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# Infant adoption in England A longitudinal account of social and cognitive progress

In many ways, within-country infant adoptions are becoming a thing of the past. However, several factors arising from this study of social and cognitive progress in children adopted as babies may be equally salient for older-placed children, especially in middle childhood and early adolescence. From a sample of 52 children in the same number of families, placed before the age of six months, **Jenny Castle, Celia Beckett, Christine Groothues and the English and Romanian Adoptees (ERA) study team\*** looked at outcomes such as adoptive parents' marital and emotional adjustment, evaluation of the adoption and children's cognitive attainment in two phases – at age four and six years. Overall, the study confirmed earlier research to suggest that infant adoptions tend to lead to very good social and intellectual progress in children, as well as high parental satisfaction.

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## Introduction

Current research on within-country infant adoption notes how the number of such placements has dwindled over the past 30 years. Between 1974 and 1992, the number of children adopted under the age of one year in England and Wales fell from over 5,000 to 661 (Hansard, 1995). In part, this reflected a drop in the total number of adoptions (from over 22,000 in 1972 to a third of this number in 1991), but there has been a disproportionate fall in the number of babies adopted, with 75 per cent of adoptions in 1968 being of children under one year of age, versus 12 per cent in 1991 (see Triseliotis, 1997). There are four main reasons for this: the Abortion Act of 1968, legalising abortion and making it more accessible; more effective contraception in the form of the birth control pill and IUD; the improve-

ment in welfare benefits for single parents; and increasing social acceptance of illegitimacy and single parenthood that has encouraged more unmarried mothers to care for their children.

Recent studies have, therefore, tended to concentrate on the larger number of older-child adoptions, and particularly on issues surrounding the placement of children from disrupted backgrounds, most of whom have complex case histories. An Inspectors' report issued by the Social Care Group of the Department of Health (Social Services Inspectorate, 1999) noted that adoption agencies had to rethink their practice in the light of the great reduction in infant adoptions and the increased availability of older, harder-to-place, children. However, although numbers of infant placements may be low, in recent years there is evidence of stabilisation in the pattern of ages at entry to the care system for children who are subsequently adopted. In an examination of adoptions arranged by local authorities, Ivaldi (1998) noted that of all children adopted from care, 28 per cent had started to be looked after under the age of one month, and a further 24 per cent between the age of one month and one year. In each of the years under examination (1994, 1995 and 1996), over 40 per cent of children subsequently adopted from care had entered the care system before the age of six months. Clearly, there will be occasions when birth parents are unable to provide a home for their children and it is thus important that the study of baby adoption is not neglected. Often factors influencing the adoption of older children apply equally to that of infants, but there is a need to delineate the differential, or similar, effects on children's subsequent adjustment.

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Baby adoptions are viewed as a group for whom successful outcomes are usual (Raynor, 1980; Brodzinsky and Schechter, 1990; Triseliotis, 1997). In general, studies of children placed as babies have shown favourable levels of psychosocial functioning, high parental satisfaction and low levels of adoption disruption (Howe, 1998). Data from the National Child Development Study (NCDS) indicated that adopted children outperformed birth comparisons on maths and reading tests at age seven, and on a measure of general ability at age eleven (Maughan *et al*, 1998).

Although children adopted as babies fare extremely well, there have been conflicting findings regarding psychosocial outcome. In their report of adopted adolescents in residential treatment, Grotevant and McRoy (1990) mentioned studies from several countries showing increased referral rates for treatment of emotional disturbance in children adopted as infants by childless couples, compared with the normal population. However, where clinical referrals were concerned, it was possible that adoptive parents were more likely to make use of mental health services because of a lower threshold of concern (see Warren, 1992) so there are limitations in generalising from clinical cases to the general population of adopted children. Maughan and Pickles' (1990) examination of NCDS data found fewer behaviour problems in children and adolescents than in non-adopted children from comparable birth circumstances. Although there was some evidence from the NCDS data of increased adjustment problems between adopted children and a comparison group of 'legitimate', non-adopted children at eleven years, the difficulties appeared to peak at this age and then decline. This finding concurred with that of an earlier longitudinal study indicating that, even where raised levels of problem behaviour were found at age eleven, the difficulties diminished by age 15 and differences from controls disappeared by age 18 (Bohman, 1970; Bohman and Sigvardsson, 1980, 1990).

