The role of open adoption in a continuum of services for abused and maltreated children

Harriet Ward, Emeritus Professor of Child and Family Research, Loughborough University

Honorary Research Fellow, The Rees Centre, Oxford University

h.ward@lboro.ac.uk

Three overlapping purposes of adoption

► A means of imposing social control :

    ► to eradicate a culture (Aboriginal; Polish; Yenish)

    ► to quash dissent (Soviet Russia; Franco's Spain; Pinochet's Chile)

    ► to change behaviour (Australian forced adoptions; juvenile emigration in 19th and 20th century UK)

► A response to poverty and destitution (poor law apprenticeship/adoptions and juvenile emigration in 19th and 20th century UK; intercountry adoption in 20th and 21st centuries)

► A means of providing legal, residential and psychological permanence for abused and neglected children in out-of-home care who cannot safely return to birth families (USA, UK, Australia)

Key questions

▶ Why do abuse and neglect matter?

▶ What happens to abused and neglected children whose parents show little capacity to change?

▶ How far can foster care meet their needs?

▶ Could open adoption better meet the needs of maltreated children who cannot safely return to birth families?

Key research studies

▶ Loughborough Longitudinal Infants Study: long-term follow up of English cohort of infants identified as 'suffering or likely to suffer' significant harm' before their first birthdays: 43 followed until age three; 35 until age 8

▶ Australian Open Adoption Outcomes Study: follow up of cohort of 210 non-aboriginal Australian children placed for open adoption in New South Wales over last thirty years: 93 followed until 2015

▶ Safeguarding children across services: fifteen studies commissioned in response to deaths of Victoria Climbie (2000) and Peter Connelly (2007)

Why do abuse and neglect matter?

► Some children die (about two per week in UK)

► Children under one particularly vulnerable – 8x average risk of child homicide; 3x risk of substantiated physical abuse; 2x risk of substantiated neglect; subjects of 45% serious case reviews

► Abuse and neglect underlie a number of key adverse childhood experiences that are linked to compromised health and development throughout the life span
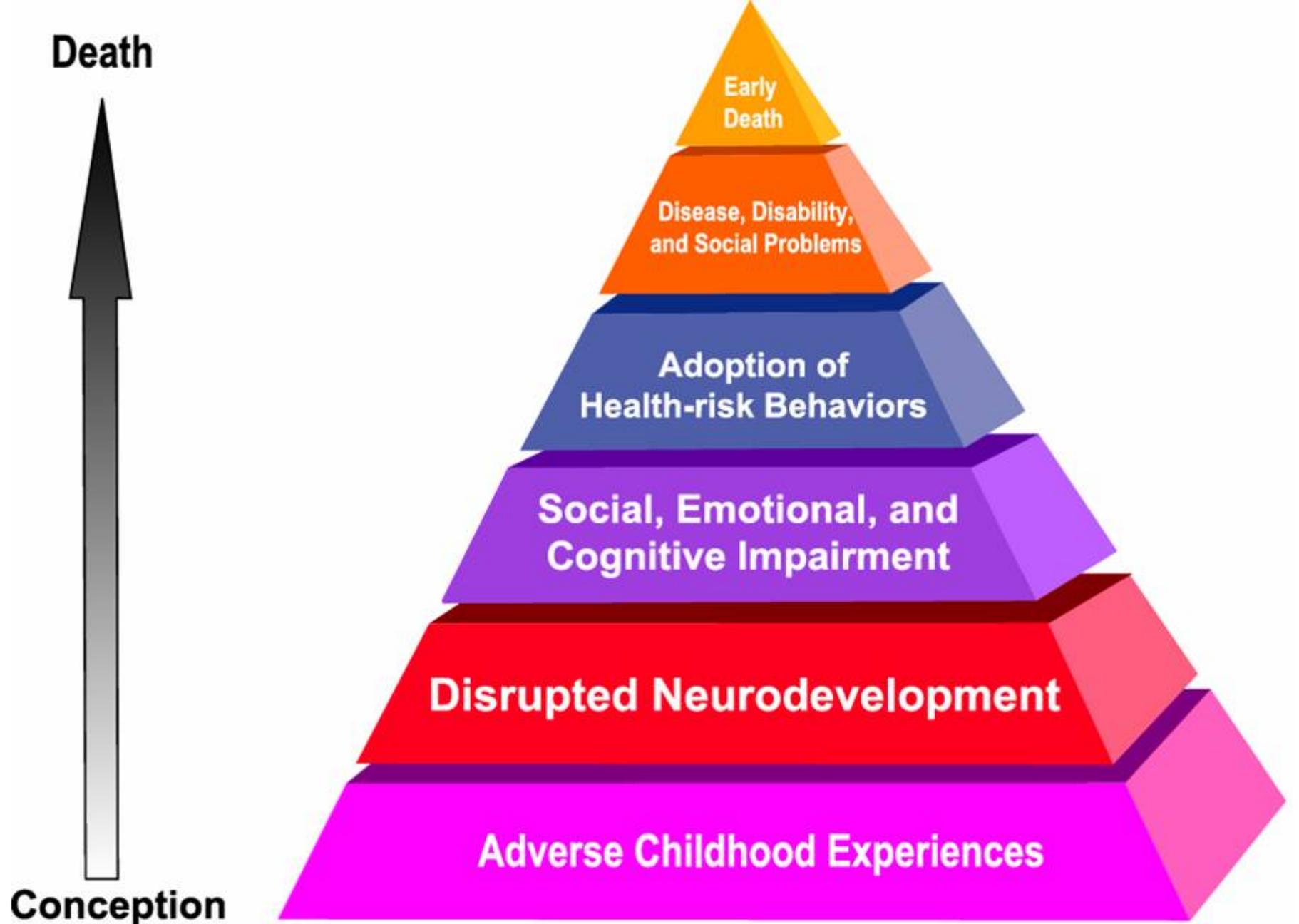
Adverse childhood experiences
Felitti et al, 1998

