

# Non-infant adoption from care: lessons for safeguarding children

C. A. Rees\* and J. Selwyn†

\*Tyndalls Park Children's Centre, and

†School for Policy Studies, University of Bristol, Bristol, UK

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## Abstract

**Aim** To explore use of adoption in remedying abuse and neglect, to inform child protection practice and to identify professional responsibilities to adoptive families.

**Method** A cohort of 130 children was identified for whom adoption was recommended in 1991–1996 at a mean age of 5.7 years (range 3–11). All were in local authority care for child protection reasons. Background information was gathered from social work records. The children were traced between 6 and 11 years later and their adopters interviewed. The Strengths and Difficulties Questionnaire and the Parent–Child Communication Scale were completed.

**Results** All but three birth parents had traumatic childhoods involving abuse, neglect and/or time in care. Eighty-six per cent had violent adult relationships. Mental illness, learning difficulties and substance abuse were prominent. Sixty-seven per cent of families were known to social services when children were born, but 98% experienced abuse or neglect. Most adopters found the first year challenging, though rewarding. Depression, anxiety and marital problems were common. Children's learning difficulties, conduct problems, emotional 'phoniness' and rejection affected closeness. At follow-up 28% described rewarding, happy placements, and 62% described continuing difficulties tempered by rewards. However, 10% reported no rewards. Hyperactivity and inattention frequently persisted despite stable adoption and were associated with conduct and attachment difficulties. Use of professional services was substantial. Thirty-eight per cent of children failed to achieve stable adoption. Later entry to care correlated with poorer outcome.

**Conclusions** This study highlights the importance in safeguarding children of considering the implications of parental childhood experiences, and indicates the risk of delay. The high prevalence of domestic violence in birth families indicates the need for better resources for managing emotional dysregulation. Adoption is a valuable therapeutic tool, but professional responsibilities in supporting it need to be acknowledged and adequately resourced. Dysfunctional hypothalamus-pituitary-adrenal axis programming may contribute to persisting difficulties. Supporting substitute care should be considered integral to safeguarding children.

## Keywords

abuse, adoption, behaviour, deprivation, foster care, parenting

## Correspondence:

Corinne A. Rees, Tyndalls Park Children's Centre, 31 Tyndalls Park Road, Bristol BS8 1PH, UK  
E-mail: drcarees@doctors.org.uk

## Introduction

Removing children from their parents' care for their protection presupposes that the alternative will be better. Safe decision making therefore requires understanding of the risks of delay, of

the viability of substitute care and of the professional resources needed to sustain it.

The Adverse Child Experiences Studies demonstrate the high and long-term cost for physical and emotional health of early childhood deprivation (Felitti 2002). Dysfunctional setting of

hypothalamus-pituitary-adrenal (HPA) axis function appears to contribute to this (Heim *et al.* 1997; King *et al.* 1998; Shoal *et al.* 2003; van Bokhoven *et al.* 2005; Schore 2005).

Poor outcomes of foster care suggest, at best, qualified therapeutic efficacy. For example, care leavers are substantially over-represented among both victims and perpetrators of crime. A third experience homelessness. Over 35% of girls become pregnant while in care or within 2 years of leaving (Barn *et al.* 2005).

As infant adoption has declined, adoption has increasingly come to be used as a tool for counteracting neglect and abuse, 71% of children now being placed from local authority care (Department for Education and Skills 2003). However, little is known either of its efficacy or of its acceptability to adoptive parents.

This paper provides a profile of the task of adopting older children. The data form part of a larger study (Selwyn *et al.* 2006a) funded by the Department of Health to study costs and outcomes of adoption of older children from the care system.

## Method

A complete sample of 130 children originating from 90 families was studied. Adoption was recommended when they were aged between 3 and 11 years (mean 5.7 years), during 1991–1996. All were assessed by a specialized adoption medical service. The children were traced between 6 and 11 years after the recommendation and 80% of adoptive parents were interviewed.

