

## Abstract

Despite the increasing use of adoption to provide permanence for children living in out-of-home care, relatively little is known about the children involved. This paper presents findings on the previous life experiences of an entire cohort of 'difficult to place' adoptees who were placed in Australia over 26 years. [Understanding the vulnerability of these children is important for practitioners supporting adoptive families, as well as policy-makers and researchers who are assessing the outcomes of adoption from care.](#)

The study describes a group of children who have experiences which may make them vulnerable to poor adult outcomes. The severity of their pre-care experiences is high, with implications for health and wellbeing difficulties in adulthood. Child welfare interventions after entry to out-of-home care are also associated with poor outcomes. Furthermore, a high number of adoptees presented with behavioural difficulties which further compromised their welfare.

The study demonstrates that, while adoptive families can be successfully recruited for highly vulnerable children, there are important issues for timing of decision-making about permanency and for recruitment, training and support of adoptive families. Furthermore, policy makers and practitioners need to consider these vulnerabilities when comparing adoption with other forms of out-of-home care and assessing outcomes of adoption compared to the general community or fostered children.

**Key words:** adoption, abuse, neglect, adverse childhood events, trauma, foster care.

## Highlights

- [A full cohort study of 'hard to place' adoptees from care over 26 years](#)
- [Adoptees are shown to have higher rates of 'significant' ACEs than the general population](#)
- [This vulnerability has been increased following child welfare interventions](#)
- [Significant implications for practice and assessing outcomes of adoption](#)

## **1. Introduction**

Adoption from out-of-home care is used to stabilise the lives of abused and neglected children who cannot live with their birth parents in the United Kingdom, USA and increasingly in Australia. Advocates claim that it is an effective option for children whom the Courts have determined are unlikely to return home but will otherwise spend their lives in out-of-home care.

However, there is currently little research on the vulnerability of adoptees. This data has implications for practitioners: policy makers in prevention and management of entry to care, and researchers assessing the impact of adoption. New understandings about the significance of adverse childhood experiences raise questions about these children's prospects and the type of preparation and support that they and their adoptive parents will need if they are to achieve satisfactory wellbeing in adulthood. The research presented in this paper aims to address this significant gap in research.

### **1.1 Importance of adoption for children from care backgrounds**

There is a considerable body of research which suggests that adoption may benefit some children in long-term care who cannot safely return to their birth families. Adoption has been shown to provide greater placement stability (Selwyn, Wijedasa, & Meakings, 2014); a stronger sense of emotional security (Neil, 2012; Rosnay, Luu, & Wright, 2016; Triseliotis, 2002); better transition from adolescence to independence (Rebbe, Nurius, Ahrens, & Courtney, 2017) and improved educational achievement (Barth & Lloyd, 2010; Cross, 2008; Waterman et al., 2013 ). Adoptees have also been shown to be more likely than foster children to have accessed relevant services to address physical and mental health problems (Zill & Bramlett, 2014).

However, adoption from care is controversial. In Australia, it has not been widely practised because of concern amongst local social work professionals about past practices involving Aboriginal children taken from their parents and community, the Stolen Generations (Commonwealth of Australia, 1997), as well as the forced adoption of infants of unwed mothers in the decades up until the mid-1970s (Kenny, Higgins, Soloff, & Sweid, 2012). Consequently, there have been few children adopted from

care over recent decades (Australian Institute of Health and Welfare, 2017). Of the 143 adoptions in 2016/17, many were undertaken by one agency, Barnardos Australia, (the site for this study). This number is likely to increase as recent legislative measures in the [state of New South Wales](#) support consideration of an adoption plan for children unable to live with birth family or kin (Cashmore & Ross, 2016) and the Federal Government is holding an Inquiry into low adoption rates across the country (<https://aph.gov.au/SPLA>).

## **1.2 Understanding of the impact of Adverse Childhood Experiences on adult outcomes**

Adverse experiences in childhood are increasingly understood to be significant in the life outcomes of adults and need to be considered to understand the impact of adoption as well as the challenges that adoptees may face. Original interest in adverse life experiences explored the relationship of childhood adversity with health in adulthood in the general population (Felitti et al., 1998). [Since that time research has explored that link and why the relationship occurs \(Boullier & Blair, 2018; Danese & McEwen, 2011\).](#) In addition, other important policy relationships have been researched, including poor educational, economic and income outcomes in adulthood (Metzler, Merrick, Klevens, Ports, & Ford, 2017), suicide (Dube et al, 2001), illicit drug use (Dube et al., 2003), smoking in adolescence (Robert F. Anda et al., 1999) and premature mortality (Brown et al., 2009).