Living with a household member who is:

- **Depressed/suicidal**
- **Alcoholic**
- **Incarcerated**
- **Street drug user**
- **Experiencing domestic violence**

**Experience of:**

- **Physical abuse**
- **Sexual abuse**
- **Parental separation**
- **Emotional neglect**
- **Emotional abuse**

Death

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Conception

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Australia : Investigations, substantiations and admissions to out of home care 2015-2016

164,947 investigations

60,949 (37%) substantiations

12,829 (<8%) admissions to OOHC

278 (0.16%) adoptions
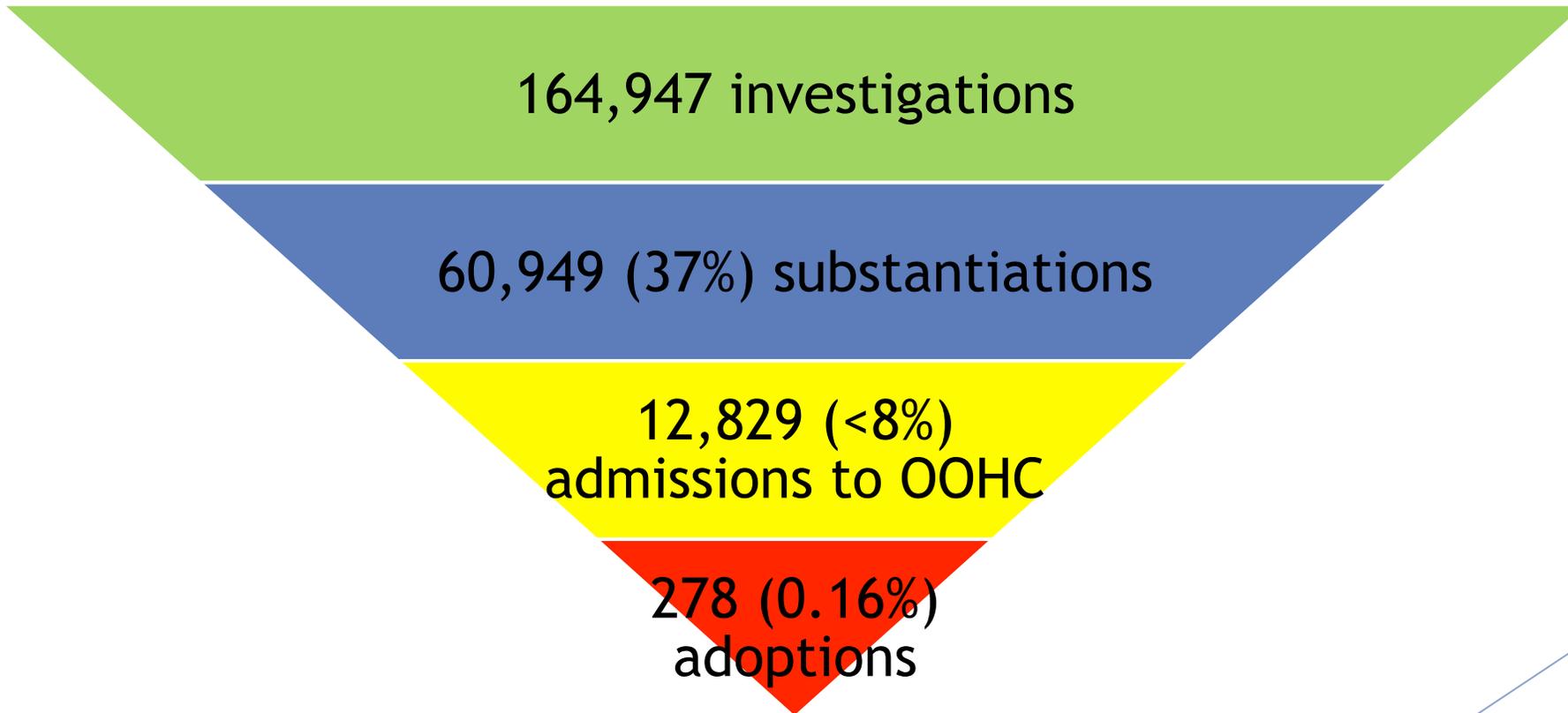
What happens to abused and neglected children whose parents are unable to change within an appropriate timeframe?