Two researchers collected information on pre-coded schedules from social work files about parental risk factors (particularly childhood neglect), children's home circumstances (e.g. parental drug misuse, mental illness, domestic violence, neglect and abuse), experiences in care, contact with their birth family and use of professional services (inter-rater reliability was 0.97). At follow-up, children's adoptive or foster parents were interviewed. An 'investigator-based' approach was used (Brown 1983; Quinton & Rutter 1988). This allows 'qualitative' questioning but 'quantitative' treatment of data. It provides systematic and detailed coverage of topics and numerically analysable data while providing extensive case material. The interviewers met regularly to compare codings and interviews were transcribed. Parents completed two standardized measures – the Strengths and Difficulties Questionnaire (SDQ; Goodman 1997, 1999) measuring emotional and behavioural adjustment, and the Parent–Child Communication Scale (Skinner *et al.* 1983) assessing the quality of communication and emotional exchange. Children's teachers also completed the SDQ.

Ethical approval was obtained from the Department of Health, the Association of Directors of Social Services and the School for Policy Studies (University of Bristol) ethics committee.

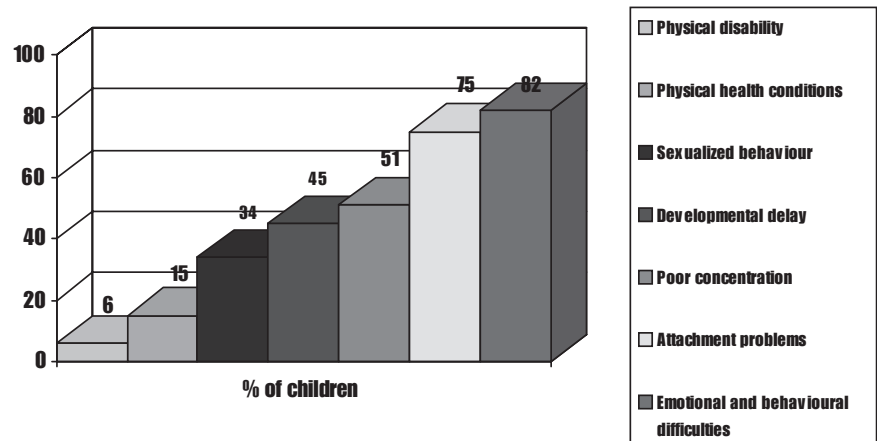
## Results

Sixty-three per cent of birth mothers and 57% of the 60 identified birth fathers had been in care themselves. Seventy-five per cent of mothers and 48% of fathers reported abuse. Only three parents, who experienced later life-changing tragedy, reported secure childhoods. Eighty-six per cent had violent adult relationships. Learning difficulties, mental health problems, substance abuse and criminality were prominent. Sixty-seven per cent of families were already known to social services when the child was born and 32% had had a previous child removed. Despite the children's ages when adoption was recommended, 79% had been referred to social services before their first birthday and 63% antenatally. Multi-agency support often appeared to have been poorly targeted and evaluated, 68% remaining at home for 1–8 years in worsening or unchanging circumstances before removal to care. Factors identified in retrospect as contributing to delay included limited analysis of available information, requests by courts for additional expert opinion and birth families' moves around the country. Action to remove children often started when neglect and abuse became more visible when they started nursery.

Although adoption was recommended for all 130 children, only 96 joined an adoptive family. Eighty were legally adopted and with their adopters at follow-up. The reasons why some were not adopted are complex and are reported elsewhere (Selwyn *et al.* 2006b). Twenty-six per cent remained in long-term foster care or other permanent placements, while 12% achieved no stable home. Some had had five or more placement breakdowns. Most of these children were in specialist residential care at follow-up.

The 80 adopted children were placed into 66 families: 58 (73%) were adopted by 'strangers', 17 (21%) by their foster carers and five (6%) by relatives. Twenty-eight per cent of 'stranger adopters' already had children. Slightly older children with more complex histories and more special needs were generally placed singly into these families. Childless stranger adopters tended to be younger and to adopt sibling groups of younger children with fewer special needs. Sixty-seven per cent adopted because of infertility, while others did so for altruistic or religious reasons.