The original study identified seven Adverse Childhood Experiences (ACEs):

*Seven categories of adverse childhood experiences were studied: psychological, physical or sexual abuse, violence against mother; or living with household members who were substance abuser, mentally ill or suicidal, or ever imprisoned (Felitti et al., 1998 p.245).*

The relationship of these factors to adult health outcomes was shown to be strong:

*When compared with adults who had been exposed to none of these adverse childhood experiences, those who had been exposed to four or more had 4-12 fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; (Felitti et al, 1998, p.245).*

However, Felitti subsequently added three more experiences: physical neglect, emotional neglect and loss of parents through separation or divorce (Stevens, 2012). Subsequently, scales for measurement have been developed such as ACE-IQ (World Health Organisation, 2018) and BRFSS ACES Module nine point scale (Metzler et al., 2017).

The role of abuse was identified as particularly important in understanding adult outcomes (Robert F Anda et al., 2006; Australian Institute of Family Studies, 2016; C. Browne & Winkelman, 2007; Coates, 2010; McLean, 2016; Taillieu, Brownridge, Sareen, & Afifi, 2016). Furthermore, sexual abuse has been singled out as important for adult adjustment, particularly when the perpetrator was in a trusted relationship with a child (A. Browne & Finkelhor, 1986). As research has developed, researchers have also begun to explore other experiences which may have a major impact on adult outcomes such as poverty, peer victimisation, peer isolation/rejection and community violence (Finkelhor, Shattuck, Turner, & Hamby, 2015).

### **1.3 Questions about adverse experiences affecting children living in out-of-home care**

Building on the work on the impact of ACEs, child welfare researchers have also become concerned about the experiences of children placed in out-of-home care. This work is only in the early stages, for example, Rebbe et al (2017) conducted analysis of the adverse life experiences of young people 'aging-out' of the care system and supplemented the original ACEs with eight additional variables: neglect, abandonment, experiencing 5 or more placements, failed adoption plan (US), witnessing or being involved in a fight, life threatening accident/injury and natural disasters (Rebbe et al., 2017). However, we have drawn on studies specific to out-of-home care and have identified other factors contributing to vulnerability in this population. These include:

- time between first reporting (notification) of maltreatment and separation, age at separation and the amount of maltreatment suffered (Hawkins et al., 2007; Rousseau, Rose, Duverger, Fanello, & Tanguy, 2015; Tarren-Sweeney & Hazel, 2005; Wade, Biehal, Farelly, & Sinclair, 2012).

- placement disruptions such as breakdowns, failed restorations/reunification and disrupted kin care placements (Farmer & Lutman, 2012; Selwyn et al., 2014; Villodas, Cromer, et al., 2016).
- time between separation and placement in the adoptive home and the adoption order and the age at which the child ultimately found permanence (Dries, Juffer, IJzendoorn, & Bakermans-Kranenburg, 2009; Festinger, 2014; Selwyn et al., 2014).

To date there is limited research on the level of adversity that adoptees from care have experienced and, consequently, poor consideration of the implication of children's vulnerability for practitioners and policy makers. This paper aims to fill this gap by describing previous adverse experiences and the prevalence of a number of established vulnerability factors.

## **2 Method**

The study reported below analyses the Adverse Childhood Experiences of 210 adoptees who comprised the complete cohort of children adopted by Barnardos Australia over a 26-year period (1987-2013). Data was collected in Australia but analysed in England to encourage transparency. Data analysis was undertaken by Loughborough and subsequently Oxford Universities. Ethics approval was given by Loughborough University.

### **2.1 Study Rationale and research questions**

This research forms part of the Australian Open Adoption Outcomes (AOAO 2018) study which will report on the impact of adoption on these children's lives (<https://www.barnardos.org.au/what-we-do/the-centre-for-excellence-in-open-adoption/> and Ward et al, forthcoming 2019). Barnardos sought a research partnership to explore data that might contribute to the debate in Australia of the role of adoption in child welfare systems (Australian Federal Parliament House of Representatives Standing Committee on Social Policy and Legal Affairs, 2018).

The research questions were:

- What are the life outcomes of children and young people who were adopted from care?
- What contributes to positive outcomes of adoption?
- What has been the effect of open adoption practice on these factors?

The study focuses on the impact that adoption has made from the viewpoint of the adoptee and their adoptive family. The researchers considered analysis of the vulnerability of the children to be essential in assessing the impact of adoption on the child's life and the factors that may have affected outcomes.