Loughborough infants study

▶ Prospective longitudinal study of 57 babies identified as suffering or likely to suffer significant harm

▶ All identified before first birthdays; almost two thirds (65%) before birth

▶ 43 followed until age three; 37 until age five; 36 until age 8

▶ Data from case papers; annual interviews with birth parents/carers, social workers and teachers; Strengths and Difficulties Questionnaires; children aged eight

▶ Corroborates findings from larger scale studies – and illustrates them

Children

▶ **Majority from families already known to children's social care through involvement with older siblings**

▶ **63% were boys; 31% from BME groups; 14% disabilities**

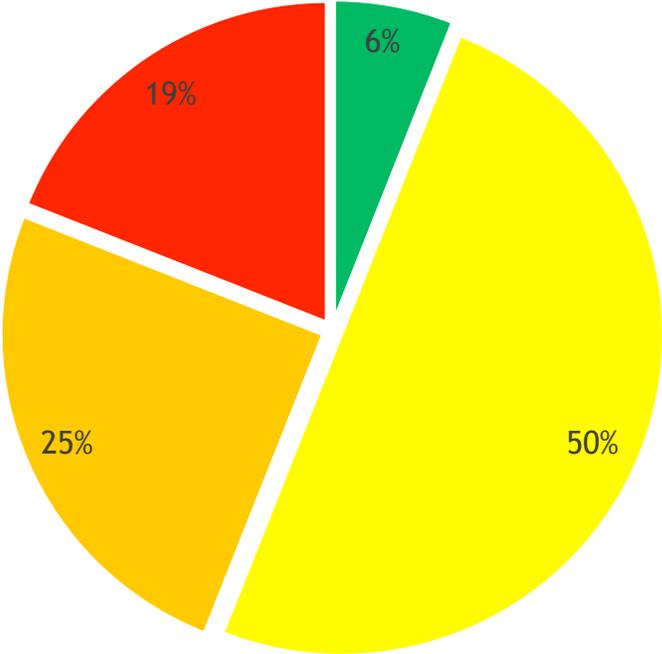▶ **Concerns about neglect in 73% of cases**