Ninety-eight per cent (127) of the children had experienced abuse and neglect. Of the 20 children who had been abandoned



**Figure 1.** Percentage of children with special needs at the time of the adoption best interest decision.

or rejected, 15 were boys. When adoption was recommended, almost all had identified difficulties, predominantly with emotional, behavioural and developmental issues (Fig. 1). However, only 7% had received psychological intervention, often because of difficulty in obtaining services before stable placements were achieved. Few had received help with speech and language difficulties.

Matching of children with adopters, introductions and placement brought complex issues. Desperation to parent reduced objectivity about possible difficulties and inflated confidence in resolving them. Most adopters had attended training courses, but some had thought that potential difficulties were being exaggerated. Perceived competition for children led to fear that turning down the child offered could result in a long wait for another opportunity.

Difficulty in assimilating information and understanding its implications was compounded by the short period of introductions. This was experienced by adopters as a busy and stressful time bringing mixed and often confusing emotions of joy and apprehension. Some admitted that excitement blinkered them to possible difficulties, a sense of reality gradually emerging. Over half of the hitherto childless couples progressed, typically over about 8 weeks, to parenting more than one child. Advice given to adoptive mothers to stop or reduce work added to the magnitude of their lifestyle change. Most stopped almost all personal leisure activities.

Most adopters anticipated immediately loving the child, but the reality was more complex. They described distress, anger and disappointment when feelings were not as anticipated. Most described a short 'honeymoon period' before challenging behaviour emerged – some describing major difficulties. Many worried about the implications of discussing concerns with the children's social worker.

Adoptive placement affected all relationships. A quarter of hitherto childless adopters felt that their marital relationship was strengthened. However, more than half described difficulties, particularly when children related selectively to one parent. The reaction of children already in the household was critical to integration of a new child. Almost a fifth were delighted with their new sibling while a similar number disliked them or felt pushed out. The remainder had mixed or neutral feelings. They found it particularly difficult if the child had learning difficulties, principally because they felt that this adversely affected their friendships and school life. Extended family and friends often provided essential support, although some grandparents were less supportive than had been anticipated. Many adopters described anxiety and depression, 20% receiving medication. Eighty-eight per cent of 'stranger' adopters found the first year of adoptive placement very challenging and sought help, as did 61% of foster carer adopters although the child had already been living with them, sometimes because children's realization that they would not return home led to deterioration in their behaviour.

Contact arrangements added to the complexity of the task. Thirty-one per cent of children had plans for annual or biannual face-to-face contact with birth parents, 90% with siblings placed elsewhere and 34% with grandparents or other relatives. Others exchanged letters.

Despite the difficulties, 74% of adopters said that they felt close to their children after a year, 45% describing the relationship as 'as close as it could possibly be'. Those who did not feel close particularly cited learning difficulties, conduct problems, emotional 'phoniness' and rejecting behaviour as affecting their feelings.

At follow-up, the children were aged between 8 and 19 years – many therefore being in adolescence. Twenty-eight per cent of

adopters reported a happy and rewarding experience with few problems, while 62% described sometimes considerable difficulties, tempered however by the rewards of progress. However, 10% struggled to identify any rewards at all. Seventy-three per cent of children were described as close to their adoptive parents. A further 11% confided feelings despite limited perceived closeness.

The strongest predictors of continuing difficulties were conduct problems and over-activity, identified by the medical adviser during pre-adoption assessment. Particularly noteworthy at follow-up was the high prevalence, despite a secure home, of hyperactivity, restlessness and inattention (determined by adopters' and teachers' SDQ scores and researchers' ratings of interview content), correlating with conduct disorder ( $P < 0.000$ ). This in turn correlated with attachment difficulty ( $P < 0.0002$ ). Adopters reporting extreme difficulty described never having got anything back. However, their commitment gave the children a stable home and continuity of family relationships.

At follow-up, 67% of the adopted children had received extra educational support and 30% speech therapy. Fifty-five per cent had been referred to child and adolescent mental health services (CAMHS) and 59% to other health professionals. Half had a defined physical health condition (e.g. asthma), 11% a physical disability (e.g. cerebral palsy) and 65% developmental delay. Fourteen per cent had three or more diagnostic labels, many of which had emerged following placement. Uncertain prognosis contributed to families' stress.