Various factors thought potentially to affect psychosocial outcome for children adopted as infants have also been investi-

gated: for example, family composition (Howe, 1997); social class of adopters (Teasdale, 1979; Raynor, 1980); the length of the parents' marriage (McWhinnie, 1967); and the effects of divorce or psychiatric illness in the adopting family (Brenner 1951, cited in Seglow *et al*, 1972; Howe, 1998). Family composition was shown to affect adjustment; whereas adoptive parents with birth children had double the risk of problem behaviour (Howe, 1997), having other adopted children in the family could exert a protective effect (Parker, 1966). Other findings appeared to show no relationship between length of adopters' marriage or socio-economic class on the one hand, and the social adjustment of their children on the other. Seglow *et al* (1972) concluded that the relationship between adoptive parents, issues surrounding infertility, feelings about the adoption and ways of handling the adoption all served to override factors such as parental age, income or social class. In similar vein, Berry (1992) suggested six factors likely to contribute to successful outcome, namely marital satisfaction, role compatibility, satisfaction with the parental role, acceptance of the adoptive role, communication about the adoption and warmth towards the child.

The current study, in which 52 children placed before the age of six months have already been studied at age four and age six, and are about to be studied in their last year at primary school, provides an opportunity to investigate some of the issues mentioned above. As Howe (1998) noted, concentration by policy makers on educational, mental health and behavioural problems may lead to an unbalanced view of children's progress. The present study's longitudinal approach, following a group of baby adoptees, can provide a picture of the children's progress and adjustment. It also documents parental reports of the adoption process and their feelings about the adoption. The research will provide a baseline for prospective study of issues that may become salient in middle childhood and early adolescence.

### Sample and methods

The sample was chosen in order to investigate the cognitive and social outcomes for early-adopted children. It serves as a within-country comparison group for the Romanian adoptees project (see Beckett *et al*, 1998). Adoptive families were recruited via adoption workers in social services departments and voluntary adoption agencies, who were asked to approach parents whose children were placed with them before the age of six months. Of those approached, around half (52) agreed to participate. A gender balance was not stipulated in advance and the group comprised 34 boys and 18 girls, including one pair of twins. The babies' mean age at placement was 2.15 months, with approximately half the sample being placed between seven and 15 weeks of age.

The adoptive parents had occupational levels above general population norms, with 83 per cent belonging to social classes 1 and 2. Over half of adoptive fathers and more than four-fifths of adoptive mothers were educated to A-level standard or higher; just one-quarter of adoptive mothers and 16 per cent of adoptive fathers had not passed O-level or equivalent examinations.

Families were studied at two time points, when the children were aged four and six years. Adoptive mothers were first interviewed in their own homes around the time of their child's fourth birthday. The interview, lasting approximately four hours, was semi-structured and elicited extensive information on the child and family including: birth and adoptive family background; circumstances surrounding the adoption; the effect of the adoption on other family members; family interactions; the rewards and challenges parents experienced in having the child as part of their family (see Groothues *et al*, 1998); and the child's adjustment. Parents also completed the Denver developmental scales (Frankenburg *et al*, 1986), a measure of the children's language, sociability, and fine and gross motor skills.

During a subsequent visit to the family home, the children's IQ was assessed using the General Cognitive Index (GCI) of the

McCarthy scales (McCarthy, 1972). Adoptive mothers' intellectual level was assessed using the NART (Nelson, 1982), a pronunciation task of 50 words of increasing difficulty which provides a high correlation with IQ. Mothers also completed the Malaise Inventory (Rutter *et al*, 1970), a 24-item questionnaire used to assess mental well-being.