Parents' difficulties

- **Violence (at home and in community), substance misuse issues, mental ill health, learning disabilities, experiences of abuse in childhood**

- **Poverty: housing problems including homelessness, financial problems including bankruptcy, violent neighbourhoods**

- **Isolation, poor relationships with extended family**

- **Twenty mothers and an unknown number of fathers had already been permanently separated from at least one older child**

Classification according to severity of risk of harm (Jones et al, 1998)

▶ Severe risk : Risk factors, no protective factors and no capacity for change

▶ High risk : Risk factors, protective factors and no capacity for change

▶ Medium risk : Risk factors, protective factors, capacity for change

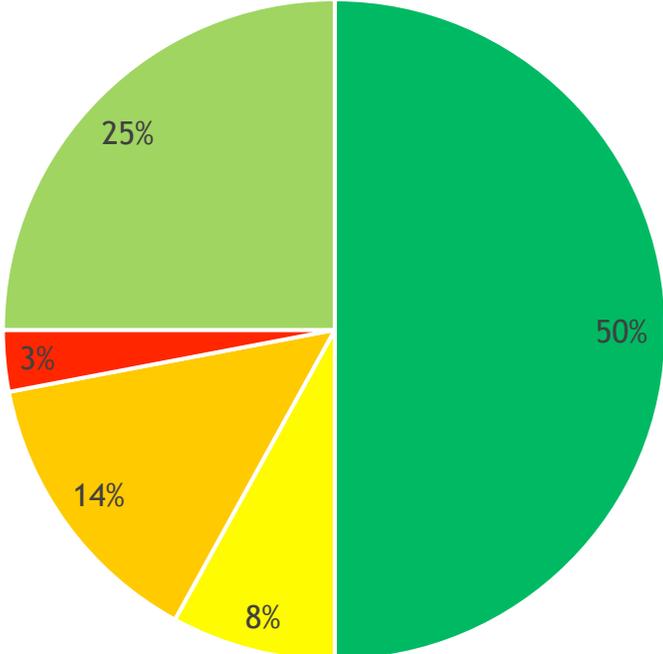▶ Low risk : No risk factors (or previous risk factors addressed)

Risk of harm: changes 0-3 years

At birth

Age three years

Legend (At birth): ■ Low risk ■ Medium risk ■ High risk ■ Severe risk

At birth pie chart: 6%, 50%, 25%, 19%

Age three years pie chart: 50%, 25%, 14%, 8%, 3%

Legend (Age three years): ■ Low risk ■ Medium risk ■ High risk ■ Severe risk ■ Separated

By age three

▶ 56% (24) had been maltreated – neglect was an element in all but three cases

▶ 37% (16) maltreated while open cases

▶ 57% displayed emotional problems or substantial behavioural difficulties – aggression and speech problems prominent

▶ Difficulties more evident among late removals or children who remained at home with ongoing concerns

Timeframes for decision making

- **At age three it had taken:**
  - **Fourteen months for a definitive decision resulting in a viable permanence plan (aged c 20 mths)**
  - **Six more months for this to be completed (aged c 26 mths)**
  - **Abused and neglected children separated from birth parents within 10 months of notification of maltreatment have significantly better outcomes than those placed in out-of-home care more than 15 months after the authorities had been alerted (Rousseau et al, 2015)**
  - **Five months minimum to find a suitable adoptive home (if that was permanence decision) (age c 30mths)**
  - **Children adopted under the age of 12 months were more likely to become securely attached to their adoptive parents than those adopted when they were older (Van den Dreis, 2009).**

