

The Post-Adoptive Experience of Intercountry Adoption Families in Catalonia: A Quantitative Study in Social Work

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ENG Abstract: This article provides an overview of the post-adoptive landscape in intercountry adoption in Catalonia. It explores families' preparation for adoption, post-adoptive needs, and the resources employed, with a particular emphasis on the role of Social Work. The study is based on the experiences and opinions of families, collected through a questionnaire administered between 2022 and 2023 within the framework of the doctoral research *"Intercountry adoption in Catalonia in the post-adoptive phase: a conception from Social Work."* A total of 355 families with 461 sons and daughters from 23 different countries responded anonymously to the online questionnaire. The results address family communication, pre- and post-adoption care, including experiences with the mandatory follow-up imposed by each country of origin. The conclusions highlight challenges in family adjustment and in the relationship with the services and institutions that support families, with special attention to the role of social workers. Recommendations are proposed to strengthen the protection system for this population. Furthermore, the article reflects on the expressed and perceived needs of families, as well as on professional support, particularly regarding the role of Social Work.

Keywords: Adoption; Social Work; Social Services; Family; Catalonia

ES La experiencia post-adoptiva de las familias de adopción internacional en Cataluña. Un estudio cuantitativo en Trabajo social

Resumen: El presente artículo presenta una imagen del panorama post-adoptivo en adopción internacional en Cataluña. Se explora la preparación de las familias para la adopción, las necesidades post-adoptivas y los recursos utilizados, con especial énfasis a la aportación del Trabajo social. El estudio se basa en las experiencias y opiniones de las familias, recogidas en un cuestionario aplicado entre 2022-23 en el marco de la investigación doctoral *"L'adopció internacional a Catalunya en la fase post-adoptiva. Una concepció des del Treball social"*. Un total de 355 families con 461 hijos e hijas de 23 països diferents respondí el qüestionari online de forma anònima. Els resultats abordan la comunicació familiar i el acompanyament pre i post-adoptiu, incluint la experiència amb el seguiment obligatori establert per cada país d'origen. Les conclusions destaquen tant les dificultats en la adaptació familiar com en la relació amb els serveis i organismes que han acompanyat a les famílies, amb especial atenció a la figura del treballador social. Se extraen recomanacions per fortalecer el sistema de protecció a este col·lectiu. Asimismo, se presenten reflexiones respecto a las necesidades expresadas y detectadas en las familias y con relación al acompañamiento profesional y al rol del Trabajo social.

Palabras clave: Adopción; Trabajo social; Servicio social; Familia; Cataluña.

Sumario: 1. Introduction. 2. Methodology. 3. Results. 3.1. Family Data. 3.2. Post-Adoptive Needs. 3.3. Post-Adoptive Resources. 3.4. Mandatory Post-Adoption Follow-Up. 3.5. The Role of Social Work. 3.6. Improving Post-Adoptive Support. 4. Discussion. 5. Conclusions. 6. References.

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1. Introduction

Spain became a receiving country for intercountry adoptions at the end of the 20th century, experiencing a significant boom in the late 1990s (Selman, 2006, 2009), becoming the second-largest receiving country after the United States in 2000. Statistics underline the importance of Catalonia, which recorded the highest number of adoptions between 1998 and 2005, accounting for 30% of Spain's total (Brancós, 2008). This rapid boom led to the emergence of a social and civic fabric incorporating a new family model, impacting educational and specialized care services.

According to the 1993 Hague Convention, the responsibility for post-adoptive support lies with the receiving state. Although Spanish adoption law does not make explicit mention of this, Catalan Law 14/2010 on the rights and opportunities of children and adolescents refers to equal opportunities, thus ensuring children residing in Catalonia access to tools for development and well-being. Specifically, the Catalan Institute for Fostering and Adoption (ICAA), as the central authority, is responsible for ensuring the welfare of adopted children and their families. In Catalonia, a voluntary post-adoption support service is provided by the ICAA (Abella et al., 2007), along with professionals from family assessment services (ICIF¹) and adoption agencies (ECAIs or OAAs²), who also handle post-adoption follow-up required by the country of origin. Aside from this follow-up -which varies in length, frequency, and content depending on the origin country- no other support or resource is mandatory for adoptive families during the formation or evolution of the adoptive family. Thus, support for family adaptation focuses on the pre-adoption phase, before the family begins to function as such.

The post-adoption literature indicates potential difficulties in adaptation (Juffer et al., 2011; Berástegui & Gómez-Bengoechea, 2008; Ger, 2015; Mirabent & Ricart, 2005), behavior (Barroso et al., 2017; Palacios, 2007; Van IJzendoorn et al., 2005), use of mental health services (Ryan, 2021; Barroso et al., 2017; Waid & Alewine, 2018), child development (Ryan, 2021; Palacios, 2007), and formal education difficulties (Ryan, 2021; Juffer et al., 2011; Van IJzendoorn et al., 2005). Topics such as identity (Sánchez-Sandoval et al., 2019; Mohanty & Newhill, 2005; Grotevant et al., 2017), origins (Selwyn, 2017; Wilson & Summerhill-Coleman, 2013), and access to specialized medical services (Knipper et al., 2020) are also highlighted. Intra-family communication (Brodzinsky, 2011; Aramburu et al., 2018; Barroso et al., 2017) is identified as a key factor in children's behavioral and emotional adjustment.

All this underscores the need for robust post-adoptive services (Selwyn, 2017; Lushey et al., 2018; Vinke, 2022), where the perspective of Social Work is integrated (Lee et al., 2020; Sánchez-Sandoval et al., 2019; Harlow, 2018), attending to the various dimensions of adoption (Poch, 2025; Palacios, 2007; Berástegui & Gómez-Bengoechea, 2008; Roby et al., 2013; Poch et al., 2024).

This study focuses on these issues at the Catalan level: the difficulties encountered, the most commonly used services and level of satisfaction, the presence and evaluation of the social worker task throughout the process, and the usefulness of the mandatory post-adoptive follow-up, including suggestions by respondents for improving support services.