Most service use related to emotional and behavioural problems, including attachment difficulties, sexualized behaviour, enuresis and encopresis. However, adopters expressed mixed views of the usefulness of interventions. Only 31% of those referred received more than an initial assessment. Some adopters rejected the service offered as they felt blamed for difficulties. Some felt that professionals did not understand the complexities of adoption. Thresholds for service provision sometimes seemed too high. Difficulties in accessing services were compounded by uncertainty about who was responsible for co-ordinating care following moves. Some complained that services were only available at crisis point and that too little was delivered too late.

## Discussion

Balancing risks and benefits in safeguarding children requires awareness of the limitations of substitute care. Removal of children from their parental homes for their protection presupposes that the alternative will be better. Poor outcomes for

children in care challenge this assumption as far as foster care is concerned. This study provides a profile of the task of adopting children beyond infancy from local authority care. In doing so, it contributes to understanding of the viability and efficacy of adoption as a therapeutic option for traumatized children, and of its implications for adoptive families. It is particularly informative as it follows a complete cohort of children assessed by a local authority adoption service, all of whom were assessed by a specialized adoption medical service. Identification of the children at the point of recommending adoption, rather than at placement or legal adoption, enables limitations of this route to be demonstrated.

As adoption was recommended for these children, measures to reduce delay have led to a fall in the mean age of adoption from care to 4.5 years. Children placed when younger may have experienced less adversity. These findings may therefore represent the more challenging end of the current adoption spectrum.

The study design means that at follow-up some children had not reached adolescence. This is frequently a particularly difficult time for adopted young people. Past neglect and abuse contribute to the complexities of establishing identity, while attachment difficulty paradoxically affects the course and timescale of developing independence. Some adoptees separate from their families in adolescence, returning in early adult life. Follow-up only until adolescence may therefore give an unduly pessimistic view of long-term outcomes, counterbalanced by the fact that some were still pre-pubertal. Follow-up into adulthood would give a more complete picture.

The study draws attention to the need for professional skills in defining inadequate emotional care to match those in defining physical and sexual abuse. Achieving this requires intensification of efforts to bridge the professional divide between paediatric and CAMHS practice, and recognition of the risks to children of this divide, particularly if services are under-resourced. The current public and professional spotlight on the evidence base for physical and sexual abuse needs to be broadened to encompass family relationships with equal stringency.

Waiting for 'evidence' of inadequate parenting appears to have cost many of these children the opportunity of a long-term stable home. It is of particular concern that almost two-thirds of families were already known to social services antenatally, yet the children went on to be abused and neglected, and, following removal, many never found a permanent home. The cost to wider society, as well as to the individuals themselves, is likely to be high. This highlights the risks of delay, and indicates the shortcomings of current prediction and assessment of parent-

ing capacity. While British childcare practice is underpinned by the assumption that children should where possible remain with their birth families, this is safe only if assessment of parenting is effective.

The study suggests that the importance of parental childhood trauma in predicting parenting difficulty is currently underestimated. Paramountcy of children's needs means that a shift of emphasis is needed from demonstrating inadequate parenting to identifying the resilience which may allow adequate parenting despite risk factors. Because of the risks of delay, the probability, not the possibility of achieving adequate parenting should determine practice. The high proportion of parents who were themselves in care indicates the shortcomings of corporate parenting. It suggests that health promotion priorities for young people in care should encompass parenting as well as its prevention. Breaking intergenerational cycles of poor attachment requires education about parent-child relationships, starting long before the immediate need arises. The high prevalence of domestic violence in the children's birth families indicates the need to improve services for anticipating and managing temper difficulties, and the public health importance of doing so.