At age six years, the parental interview questions followed a similar pattern to that at age four, focusing on the child's progress and parents' experiences regarding the adoption since the first wave of testing. As the children were now at full-time school, additional questions on their friendships and social adjustment were incorporated in the interview. The child's level of socialisation, and communicative and daily living skills, were assessed using the Vineland Screener, derived from the Vineland behaviour scales (Sparrow *et al*, 1984) and IQ was again measured on the McCarthy scales.

In the summer of 1998, when the children were aged between six-and-three-quarter years and eight-and-three-quarter years, parents completed a postal questionnaire about their child's school progress. They were asked whether or not their child had experienced any educational or social difficulties in school, about the provision of additional help, and whether or not their child had undergone a statementing process for special educational needs.

### Phase 1: findings at age four years

#### *Circumstances surrounding the children's placement*

Forty-nine of the 51 couples said that their infertility was the major reason they had decided to adopt a child. One couple cited infertility only as a minor motivating factor, and just one couple failed to mention it at all as a reason for adopting. All 23 couples who already had an adopted child said that the desire to provide a sibling for that child was a major factor in their decision to adopt again. Four-fifths of couples saw the decision on adoption as a joint concern and of the remainder, with one exception, the mother acted as prime mover. Some two-thirds of parents said they had no prior preference as to the

child's gender. Mothers were slightly more likely than fathers to express a preference (38 per cent vs 25 per cent) but they were approximately equally divided as to whether they wanted a boy or a girl. Thus, it is unlikely that the preponderance of boys in the sample was a reflection of gender preference. Three-quarters of couples specified an age limit of 24 months and 44 per cent of the sample wanted a child no older than 12 months.

#### *Marital and emotional adjustment*

One adopting couple had already divorced and the mother's new partner was living in the family home, but all other marriages were intact. At the time of the first interview, excluding the couple who were no longer together, couples had been married or lived together on average about 14 years. No couple had lived together for less than seven years. Over four-fifths stated that the adoption had exerted a major positive effect on the marriage and a similar proportion felt that the adoption had either no, or only minor, adverse effects. Only six mothers reported that the adoption had caused difficulties within the marriage that could be rated as moderate or major (see Table 1).

Mothers were asked whether or not they or their husbands had consulted a doctor or specialist because of unhappiness or worries associated earlier with infertility, or with the adoption. Four fathers had experienced episodes associated with infertility, one of which resulted in a psychiatric referral, and 14 mothers reported such episodes, two of which involved GP consultation and one resulting in psychiatric referral. There were no

reports of adoption-related disturbances in the fathers but six mothers had experienced episodes, two involving GP consultation and one resulting in psychiatric referral. Mothers' mental health problem scores, as measured by the Malaise Inventory, were low (mean 3.30) given a maximum potential score of 24. None of the mothers had scores higher than nine and only six scored seven or higher (the conventional cut-off score).

#### *Evaluation of the adoption*

There were no adoption breakdowns. Mothers reported overwhelmingly positive 'success' ratings and three-quarters of them reported no negativity whatsoever (see Table 2). There was a significant statistical relationship between the mothers' negative evaluation of the adoption and their poorer psychological health as measured by the Malaise Inventory ( $p=.02$ ).

At interview, mothers were asked whether they had had any misgivings about their child's looks, physical state or responsiveness at time of placement. Asked further if any other factors had caused doubts, a handful of mothers nominated fears about lack of support, the possibility of inherited mental conditions or the child's 'excessive' crying. The level of doubt was rated on a three-point scale (none, minor or major) and a composite score obtained by summing overall scores for each child. There was a highly significant association between this rating of doubt and mothers' lower evaluation of the adoption at age four years (positive evaluation,  $p=<.01$ ; negative evaluation,  $p=.04$ ).

#### *Cognitive attainment*

The children's mean IQ score was approximately 109. The mean IQ of boys (107) did not differ significantly from that of girls (113). On the Denver developmental scale, using parental report, the gender difference was somewhat greater (129 versus 112), and significant at the one per cent level. Adoptive mothers' mean cognitive score, as measured by the NART, was 115.