2. Methodology

This study is part of the doctoral research project *"Intercountry adoption in Catalonia in the post-adoptive phase: a conception from Social Work"*, which aims to understand and enhance post-adoptive support from a Social Work perspective in Catalonia -both in current practice and in terms of future potential. The present article contributes to this research by pursuing the following specific objectives:

- a) Identify the post-adoptive needs of intercountry adoptive families
- b) Identify how children and families utilize available post-adoption services
- c) Detect strengths and weaknesses in the mandatory post-adoptive follow-up
- d) Evaluate the role of Social Work throughout the adoption process according to families' assessments

The study employs a quantitative survey with some open-ended questions (Ritchie et al., 2013). The results derive from a custom-designed questionnaire developed specifically to understand families' experiences and the strategies used to address challenges, with a particular focus on the role of social workers and the specifics of Catalonia's support model (Poch, 2025). It collects both factual and opinion-based data, combining quantitative and qualitative elements. The questionnaire was built upon the review of 129 documents found in databases such as Cercabib (including WoS, Scopus, Social Services Abstracts, and Sociological Abstracts), THUB, and Google Scholar, using search terms like "intercountry adoption" + "social work," "post-adoption" and "postadoption" in Catalan, Spanish, English, and French (as of June 2019), available online on open access and/or from peer-reviewed journals. An additional 19 scientific articles published in 2022 helped complete the theoretical framework.

Designed (López-Roldán & Fachelli, 2015) with Typeform, the questionnaire includes 40 questions -20 closed multiple-choice questions, 7 scale-rating questions (0 to 10), 5 numerical scale questions, 2 ranking questions, and 6 open-ended questions, including a final option to provide contact information for future participation. The first 15 questions gather demographic and background information (family type, education

¹ Family Integration Support Service (*Institución colaboradora de integración familiar*): organizations responsible for the training and assessment of families applying for intercountry adoption.

² Intercountry Adoption Accredited Body (*Entidad colaboradora de adopción internacional* or *Accredited Adoption Organization*): organizations that mediate between the country of origin, the adoptive family, and the receiving state.

level, place of residence, age and gender of adopted and biological children, country of origin). Question 16 addresses intra-family communication, while questions 17-18 refer to pre-adoptive preparation. Questions 19-28 cover post-adoptive needs and services used. Questions 29-31 deal with the mandatory follow-up, and questions 32-38 explore the presence and evaluation of social workers. Question 39 is an open question about suggestions for improving post-adoptive support, and the final one gathers contact details.

A pilot version was conducted with 8 families over five weeks starting September 15, 2022, resulting in minor modifications. The full version was available from November 25, 2022, to May 11, 2023, with an average completion time of 9-12 minutes.

The questionnaire was distributed via email or Mailchimp through six OAA agencies: IPI, CJ-Bradopta-Guney-Kune, Yamuna, Adopta, Balbalika, and AAIM. These agencies operated from 1997 to 2002 and were responsible for 54% of adoptions in Catalonia between 2011 and 2022. These agencies have worked with 25 countries: Ethiopia, Mali, Senegal, Ivory Coast, Kazakhstan, Vietnam, Colombia, Bolivia, Peru, Madagascar, Russia, Brazil, Bulgaria, Ecuador, El Salvador, Philippines, Nicaragua, Dominican Republic, Romania, China, Haiti, India, Poland, Serbia, and Cambodia.

Additional collaboration was obtained from local adoptive family associations: AFNE (2003, Ethiopia), Adopcolombia (2014, Colombia), IMA (2000, Morocco), and AFAC (1996, China).

A total of 355 valid responses were collected, representing 461 internationally adopted children -about 3.4% of the 13,817 internationally adopted children in Catalonia as of 2022³, with a 4.4% margin of error at a 95% confidence level.

Data were analyzed using Typeform's export features, Atlas.ti for qualitative categorization, and Excel for data compilation and graph generation.

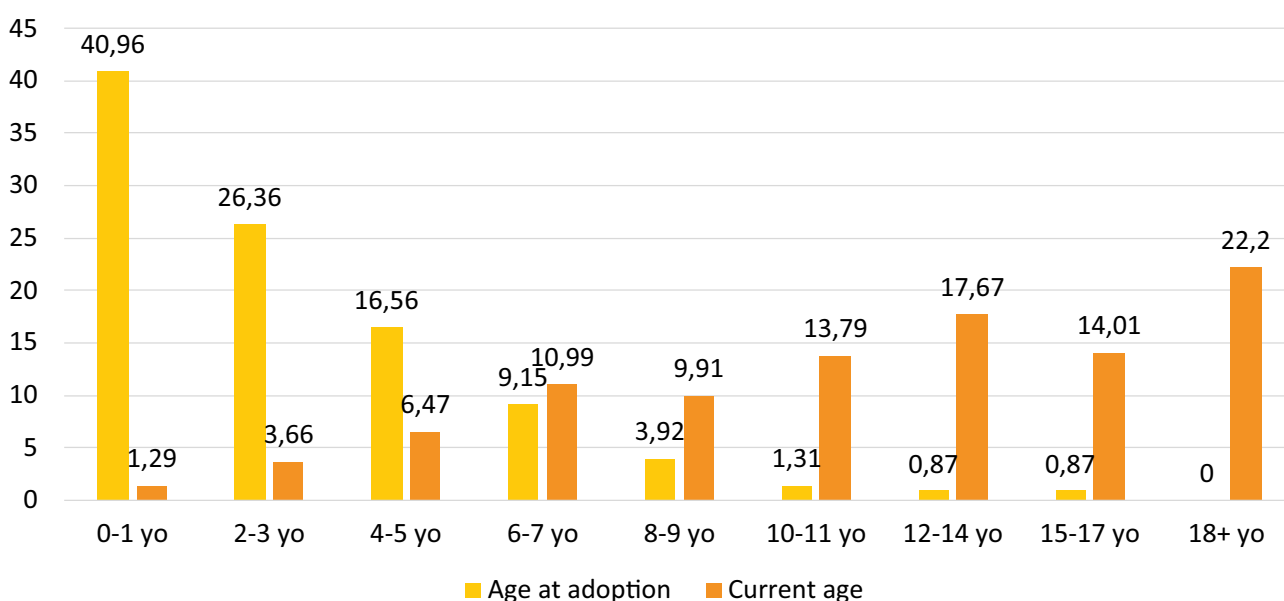
3. Results

3.1. Family Data

The family typology in the study is composed of 19% single-parent and 81% two-parent families at the time of adoption. Only 17 families (5%) reported separating after the adoption. The predominant education level is university (60%), followed by master's or doctoral degrees (25%) and secondary education (15%). Regarding place of residence, the majority (80%) live in the province of Barcelona, followed by Girona (10%), Tarragona (5%), Lleida (4%), and Terres de l'Ebre (1%).