Timeframes for decision making

- **No new permanence decisions between three and five BUT**

- **Between 6-8 seven more children entered care (three for whom concerns present from birth/ four for whom home circumstances had deteriorated since age three)**

The Children: progress from three to eight years

As children grew older:

▶ Greater impact of poverty and emerging parental health problems (all children at home)

▶ New risk factors emerging: sexual exploitation and physical abuse (children at continuing risk)

▶ Kinship placements became fragile – inadequate material and emotional support; identity issues

Parents eight years after identification

Of 35 sets of parent(s) traced until children aged 8

▶ **9** parent(s) had overcome risk factors and maintained significant changes

▶ **9** parent(s) had not been able to sustain changes made in first three years

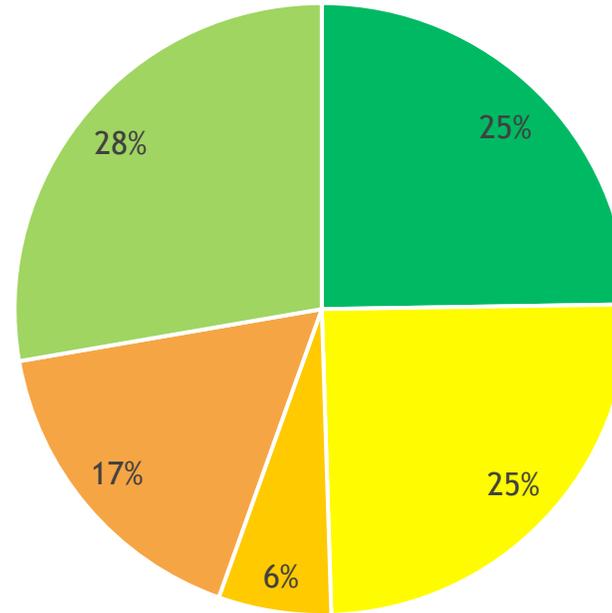▶ **18** parent(s) had made only minimal changes in eight years of study

Risk classification Ages 5-8 years

Age 5 years
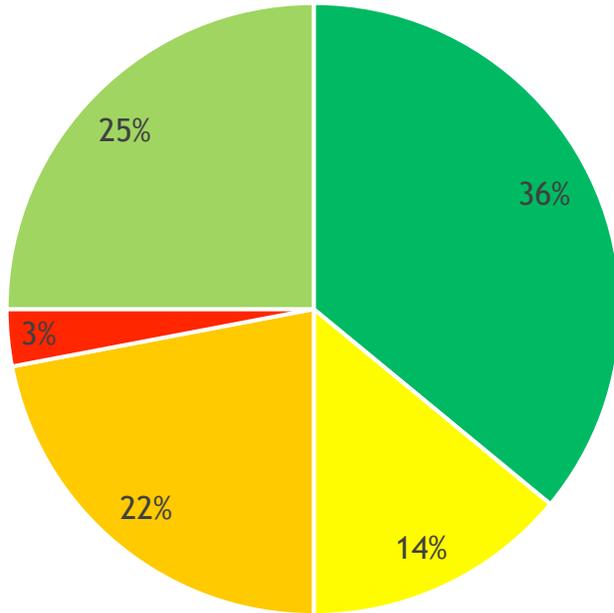
Legend: Low risk, Medium risk, High risk, Severe risk, Separated

Values: 36%, 14%, 22%, 3%, 25%

Age 8 years

Legend: Low risk, Medium risk, High risk, Separated and fragile, Separated and safe

Values: 25%, 25%, 6%, 17%, 28%

The children's wellbeing: age eight

- ▶ Ten (32%) children displaying normal/average behaviour
- ▶ Twelve (39%) displaying severe emotional and behavioural difficulties – 8 x expected prevalence
  - ▶ Boys: extremely aggressive attacked classmates, teachers, siblings, parents/carers and pets
  - ▶ Girls: sexualised behaviour, constant need for reassurance, eating disorders
  - ▶ Delayed speech and language development
  - ▶ Self-harm
  - ▶ Excluded from school/ segregated from other children
  - ▶ Three children medicated (ADHD)
  - ▶ Contributing to fragility of placements

How far can foster care meet their needs?