At age four years, there was a significant relationship between the children's

*Table 1*  
**Impact of the adoption on the parents' marriage**

	<i>At age four</i>		<i>At age six</i>	
	<i>Positive impact (n=52)</i>	<i>Negative impact (n=52)</i>	<i>Positive impact (n=51)</i>	<i>Negative impact (n=47)</i>
No effect	0 (0*)	23 (21*)	1 (0*)	29*
Minor effects	2 (2*)	23 (21*)	3 (2*)	15*
Moderate effects	7 (7*)	5 (5*)	8 (7*)	2*
Major effects	43 (39*)	1 (1*)	39 (38*)	1*

\*Figures exclude couples who separated between Phase 1 and Phase 2.

IQ score and the mothers' performance on the NART ( $p=.043$ ). A number of other factors were also significantly related to the children's IQ score at this age: these included the social class of the household ( $p=.022$ ); the adoptive mothers' post-school qualifications ( $p=.007$ ); the adoptive fathers' scholastic attainment ( $p=.009$ ); and a measure of how often, in terms of days per week, adoptive fathers read to their child ( $p=.021$ ).

## Phase 2: findings at age six years

### *Marital and emotional adjustment*

In addition to the couple who had divorced before their child reached age four years, four couples had separated and one father had died. As can be seen in Table 1, in the sample as a whole four fewer mothers than at age four thought that the adoption had produced a major positive effect on the marriage, and four more than before felt the adoption had exerted a major adverse effect. Although similar numbers again reported no, or only minor, negative effects, at Phase 2 six more mothers fell into the 'no negativity' category, and eight fewer 'minor negativity'. When data on the couples who had parted between Phase 1 and Phase 2 were analysed separately, it was noteworthy that at age four years all four scored maximum positive ratings for the effect of the adoption on their marriage, and only two scored minor negative ratings. At age six, negativity ratings were not obtained for these four families, but only one mother still reported that the adoption had a major positive effect on the marriage. Ratings reduced for the other three families (one to moderate, one to minor and one to the lowest level of positivity) but all four mothers stated that

the adoption had not been a direct cause of the marriage breakdown. When these four couples were excluded from the Phase 2 analysis, 96 per cent of remaining mothers thought the adoption had exerted a moderate or marked positive effect on the marriage and 62 per cent could cite no negative effect whatsoever. Thirty-two per cent believed the adoption had caused some minor problems within the marriage, but only six per cent thought it had created moderate or major negative effects.

According to mothers' reports, one father had consulted his GP for psychological problems, one had received a psychiatric referral, and a further two had experienced episodes but not sought help during the preceding two years. Twelve mothers had consulted their GP and four had experienced episodes but not sought help. Problems were attributed to the stresses and strains of day-to-day life rather than to the adoptions *per se*. The mothers' mean score on the Malaise Inventory was 2.44 and only three scored seven or higher. Between Phases 1 and 2 of the study there was a significant decline in the mothers' mental health problems, as measured by the Malaise Inventory ( $p=.006$ ). Of 15 mothers who reported episodes of stress during the two-year period, two-thirds had lower Malaise scores at age six than at age four, and the overall mean score for this subgroup was 3.07, compared with an earlier mean score of 3.53. (One mother did not complete a Malaise Inventory.)

### *Evaluation of the adoption*

At age six it was still the case that no adoption had broken down. Six mothers fewer than at age four years reported marked satisfaction with the adoption than had at age four years, and just one reported only 'some' positive evaluation (see Table 2). Overall, the level of positive evaluation declined slightly between age four and age six. Even so, as at four years, the great majority of mothers expressed a positive evaluation of the adoption, and two-thirds reported no negative feelings. However, within the range of generally favourable attitudes, there was a just statistically significant

Table 2  
Parents' evaluation of the adoption

	At age four		At age six	
	Positive evaluation	Negative evaluation	Positive evaluation	Negative evaluation
No effect	0	39	0	35
Some effect	0	12	1	12
Moderate effects	2	1	7	3
Marked effects	50	0	44	2

increase in negative feelings between four and six years ( $p=.04$ ). Furthermore, mothers who scored lower on mental well-being as measured by the Malaise Inventory were less likely to express a positive evaluation of the adoption ( $p=0.04$ ). The association between mothers' composite misgivings score regarding their child at placement and subsequent evaluation of the adoption was still evident at age six years (positive evaluation,  $p=.02$ ; negative evaluation,  $p=.02$ ).