73% of the participants have only one child -i.e., the adopted child- while 23% have adopted two children. A small number of families (10) have a third adopted child, and only 2 families have four or more adopted children. In total, the responses cover 355 families with 461 adopted children: 55.5% boys, 44% girls, and 0.4% identified as non-binary.

Ages at the time of arrival (see Graph 1) are concentrated in the 0-1 year range (41%) and 2-3 years (26%). The older the age at arrival, the fewer cases are observed, with very few children arriving at ages 8-9 or older. Currently, most children are over 10 years old (68%): about a quarter are adults, half are aged between 10 and 17, another quarter are between 6 and 9, and there are few cases under 5. The average age at the time of responding to the questionnaire is between 12 and 14 years.

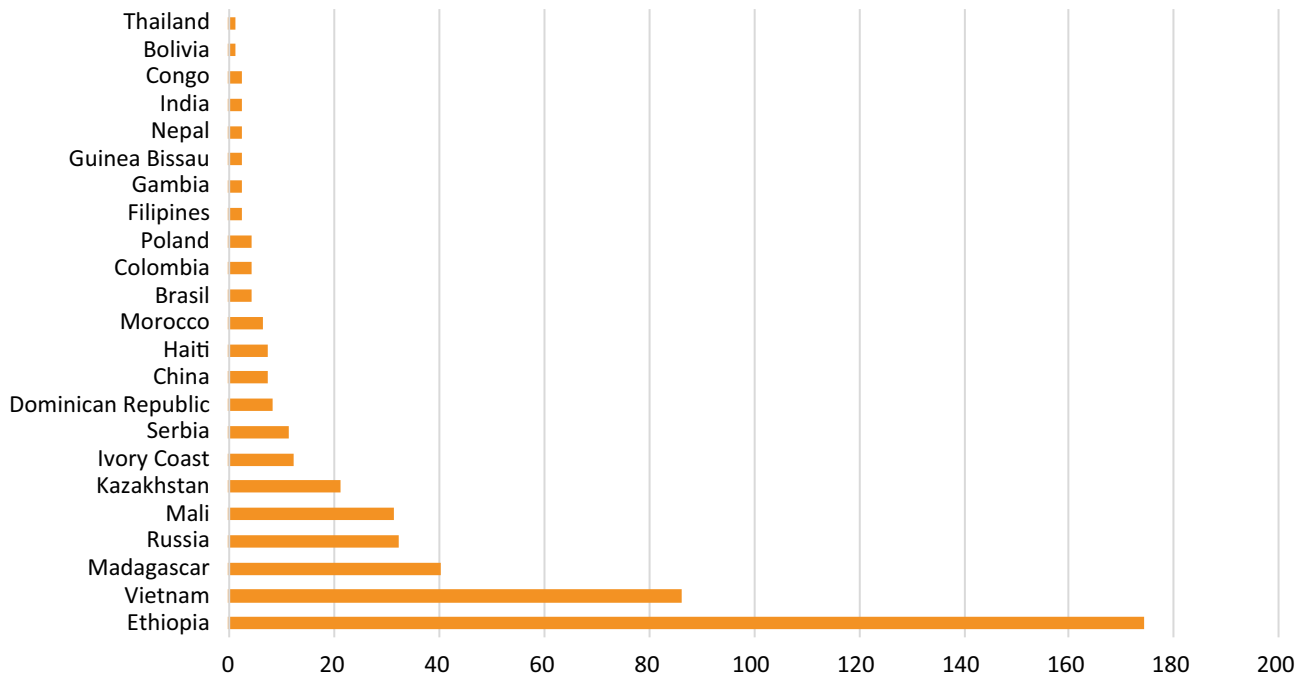


Graph 1. Comparison between age at arrival and current age

³ Statistical Institute of Catalonia (Idescat). (n.d.). *International adoption. Adopted children, by country*. Retrieved April 5, 2023, from <https://www.idescat.cat/indicadors/?id=aec&n=15833&lang=es>

Regarding biological children, one in five families report having them: 67% have one biological child and 30% have two. Most of these children are currently adults (65%), followed by 15-17-year-olds (12%) and those over 12 (11%). Thus, most biological children are older, and the adopted child generally arrived afterward.

Responses were received regarding children adopted from 23 countries (Graph 2). Ethiopia (38%) and Vietnam (19%) were most represented, followed by Madagascar (9%), Russia (7%), Mali (7%), Kazakhstan (4.5%), Ivory Coast (3%), Serbia (2%), Dominican Republic (2%), China (1.5%), and Haiti (1.5%). At the lower end, countries such as Morocco, Brazil, Colombia, and Poland had close to 1%, with the rest -Philippines, Gambia, Guinea-Bissau, Nepal, India, Congo, Bolivia, and Thailand- making up the remaining 3%.



Graph 2. Countries of origin

Questions about family communication (Table 1) explored how often issues like the country of origin, the adoption itself, and the biological family were discussed at home.