Even stable adoption allows considerable residual scars. Adverse early attachment is likely to underpin many of the difficulties described (Rees 2005). However, assessment of this crucial area is limited by a lack of standardized assessment tools, and of consensus regarding definitions and terminology (Hughes 2003). Early attachment experience has been shown to affect regulation of involuntary stress responses through HPA axis programming (Schoore 2005). This has lifelong implications for emotional and behavioural regulation and mental health (Heim *et al.* 1997). Several studies show the relationship of salivary cortisol (reflecting HPA function) to behavioural difficulties including attention deficit hyperactivity disorder, aggression and conduct disorder (King *et al.* 1998; Shoal *et al.* 2003; van Bokhoven *et al.* 2005). The nature of difficulties persisting despite otherwise successful adoption suggests the relevance of dysfunctional HPA axis setting. This indicates that safeguarding attachment should be a key consideration in child protection decisions and highlights the need for research in this area.

The Adverse Child Experiences Studies demonstrate that adult emotional and physical ill-health, including major causes of mortality, relate strongly to childhood abuse and neglect (Felitti 2002). This study demonstrates professional responsibilities to those for whom adoption offers the opportunity of recovery, and highlights the importance of timely, well-informed, well-co-ordinated support. Simply providing chil-

dren with new parents does not remedy past deprivation. It is an active and long-term task requiring a high level of professional commitment. Decisions to remove children from their family homes for their protection should be seen as the start of a major professional task and resourced accordingly. Particular vulnerability during adolescence indicates the need for effective transitional care.

While the needs of children requiring adoption have changed radically in recent years, those of adopters have not. The majority still elect to adopt in response to fertility problems. The transition from the hope for a normal healthy infant to taking on the legacy of abuse is considerable. While most adopters in this study found the experience rewarding and became close to their child, it is of concern that for a substantial minority this was not so. This highlights the importance of learning from follow-up, and of investing in development and evaluation of therapeutic services to counteract the legacy of abuse. Adoption is a choice which profoundly affects the whole family. Parents' need for full information requires paediatricians to predict to an otherwise unfamiliar extent. While the priority of adoption practice is identification of parents for children, not the converse, adopters need guidance in making informed decisions. The study describes parents' difficulties in achieving objectivity.

The study gives insight into the complex effects of children's learning difficulties for adoptive families. High intelligence conveys resilience (Fonagy *et al.* 1994). The identified effect of learning difficulties on parental attachment and sibling acceptance suggests that the protective effect of intelligence is not simply related to children's ability to understand their circumstances, and indicates areas where support may be helpful.

The study has implications for service structure and funding. Families have a right to assessment of need for post-adoption support (Department of Health 2003). However, therapeutic services to meet identified needs are still developing, and expectations may be unmet. While adoptive families have access to mainstream services, they also have more specific needs. Service development must be supported by research. For example, although attachment difficulties are common, interventions remain largely unevaluated. The fundamental importance of attachment needs to be reflected in clinical research.

Work in safeguarding children needs to be informed by awareness of the viability and implications of alternative care, and tempered by recognition of the professional responsibilities which follow from decisions to remove children from their family homes (Rees 2006). The extent of the continuing legacy



of neglect and abuse, even when adoption offers stability, demonstrates the importance of focusing clinical and research attention on this area. However, service development and research face challenges in being at the interface of very different professional practices and beliefs. A climate of financial constraint and evidence-based practice leave services vulnerable when key outcomes are a generation or more away, not readily quantified, and yet to be evaluated. Independent funding of agencies contributes to vulnerability when anticipated outcomes may fall within another budget. However, the cost of failure to achieve adequate childhood attachment, the essential task of child protection work and substitute care makes this an issue of major public health importance.

### Key messages

- The efficacy of alternative parenting in facilitating recovery from neglect and abuse should be a key consideration in child protection decisions.
- The risk to long-term achievement of a stable adoptive home of late removal from neglectful care should influence child protection practice.
- Parental childhood deprivation, identifiable antenatally, frequently underlies unresolved parenting problems sufficient to lead to adoption.
- Adoption can give abused children the stability necessary to recover, and is experienced as rewarding, although challenging, by most adopters.
- Paediatricians have long-term responsibilities in supporting adoptive families, and in co-ordinating services to address the complex legacy of deprivation and abuse.
- Adoption may not correct problems associated with dysfunctional setting of hypothalamus-pituitary-adrenal function in relation to disturbed early attachment.

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