#### *Cognitive attainment*

At this stage, 50 children were tested because parents of two children did not wish them to be assessed. The children's mean IQ score as measured on the GCI of the McCarthy scales was 117. Girls' mean scores did not differ significantly from those of boys (122.39 vs 113.47). The children's mean score on the communication subscale of the Vineland scales (108.65) was also above that of the general population, but scores on the social behaviour and daily living scales were below population means (88.96 and 88.24 respectively).

The relationship between the mothers' NART performance two years earlier and children's IQ score at age six, although only slightly weaker than at the age four comparison, was no longer significant ( $p=.12$ ). As had been the case at age four, the children's IQ scores were associated with household social class ( $p=.035$ ), adoptive fathers' scholastic attainment ( $p=.014$ ) and the adoptive mothers' post-school qualifications ( $p=.004$ ). Although the children's IQ scores at age six years remained linked to the adoption evaluation ratings mothers had made at age four (positive evaluation,  $p=.016$ ; negative evaluation,  $p=.044$ ), they were not associated with contemporaneous positive evaluation ( $p=.27$ ) and related only weakly to contemporaneous negative evaluation ( $p=.059$ ). Unlike at age four, no relationship was found at six years between IQ and the number of days children were read to by their fathers.

#### *Peer relationships*

Mothers were asked a number of questions

about their six-year-old child's special friendships and peer relationships. There were only three children for whom mothers were unable to name a particular 'best' friend of similar age. Four mothers reported that their children showed limited ability to play co-operatively with their special friend. Eighty-six per cent of children were reported to show active concern for, and would try to comfort, a distressed or hurt friend, and a further three showed concern despite not actively providing comfort. A close friendship seemed to be very important to 70 per cent of the children, who often talked about their friend and asked when they would next be able to see them. In only three out of 52 cases did children show a marked lack of interest in close friendship.

No child was reported as failing to engage in group play: 83 per cent of children showed normal interest and involvement, and the remainder had some limited engagement in group play. Half of the 52 children demonstrated no shyness with children they did not know, and the remainder only slight timidity. Only three children appeared to reveal a lack of differentiation and indiscriminate approach where other children were concerned, and the remaining 49 children showed either clear, or some, preference for a special friend or friends.

Most of the children were apparently popular with their peers: 44 were well liked and a further four, although seemingly slightly isolated, were not actively disliked. One other child seemed markedly isolated though not actually disliked, but the three children without best friends were described by their mothers as being somewhat disfavoured by their peers. The same three were described by their mothers as having a marked tendency to squabble with other children, and to be frequently and unreasonably upset by their peers. Few, if any, children suffered teasing but in two cases this had been severe enough to lead to distress. Bullying was also rare, with just two children having fallen victim. In one case, the bullying had led to marked distress and social impairment. Few mothers believed their children had teased others; although 13 children had occasionally been guilty

of teasing, in only two cases did mothers think it was marked enough to have a negative effect on other people. Bullying was even less frequent, with only two mothers reporting that their child's bullying had led to negative response from their peers.

### **Phase 3: schools' postal questionnaire**

Information was obtained on 49 children, and for 80 per cent of these there were no reports of social or educational difficulties. One child was experiencing both educational and social difficulties, and a further four had educational problems (two in general academic work, one specifically in mathematics, and one with reading and writing). One child was exhibiting behavioural problems, as a result of which he had been placed in a special needs unit within his school, and another was experiencing general difficulties through lack of concentration. Two further children were having social difficulties, one of whom had been so severely bullied that he had been moved to another school. One child, who was found to be suffering poor physical health, had received a statement for special educational needs from the local authority.