Table 1. Family communication

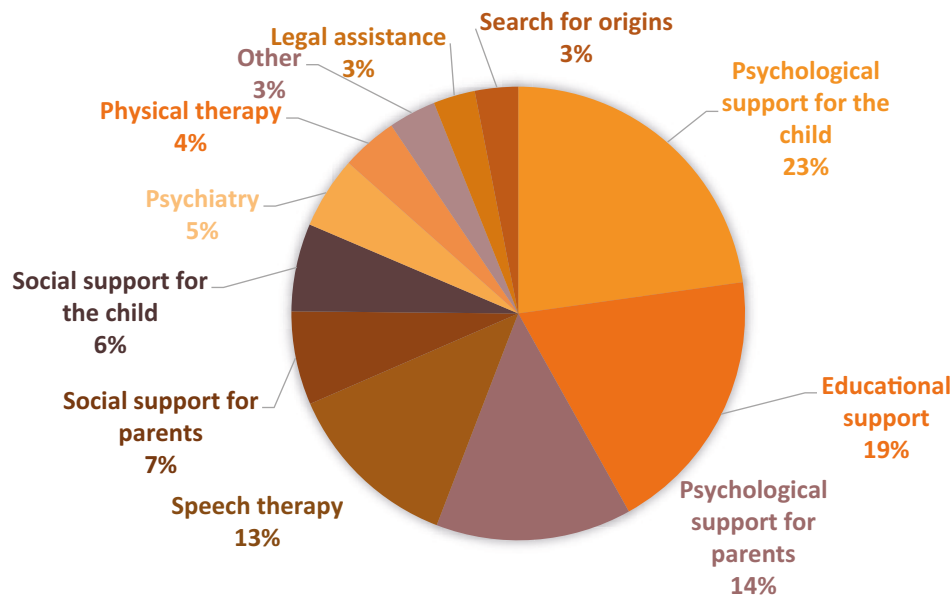
	Never	Rarely	Often	Very often
Country of origin	1%	23%	56%	20%
Adoption	3%	28%	56%	13%
Biological family	16%	44%	35%	5%

Discussion about the country of origin is common (76%), as is the topic of adoption (69%). However, the biological family is rarely (60%) or never (16%) discussed in the home.

3.2. Post-Adoptive Needs

Regardless of the number of adopted children, about 75% of families reported having post-adoptive needs, especially regarding school support and psychological care.

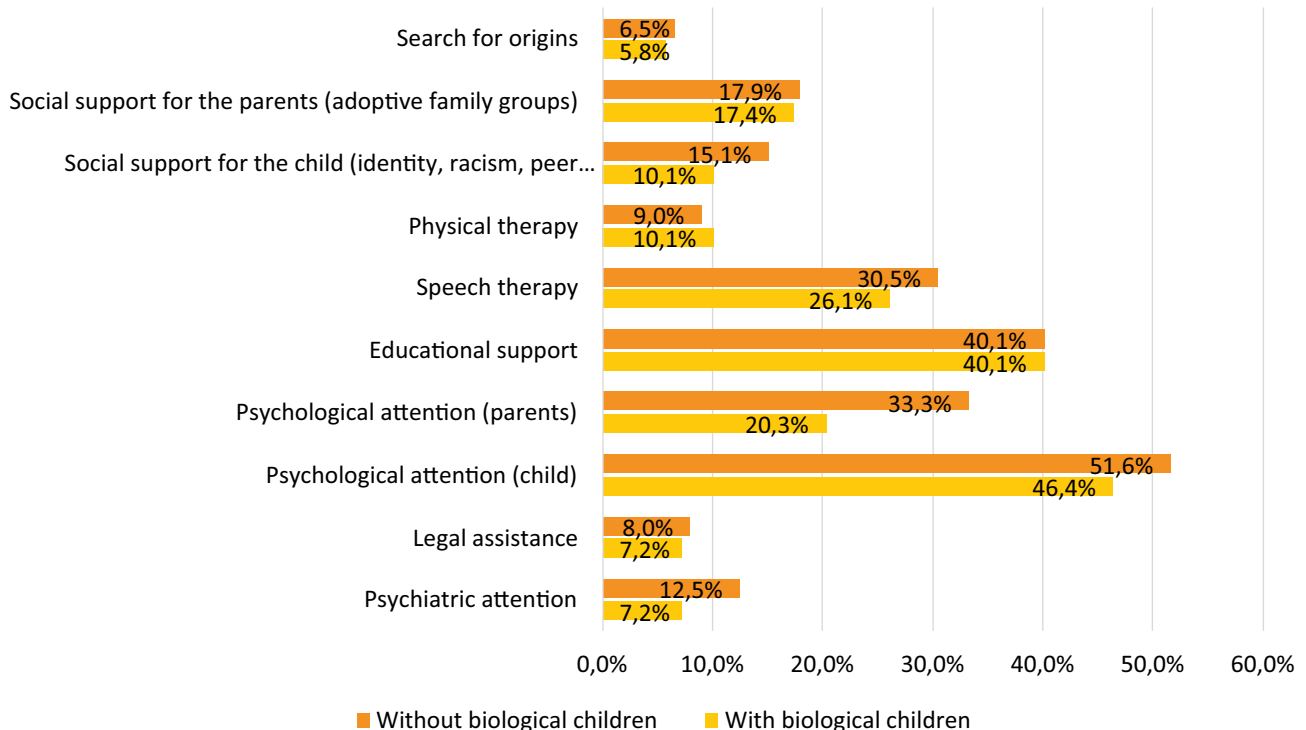
When interpreting “social support for the child” as related to identity, racism, peer interactions, and integration of adoption, and “social support for parents” as adoptive parent groups, the distribution of needs (Graph 3) is as follows:



Graph 3. Post-adoptive needs expressed by families

The “other” category includes 28 responses citing medical issues (e.g., cleft palate, mental health, misinformation about health during matching, specific medical inquiries), understanding adoption consequences at school and personal levels, behavioral information, developmental delays, attachment, primitive reflexes, abandonment impact, and psychological care during adolescence (including bullying and specific therapies).

A comparison of needs between families with and without biological children (Graph 4) shows that families without biological children report more needs. Notably, psychological support for parents is 13 percentage points higher, and psychological and social support for children is also more prevalent (5 points) in these families.



Graph 4. Comparison of post-adoptive needs in families with/without biological children

The impact of intra-family communication (Table 2) reveals that families with no communication (level 0) report the highest average number of needs (3.5). Those with low or frequent communication (levels 1 and 2) report an average of 2 needs. Families with high communication (level 3) report the fewest post-adoptive needs.

