South African context.

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