Apart from the one child who had been statemented, and the child placed in a special needs unit, few children were receiving additional help from their school. The child suffering lack of concentration was in the process of being assessed, and three children received some special needs tuition. One other child, who was behind in mathematics, was not receiving help from the school so the parents had organised private tuition for her.

### **Discussion**

As might be expected for a group of children placed early into advantaged and caring homes, the findings echo those of earlier studies of infant placement, showing favourable cognitive and social progress in the majority of children and high levels of satisfaction with the adoption among parents.

No adoption breakdowns occurred during the course of the study. Positive evaluation of the adoption was high and

negative evaluation low at both measure points. There was, however, a slight shift in mothers' assessment of the adoption, with a significant decline in positive evaluation and significant increase in negative evaluation between ages four and six years. Although evaluation was still high at age six, it is possible that by school age the children's personalities had become more differentiated, and their behaviour increasingly influenced by peer pressure, so they were viewed more realistically as individuals – with less of a 'rosy glow' – by their parents. Writers from a psychoanalytic viewpoint (eg Brinich, 1990) described how parental fantasies of an imagined biological child were only exposed when the discrepancy between imagined biological and real adopted child was made evident, and might argue that by age six this process could also play a role in the noticed shift. As mentioned earlier, some researchers suggested that adoptive parents' ability to come to terms with their infertility could be a factor affecting the success of the adoption (see also Pizey, 1994). The current study cannot shed light on the relative influence of infertility *per se*, because it was a factor in virtually all couples' decisions to adopt. Four fathers and 14 mothers had reported episodes of worry and anxiety related to infertility, but for the sample as a whole it seemed that the delight in having a young baby placed with them, when so few infants were available, did much to overcome any earlier feelings of loss or bereavement.

At Phase 1, there were no reported episodes among fathers of stress associated with the adoption and few such episodes reported in mothers. During the following two years, few episodes were reported in fathers but mothers reported considerably more stress and unhappiness. On this evidence, mothers in particular experienced more episodes over the two-year period. Although the stress was not attributed directly to adoption-related factors, any increase in emotional problems could be cause for concern as this might affect adoption outcome. The findings here are difficult to interpret, however, since by the time mothers were interviewed at age six years, their mean

mental difficulty score on the Malaise Inventory at age six was lower than it had been two years earlier, with half as many reaching problem scores of seven or higher than at Phase 1. The Malaise Inventory focuses on a recent three-month period, so it is conceivable that help-seeking or GP treatment was effective in ameliorating some of the mothers' emotional difficulties by the time they completed the questionnaire at age six. There was evidence of a link between mental well-being and evaluation of the adoption both at Phase 1, where mothers' Malaise scores were significantly related to negative evaluation of the adoption, and at Phase 2, where they were negatively associated with positive evaluation. Although it is likely that mothers' emotional well-being influenced their satisfaction with the adoption, it cannot be discounted that the perceived success or otherwise of the adoption was affecting their mental well-being.

At both Phases 1 and 2, over four-fifths of mothers commented on the marked positive influence the adoption had on their marriage. Four couples had separated between Phases 1 and 2, and when their data were excluded positivity ratings were remarkably similar at both time points. In this sub-sample, there was no evidence of increased negative influence of the adoption on the marital relationship over time. None of the mothers who had separated from their husbands thought that the adoption had precipitated the marriage breakdown, but three of them reported adverse effects that had not been apparent at age four. It was unclear whether problems had been present but unrecognised earlier, or if the problems had begun after age four.

We had no access to information on birth parents' intellectual abilities, or on birth mothers' length of schooling, so no conclusions could be drawn about selective placement of children. It is clear that the adoptive mothers' cognitive score, and the children's cognitive scores at both measure points, were above population means. There was a significant relationship between the children's cognitive score at age four and their adoptive mothers' cognitive performance and post-school qualifications. The role of adoptive

fathers was also apparent, with children's IQ scores at both ages four and six relating to their adoptive fathers' scholastic attainment, and at age four to the number of days per week their fathers read to them. Unlike some earlier findings, the present study showed a link at both measure points between the children's cognitive performance and social class of their adoptive family but, again, the question of selective placement could not altogether be discounted. Further evidence of the children's satisfactory cognitive attainment was provided from information elicited via the schools questionnaire a few years later. This indicated few educational difficulties, and no instances of statementing on purely academic grounds. Although girls achieved significantly higher ratings than boys on the Denver scales at age four years, no such differences were found on the directly-assessed McCarthy scales at age four or six years.