Table 2. Relationship between communication level and average number of needs

Communication level	Adoption	Biological family	Country of origin	Total
0	3,54 N= 11	2,84 N= 57	4 N=3	3,46
1	2,03 N= 98	1,96 N= 157	2,27 N= 81	2,09
2	2,24 N= 200	2,31 N= 125	2,15 N= 198	2,23
3	2,22 N= 46	1,81 N= 16	1,57 N= 73	1,86

Regarding adoption age (Table 3), educational support appears across all age groups and increases with age at adoption. Psychological care for the child is widespread. Psychological care for parents is present in 2 to 4 families per age group. Speech therapy and physiotherapy are needed mainly at younger ages, as is the search for origins. These needs appear less often among children adopted at older ages. Finally, social support for the child and the parents appears quite indistinctly in the lower and middle age ranges of the child's arrival.

Table 3. Needs according to the child's age at arrival

Adoption age	Legal assistance	Psychological support (child)	Psychological support (parents)	Educational support	Speech therapy	Physical therapy	Psychiatry	Social support (child)	Social support (parents)	Search for origins	Other
0-1	5%	48%	26%	34%	29%	7%	11%	17%	16%	6%	8%
2-3	8%	53%	31%	37%	33%	10%	11%	19%	20%	6%	6%
4-5	4%	52%	35%	41%	28%	4%	11%	7%	13%	9%	2%
6-7	8%	50%	25%	46%	21%	0%	13%	4%	8%	4%	8%
8-9	10%	60%	40%	60%	40%	10%	10%	10%	10%	10%	20%
10-11	0%	29%	0%	29%	14%	0%	0%	0%	14%	0%	14%
12-14	0%	60%	20%	100%	0%	0%	0%	40%	0%	0%	60%
15-17	33%	33%	33%	67%	0%	0%	33%	0%	0%	0%	0%

When post-adoptive needs are cross-referenced by country of origin (Table 4), differences emerge. China and Ivory Coast show the lowest average needs (around 1.5). Brazil, Haiti, Dominican Republic (3.5), and Poland (6) show the highest, with Poland showing identical distribution among all responses. Countries like Ethiopia, Mali, Colombia, Kazakhstan, and Vietnam are in the mid-range (2 needs per family).

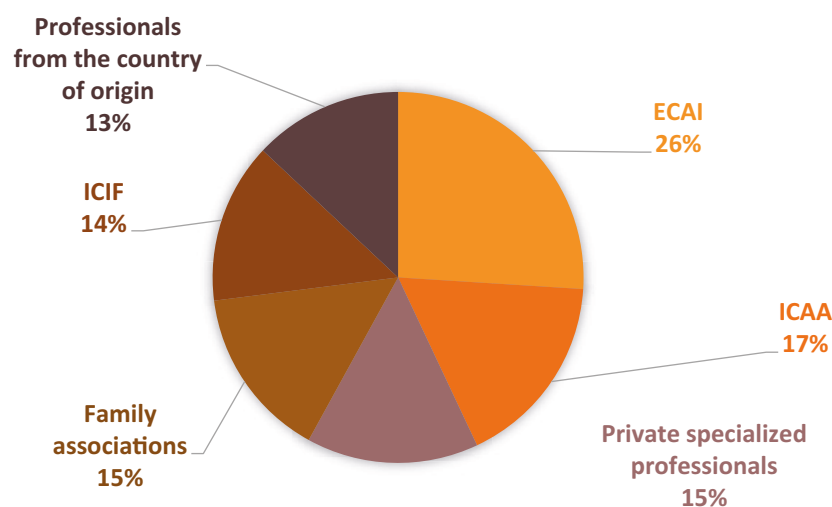
Table 4. Average number of post-adoptive needs by country of origin

	Legal assistance	Psychological support child	Psychological support parents	Educational support	Speech therapy	Physical therapy	Psychiatry	Social support child	Social support parents	Search for origins	Other	χ
Brasil	75%	50%	25%	75%	0%	0%	50%	50%	0%	0%	25%	3,5
Colombia	25%	50%	25%	50%	25%	0%	0%	0%	25%	0%	0%	2
Ivory Coast	0%	42%	33%	33%	8%	8%	0%	0%	0%	0%	17%	1,5
Ethiopia	5%	49%	25%	40%	24%	3%	11%	10%	12%	10%	5%	1,93
Haiti	14%	71%	43%	43%	57%	14%	0%	29%	57%	14%	0%	3,4
Kazakhstan	5%	50%	25%	40%	35%	0%	20%	0%	10%	5%	5%	2
Madagascar	8%	63%	45%	55%	35%	15%	10%	40%	20%	8%	8%	3,1
Mali	0%	38%	21%	28%	28%	7%	10%	28%	28%	7%	0%	2
Morocco	17%	67%	33%	50%	17%	33%	33%	33%	17%	17%	17%	3,3
Poland	25%	100%	75%	100%	100%	50%	100%	50%	0%	0%	0%	6
Dominican Republic	25%	63%	63%	50%	38%	25%	13%	25%	25%	25%	0%	3,5
Russia	3%	81%	31%	63%	44%	16%	13%	3%	13%	0%	0%	2,7

	Legal assistance	Psychological support child	Psychological support parents	Educational support	Speech therapy	Physical therapy	Psychiatry	Social support child	Social support parents	Search for origins	Other	χ
Serbia	9%	73%	45%	82%	9%	9%	18%	0%	27%	0%	45%	3,2
Vietnam	1%	30%	26%	27%	31%	14%	7%	10%	24%	4%	12%	2
China	0%	29%	0%	29%	29%	0%	0%	14%	14%	0%	29%	1,4

Families rated the preparation and information received for facing post-adoptive challenges with a 6.26 out of 10. The most valued preparation resources were the OAA (59%), followed by ICIF (31%), ICAA (24%), professionals from the country of origin (27%), adoptive family associations (32%), and finally private professionals (37%).

However, when weighted (Graph 5), OAAs remained the highest-rated, followed by private professionals and family associations, with ICIF and country-of-origin professionals scoring lower.