Looked after children : Stability after 4-5 years (Wade et al, 2011)

Returned home

- Moves more likely for negative reasons

- 60-65% had made at least one return to care

- Two or more reunification attempts made for one half of families and some repeatedly returned to unchanged circumstances

- 45% settled for two or more years

Remained in care

- Moves more likely for positive reasons

- 65% settled for two or more years

Maltreated children who remain looked after (Wade et al, 2011)

Less likely to:

- Have misused alcohol or drugs

- Have committed offences

- Be in pupil referral units/without a school place/ persistent truants

More likely to:

- Have close adult ties

- Have a range of special skills, interests and hobbies

- Have better mean scores for health

24

Abused and neglected children placed in out-of-home care

▶ The majority benefit from being placed away from home

BUT THEY OFTEN EXPERIENCE

▶ Frequent changes of placement and school

▶ Insufficient integration into a substitute family

▶ Inadequate support as they make the transition from care to independence in early adulthood

Could open adoption better meet the needs of Australian children who cannot safely return to birth families?

Australian open adoption outcomes study

▶ 210 non-Aboriginal children placed for adoption from out-of-home care by Barnardos Australia 1987-2013

▶ "Hard to place" and **highly vulnerable children who could not safely return home**

▶ Open adoption – ongoing regular face to face contact with birth parents, siblings and extended family

Australian open adoption outcomes study

▶ Administrative data collected from full cohort (210 adoptees)
  ▶ Birth parents; adoptive parents; adoptees experiences prior to adoptive placement

▶ Follow up survey (2016) (responses concerning 93 (54%) adoptees and 86 (67%) adoptive parents)
  ▶ Adoptees post placement experiences; contact; current situation; welfare outcomes

▶ Telephone chase-up (2016) Minimal follow up data (31 adoptees)
  ▶ Current situation

▶ Interviews (2016-17) (20 adoptees; 21 adoptive parents)
  ▶ Contact and its impact; adoptee and adoptive family experiences

Before entry to adoptive homes (N=124)

Number of placements

0 to 2 — 52%
3 to 5 — 35%
6+ — 13%
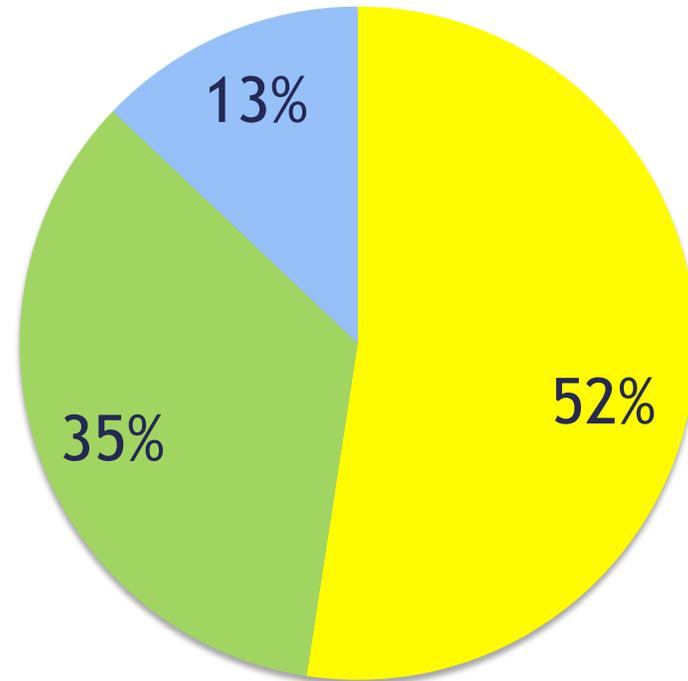
Stability: Adoptees still living at home