The possibility that parents might view the adoption more favourably if their child were performing particularly well academically (ie fulfilling high parental expectation) was not borne out by the study. Although mothers' evaluation of the adoption at age four was significantly related to the children's subsequent cognitive attainment at age six, there was no direct association between evaluation and attainment at either of the separate two time points. The finding here is difficult to interpret, but it is possible that a particularly cordial relationship between mother and child prior to full-time school provided the child with a good foundation for achieving academically on reaching school. More troubling was the fact that mothers' 'second thoughts' about their child at placement were still significantly associated with their evaluation of the adoption at ages four and six. It is clearly not easy for a prospective adopter, who may have waited several years for the placement, to admit to doubts about a child who finally is offered to them. However, it is undoubtedly important for these doubts around placement to be expressed by parents, so both they and adoption workers can address them.



By age six years, there were just three children for whom mothers were unable to nominate a 'best friend', and who seemed to be experiencing real social difficulties. Of the remaining children, only four showed rather limited ability to play co-operatively with their best friend. Rates of teasing and bullying were very low, and instances of social isolation and lack of interest in friendships were centred in the very small set of children experiencing difficulty. Generally speaking, the great majority of children were popular with their peers, successfully forming special friendships, and enjoying harmonious relationships with other children of their age. More recent data from the schools questionnaire indicated that only four children were experiencing social difficulties at school, so it would seem that this type of problem was again concentrated in a very small number.

The above findings reinforce those of earlier studies of infant placement, indicating favourable levels of child cognitive and social functioning, and high parental evaluation of the adoption. In this particular sample, at age six years, it was not possible to examine the effect of parental psychiatric illness or divorce because frequencies were so low. Similarly, the influence of length of marital relationship could not be investigated because all couples had been together for a considerable length of time before adopting. Only three children were in families containing adoptive parents' birth children so frequencies were again too low to examine whether this might affect placement success. Although the present article cannot address specific issues surrounding middle childhood (in particular the rise in problem behaviour noted by some researchers), the ongoing study of the sample at age eleven years will provide further information on the children's social and behavioural adjustment during those years. For example, by Phase 2, almost three-quarters of the sample had other adopted siblings. In the forthcoming phase of the study, as the children reach eleven years of age, it will be possible to examine whether adjustment is more favourable for those child-

ren with other adopted siblings in their family. Although boys outnumber girls almost two to one in the sample, it will be possible to investigate whether at age eleven girls are showing more successful psychosocial, and possibly cognitive, adjustment than boys. There will also be an opportunity to focus on concerns such as the children's sense of identity, their beliefs about the adoption, and the question of openness (see Castle *et al*, under submission) that may become more salient as the children reach adolescence.

### Summary

Overall, this study has confirmed earlier research to suggest that placement of infants for adoption appears to progress satisfactorily on the whole. It is possible that the results for the 50 per cent of families who declined to take part may have been less good.

- The children under study had made generally very good social and intellectual progress in their adoptive homes.
- There was some indication that their IQ scores were related to factors within the adoptive family, notably social class and the adoptive parents' scholastic attainments and IQ score level.
- No adoption breakdowns occurred. Parental satisfaction with the adoption was high throughout, but fell slightly between ages four and six years.
- Adoptive mothers' mental well-being scores were associated with how favourably they viewed the adoption.
- The doubts a minority of adoptive mothers experienced about their child at the time of the adoption were linked to their subsequent negative evaluation of the adoption. It would be helpful for mothers to feel they could express these doubts to adoption workers so they could be addressed at that time.

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