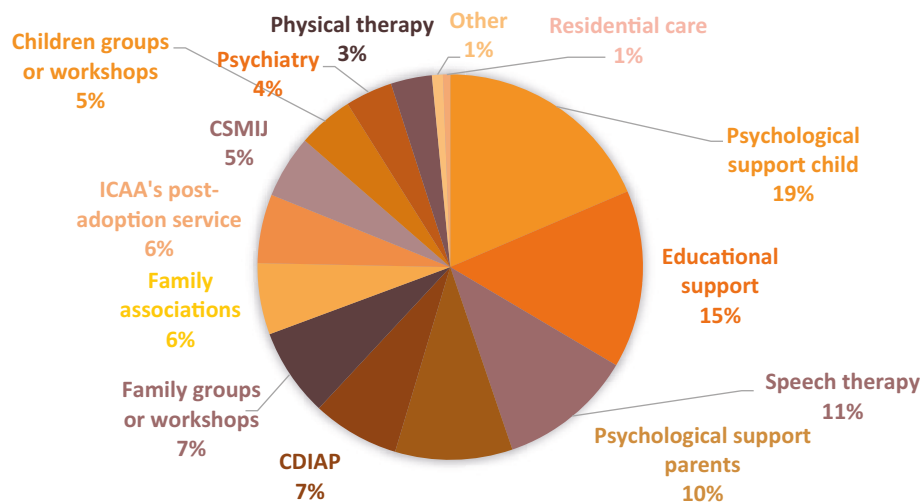
Graph 5. Weighted rating of resources used in pre-adoptive preparation

3.3. Post-Adoptive Resources

A total of 22% of families stated they had not used any services related to post-adoption. The rest reported using an average of nearly three resources per family. The most frequently used services (Graph 6) were: psychological care for the child, followed closely by educational support, speech therapy, and psychological care for parents. Other frequently used resources included CDIAP⁴ centers, parent peer support groups on adoption, adoptive family associations, ICAA's post-adoptive support service, child and youth mental health service (CSMIJ⁵), peer support groups for children, psychiatric care, physiotherapy, specialized medical services (under the 'other' category), and residential care facilities.

⁴ Early Childhood Development and Intervention Center: Public service for children aged 0–6 years, staffed by a multidisciplinary team including physiotherapists, speech therapists, social workers, psychologists, and neuropsychiatrists.

⁵ Child and Adolescent Mental Health Center: Public service for individuals aged 0–18 years, with a professional team consisting of psychiatrists, clinical psychologists, psychiatric nurses, and social workers.



Graph 6. Services used by families after adoption

In terms of the type of resources used, 113 families (41%) accessed private services, the same number reported using both public and private resources (41%), and only 47 families (17%) relied solely on public services.

The average satisfaction level with public resources was 4.5, while private resources were rated higher at 7.2. When asked about what aspects should be improved in services for post-adoptive support (Table 5), families identified the following priorities, by order:

1. Economic cost
2. Professionals' experience in adoption
3. Accessibility and information about available resources
4. Geographic proximity
5. Diversity of professional profiles in services
6. Frequency of visits/sessions
7. Informal or non-professional support networks
8. In-home care attention

Table 5. Weighted Expression of Aspects to Improve in Post-Adoptive Support

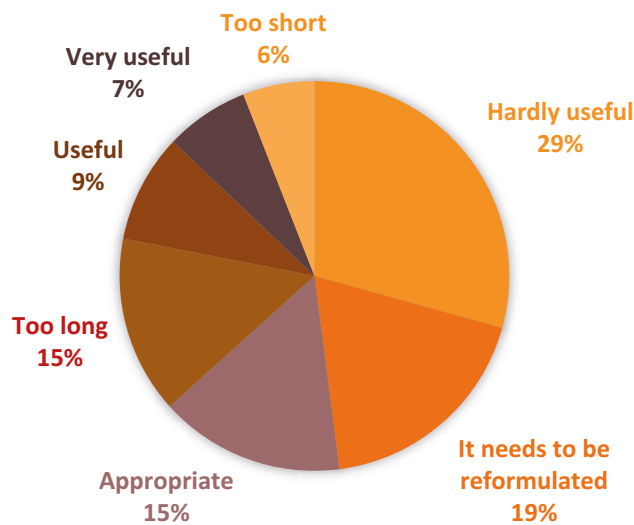
Aspects to Improve in Post-Adoptive Support	
Economic cost	17,73%
Professionals' experience	15,95%
Improve access to and availability of information	14,40%
Geographic proximity	13,51%
Diversity of professional profiles	13,21%
Frequency of sessions/visits	11,92%
Informal support resources	7,20%
In-home care	6,08%

3.4. Mandatory Post-Adoption Follow-Up

Nearly all families (95%) confirmed that they did or were doing the required post-adoption follow-up. A small portion (1.7%) indicated they had done so only intermittently or occasionally. Opinions on the usefulness of the follow-up (Graph 7) showed that a majority (48%) considered it to be of little value and in need of reformulation, while 31% found it adequate or very useful. This figure rises to 37% when adding those who believe it should be extended.

In countries with shorter mandatory follow-up periods (2-3 years), such as Brazil, Serbia, or Vietnam, most families believed the follow-up was too short and very useful. Countries with medium-duration follow-ups (about 5 years), such as China and the Dominican Republic, were associated with positive evaluations. In contrast, in countries with longer durations (up to adulthood), such as Ethiopia, Kazakhstan, and Mali, families more often found the follow-up too lengthy, of little use, and in need of reformulation. However, in other