On 31st October 2016 (between 5 and 37 years post placement)

- 67 (57%) adoptees were still living with adoptive parents (of whom 26 (39%) aged 18+)

- Average lengths of these placements 13 years

- 33% of adoptees who had had 6+ previous placements in OOHC; 44% of those who had had 3+

Stability: Adoptees who had left home

- 50 (43%) adoptees had left adoptive parents' home
- 36/50 (72%) had moved to study, or live independently or with a partner

BUT

- 14/50 (28%) had left home for non-normative reasons (conflict with adoptive family/did not like living in a family/ return to birth family/ adoptive family issues)
- 4 (8%) had returned to birth family
- At least 12 (9% of follow-up sample) had left adoptive home before aged 18
- in comparison with 'just under 30%' wards leaving care (Cashmore and Paxman, 2007)

Placement instability and psychological permanence

Of the twelve adoptees who had left home before 18:

▶ Two died

▶ Two had no communication and received no ongoing support from adoptive parents at time of survey

▶ Others had ongoing support and regular communication

Full follow-up sample (n=93)

▶ 26% (including all who had left before 18) had run away or temporarily left home at least once **and then returned**

▶ Research on foster care identifies difficulties in returning – (Cashmore and Paxman 2007; Munro et al, 2012)

Psychological permanence: ongoing support

▶ Average age of moving to independence – 21 and likely to be older

▶ Two to three years older than wards leaving care (Cashmore and Paxman, 2007)

▶ 33% of adoptees who had left home communicated with adoptive parents at least once a week; 26% less than once a week but at least once a month – ie 59% regular and frequent contact

▶ 29% of wards leaving care had 'regular and frequent contact with previous carers' (Cashmore and Paxman, 2007)

▶ 84% adoptees had continuing support from adoptive parents after leaving home

▶ **Five (5%) adoptees had no ongoing relationship; three (3%) had minimal relationship**

Psychological permanence: integration into adoptive family

▶ Commitment of adoptive parents to adoptees shown in direct statements:' when you make the commitment its got to be for life'

▶ And use of vocabulary – 'my son', 'my daughter'

▶ Adoptees integrated into adoptive family through change of surname; choice of family names; inclusion in decisions about naming adoptive parents birth children

▶ 88% adoptees 'fit in really well' or 'fit in OK' with adoptive family

▶ 95% always or mostly thought social workers had made a good match

Continuing contact with birth family

▶ Before the adoption:

    ▶ 84% children had contact with at least one birth parent

▶ After the adoption:

    ▶ 87% had contact with at least one birth parent

▶ At 31 October 2016 (average 18 years post placement)

    ▶ 40% continuing contact with birth mothers

    ▶ 14% with birth fathers

    ▶ 56% with a birth relative

▶ 69% adoptees thought they had benefited from contact

▶ 21% adoptees had decided to curtail contact

Conclusion

Open adoption from out of home care is only suitable for abused and neglected children who cannot safely return to birth parents

For these children it can offer:

▶ Greater stability than out of home care

▶ Better integration into a substitute family

▶ Greater support as they make the transition to adulthood

▶ Within a context of ongoing contact with birth family members

A final word

Nothing can really affect me now because I'm part of the family, as paperwork says that you can't take me away (Boy, 2 previous placements, aged two at permanence)

'the difference was, that they were going to be mine and I was going to be theirs' (Boy, 3 previous placements, aged eight at permanence)

[adoption] will literally change your life, mostly for the better. Although there is a lot of emotional stress and confusion there is also a sense of stability in your life, you feel like you belong to someone and are part of a family as though you are worth being cared for (Girl. 8 previous placements, aged eight at permanence)

Further reading

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    system/uploads/ attachment_data/file /330332/
RR369_Assessing_parental_capacity_to_change_Final.pdf

THANK YOU

h.ward@lboro.ac.uk