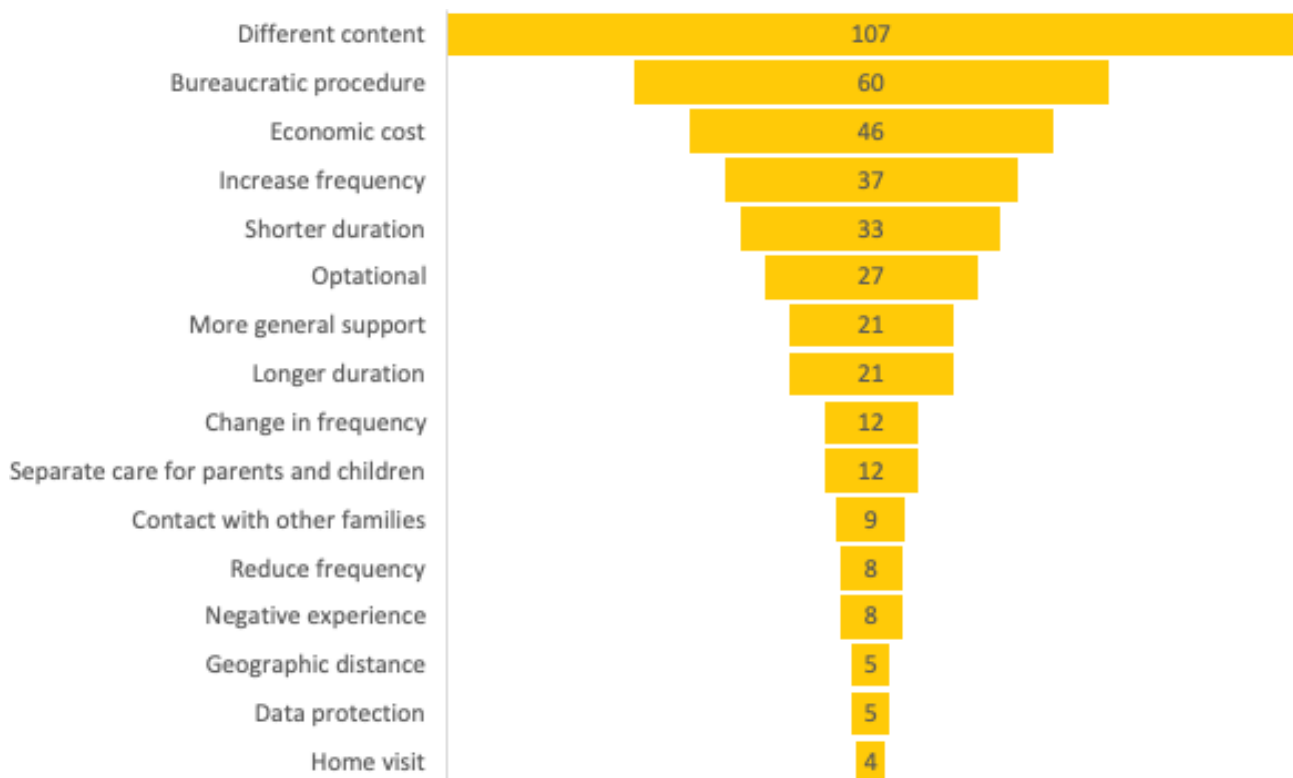
countries with a long follow-up duration like Madagascar, Poland, and Russia, it was viewed as appropriate and helpful.



Graph 7. Evaluation of the countries' mandatory post-adoption follow-up

The open-ended question “What would you change to improve post-adoption follow-up?” generated 16 thematic categories (Graph 8), including: Cost reduction; Geographic accessibility; Increased frequency; Decreased frequency; Modified frequency; Longer duration; Shorter duration; Bureaucratic burden; Separate sessions for parents and children; Home visits; Optional follow-up; Alternative content; Opportunities for family networking; Negative experiences for the child; Data protection concerns; General need for broader support.

Out of all responses, 23 were left blank (6%), 49 (14%) expressed satisfaction with the current follow-up system, and only 6 (1.7%) opposed the existence of any form of post-adoption follow-up. This shows that follow-up is an issue that engages families, with the majority (78.3%) providing specific comments and suggestions.



Graph 8. Suggestions for improving the countries' mandatory post-adoption follow-up

Selected Testimonials in favor of mandatory follow-up state possible improvements: “The follow-up should be meaningful for the biological family” or “I think it should help parents identify problems arising from adoption” or even “Currently, our follow-up involves sending a report to the country of origin, which we prepare ourselves each year until the child turns 18. It’s become a bureaucratic formality. In the early years, a psychologist was involved, which made more sense. Even if it was just one interview with the child and parents, it opened the door to working on any issues. This should be maintained until the child is 12-13yo, after which the adolescent could attend alone. Based on that meeting, further support could be proposed if necessary.”

On the other hand, other testimonials are against mandatory follow-up because of different reasons: “It should address general topics without delving into family privacy, which borders on rights violations. No biological parent is scrutinized this way! A report from the pediatrician stating whether or not the child is healthy would be sufficient, or from the school stating whether they are well and adapting, without so much interference.” or “We were part of an ICAA pilot project where the follow-up report was written by the parents. That means it can be manipulated, we can say whatever we want.”

3.5. The Role of Social Work

Focusing on the role of social workers, 63% of families reported no recollection of any contact with a social worker from the ICAA. Among those who did, the average rating of the professional’s work was 6 out of 10. In contrast, 95% of families recalled a social worker during the assessment and preparation stage for the suitability certificate at the ICIF. This role also received an average score of 6. Among the families who worked with an accredited adoption agency (OAA) -which amounts to 98% of the respondents- the social worker’s involvement was rated highest, with an average score of 8.

In the post-adoptive phase, 25% of families reported contact with a social worker, while 70% had not, and 5% did not recall. The average rating of post-adoptive social work support was 7.

Taken together, the average across the three services (ICAA, ICIF, OAA) is 6.66, which increases slightly to 6.75 when considering post-adoptive support alone.

3.6. Improving Post-Adoptive Support

A large portion of families (73%) expressed that post-adoptive services need improvement, and 85% showed that the issue is personally relevant to them. Feedback was categorized into 23 specific suggestions (Table 6).

Table 6. Suggestions for post-adoption improvement expressed by families

Aspects expressed by families	
Change the content of mandatory post-adoption follow-up	12,84%
Provide specialized family support	11,02%
Change the frequency of mandatory post-adoption follow-up	10,2%
Reduce economic costs	8,56%
Post-adoption follow-up is perceived as a mere formality	6,91%
Provide more information on parenting and adoption-related topics	6,69%
Increase the number of specialized professionals	6,04%
Offer family groups and contact spaces	5,15%
Make post-adoption follow-up optional	4,61%
Provide specific training for education professionals	4,61%
Reduce the number of years post-adoption follow-up is required	3,73%
Offer individualized follow-up separate from the requirements of the country of origin	3,73%
Provide specialized psychological support	3,4%
Peer groups for children	2,63%
Provide separate care for parents and children	1,87%
Provide specific resources for the adolescent stage	1,65%
Provide geographically closer services	1,65%
Provide more resources for origin search	1,32%
Provide resources to address experiences of racism	0,99%
Offer academic reinforcement in education	0,77%
Ensure data protection	0,66%
Provide legal support to families	0,44%
Provide 24-hour assistance	0,32%

Nearly half of the responses were related to the current mandatory post-adoption follow-up, and pointed to change its content, adjust its frequency, and modify its duration (either increasing or decreasing it). Additional suggestions included reducing economic cost and making follow-up non-compulsory. Among all, it appears creating peer support groups for both parents and children, providing targeted support for adolescence, improving professional training across disciplines, structuring separated sessions for parents and children, improving geographic accessibility, addressing racial discrimination, supporting origin exploration, strengthening data protection, and ensuring access to 24/7 services.

4. Discussion

The principal limitation of this study concerns how families were reached, as several agencies (OAA) that once handled adoptions are no longer operating. This likely affected the representation of countries in the sample. Comparing our data with official figures for internationally adopted children in Catalonia, some countries are over-represented (Ethiopia, Vietnam, Madagascar, Mali, Kazakhstan, Ivory Coast, Dominican Republic, Serbia, Poland), whereas others are under-represented (Russia, China, Colombia, Nepal, India, Bolivia). By continent, our sample comprises Africa 58%, Asia 20%, America 6.5%, and Europe 13%, versus the actual distribution in Catalonia up to 2023⁶ of Africa 14%, Asia 35%, the Americas 14%, and Europe 37%.

In particular, Russian and Chinese adoptive families participated far less than expected. Many of such adoptions were managed by now-closed agencies, so it is reasonable to think that this significant number of families could not be reached. Nevertheless, some collaborating agencies and family associations had worked in those countries before the suspension (China 2022, Russia 2020), so it is also plausible that these families are less inclined to join studies of this kind. This is noteworthy for Russia, where post-adoptive difficulties have been reported to be comparatively higher (Gunnar & van Dulmen, 2007; Barcons et al., 2012); their limited presence here means those issues may be under-reflected, even though similar Eastern-European contexts (e.g., Poland) are represented.

Age at adoption does not emerge as a decisive factor per se, echoing viewpoints that stress pre-adoption adversity rather than chronological age (Pace et al., 2021; Hillman et al., 2024; Palacios, 2007).

Contrary to earlier evidence (Berástegui & Gómez-Bengoechea, 2008), the existence of biological children in the household is associated with fewer post-adoptive needs. One explanation is these parents' previous child-rearing experience (Palacios et al., 2005) -as a determining factor when understanding the needs of the adopted child, which would not be attributed to adoption-, together with today's greater awareness of potential adoption effects (Juffer et al., 2011). Still, this study does not capture adoptees' own perspectives; differential appraisals of needs have been observed when young people are queried directly (Carrera et al., 2024).

The type of expressed needs is highly informative for Catalonia's particular mix of child-health, education, and post-adoption services. Psychological care (Berástegui & Gómez-Bengoechea, 2008; Barroso et al., 2017) is required by roughly one in four children, and educational support (Van IJzendoorn et al., 2005; Juffer et al., 2011) by one in five. Social-identity support or origin-search services -typical of adoption-specific programs (Palacios, 2007)- are less frequent, and high-intensity resources such as psychiatric care or specialized residential facilities are rare (Juffer et al., 2011). Needs thus range in different intensity, confirming a heterogeneous post-adoptive population (Lee et al., 2020). Notably, support for parents' own psychological and social well-being is common (Waid & Alewine, 2018; Jones & Hackett, 2007; Polek & McCann, 2020).

Satisfaction with public services is strikingly low, a point that should prompt administrative review (Poch, 2025). Families highlight trauma-informed work, adolescent-phase challenges, and peer-group participation -areas recently explored as preventive strategies (Pace et al., 2021).

Regarding pre-adoptive preparation, the highest-rated actor is the OAA, where the social worker's role receives very favorable scores, reinforcing calls for robust Social-Work involvement throughout intercountry adoption services (Lee et al., 2020; Sánchez-Sandoval et al., 2019; Harlow, 2018).

Results also show that intra-family communication matters not only for adoptees' adjustment (Brodzinsky, 2011; Aramburu et al., 2018; Barroso et al., 2017) and family satisfaction (Hunsley et al., 2023) but appears linked to how many post-adoptive needs families report: more open communication correlates with fewer expressed needs and lower service use. Talking about the biological family remains notably harder than discussing country of origin or adoption, suggesting an area for targeted post-adoptive support (Hunsley et al., 2021; Hillman et al., 2024).

Open-ended comments further underscore the desirability of a specialized professional of reference (Atkinson & Riley, 2017; Jones & Hackett, 2007) who can accompany families long-term, and of reshaping the current follow-up into a multidisciplinary process that offers information, resources, and systemic guidance. Parents seek support beyond child-centric interventions and favor a five-year core follow-up with optional later access -especially in adolescence.

5. Conclusions

The findings indicate a clear need for specific post-adoption resources and specialized reference professionals who can reinforce both social support for children and for adoptive parents -especially by promoting open intra-family communication.

⁶ Statistical Institute of Catalonia (Idescat). (n.d.). *International adoption. Adopted children, by country*. Retrieved February 14, 2023, from <https://www.idescat.cat/indicadors/?id=aec&n=15833&t=202300-201200>

There is an urgent need to strengthen the post-adoptive support model, particularly by reforming the current follow-up system. The proposal is to create a Catalan-specific model that aligns with the requirements of each country of origin but is also tailored to family needs: an initially intensive follow-up, of medium duration, with optional continuity or consultation afterward, especially during adolescence. This follow-up should include the option for separate sessions with young adoptees and their parents. Evaluations of existing services -particularly public ones- should lead to reflection on how to improve general support, access to specialized information, opportunities for peer group interaction, and ongoing support services. These are all areas where Social Work has an intrinsic and essential role.

The role of OAA's emerges as fundamental, especially due to the high valuation of social workers' involvement. This reinforces the need to begin professional support in the pre-adoptive phase, helping families recognize and accept help early on. This support should then continue throughout the post-adoptive journey, so that families perceive it as a protective factor and use it as needed. From this perspective, specialized training is required for professionals in adoption-specific and multidisciplinary services.

Finally, the study opens the door to further exploration through qualitative methods -such as focus groups with participating families- to delve deeper into subjective experiences of support, and how the professional's role is perceived and valued.

6. References

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