## **2.2 Data Source**

Data for the study came from Supreme Court files (which were presented to support the application for the Adoption Order) and the case management system, Looking After Children Electronic System (LACES), used for casework and supervision within the agency. Data was collected by final year social work students, with six students working in teams of two. The students completed a spreadsheet which had been devised at the outset of the study to explore the demographics of the children and their parents, the circumstances which had led to entry to care, as well as the children's pathways through the care system. This initial data was reviewed by the Principal Adoption Officer who had knowledge of all the children and errors were corrected. The ACEs data presented below was drawn from this spreadsheet.

It must be noted that from the time of entry to care until the adoption, there was insufficient data to explore whether new ACEs occurred, except for children's experiences of parental separation (that is, parent's death were recorded in the Supreme Court files); these factors therefore cannot be included. However, the children did experience a number of factors that are known to contribute to poor outcomes in out-of-home care, for example frequent changes of placement, lengthy delays between notification of abuse and removal and late placement in adoptive home. These data were also

collected through the spreadsheet and contributed to the assessment of vulnerability of the adoptees described below.

### **2.3 Analysis**

The spreadsheet had captured data on the ten factors ultimately identified as Adverse Childhood Experiences with significant implications for adult outcomes discussed above. However, in the files used to create the spreadsheets, there were insufficient data to distinguish between emotional abuse and emotional neglect. These two factors were elided in the analysis, which therefore explored the prevalence of nine Adverse Childhood Experiences that have been found to relate to outcome: psychological, physical or sexual abuse; violence against mother; living with household members who were substance abusers, mentally ill or ever imprisoned; neglect and parental separation. Other factors explored in the literature indicated that measures of poverty, peer victimisation, isolation or rejection and community violence may have been useful; however, no data was available from the Supreme Court or LACES files. In addition to these nine ACEs scores, researchers reviewed the literature to identify what experiences in the out-of-home care system are known to be associated with later life vulnerability.

### **2.4 Site of the study**

The site of the study was Barnardos Australia, a non-government agency which provides family support, foster care to assess the viability of restoration or kin care, and permanent long-term care. In New South Wales, the Barnardos long-term care program is known as Find-a-Family and details of the program have been described in international literature (Forbes, O'Neill, Humphreys, Tregeagle, & Cox, 2011; Tregeagle, Cox, Forbes, O'Neil, & Humphreys, 2011; Tregeagle, Moggach, Cox, & Voigt, 2014 ).

The Find-a-Family program was based on the UK Family Finders Program and was developed specifically to recruit carers for children who were 'hard to place'; that is, they either showed emotional or behaviour disturbance or came from larger sibling groups. The children and young people had been permanently removed from their birth families by the courts because of child

protection concerns. Aboriginal and Torres Strait Islander children were not generally accepted into the program because of the concerns of the local Indigenous community. In August 1985, Find-a-Family was licensed as an adoption agency and from that point approximately half the children remained in foster care and half were adopted. Where the adoptive family and older child were in agreement, adoption was pursued for the child or young person, with those over the age of twelve consenting to their own adoption. Achieving an adoption order took, on average, 4.3 years (Range= 24.7 years). The children originally in fostering relationships received intensive casework support averaging 3.5 hours per week (including the heavy time requirements in the first year of placement); however, when adoption care plans were made, when the placement was settled, this reduced to 2.3 hours per week (Tregeagle et al., 2011). Casework support ceased when the Adoption Order was made; however, families had the option to return to the agency for referral if problems arose and they were then referred to services in the community.

Find-a-Family has had a consistent casework philosophy since it began; however, it has also evolved in relation to the age groups prioritised for referrals. Initially, the program's focus was in providing a service for children aged between 5-12 years and large sibling groups. In 1991, the referral age extended to include pre-school children (ie 2-12 years). In 2010, Barnardos focused on children under the age of five years to avoid the considerable damage caused to children by remaining too long in the care system.

### **3 Results**

Children adopted from long-term care experienced a high rate of Adverse Childhood Experiences as well as other factors in the care system known to exacerbate vulnerability. These latter experiences occurred before separation from their birth families, prior to permanent placement and up to the time of adoption.

#### **3.1.1 Number of ACEs**



The following table compares the number of ACEs experienced by the Barnardos' adoptees with data from a normative Australian sample (Rosenman & Rodgers, 2004). The prevalence of ACEs in the general population in Australia is very similar to that found in the USA (see Metzler et al., 2017; Rosenman & Rodgers, 2004).

**TABLE 1: ACEs distribution** \*Percentages have been rounded

The normative study (Rosenman & Rodgers, 2004) had 7,432 participants and used indicators including: lack of affection, nervous or authoritarian upbringing, parental physical abuse and psychological abuse, witnessed physical or sexual abuse, excessive physical punishment and sexual abuse by a parent, childhood poverty or financial hardship. There was one additional "catch-all" narrative item allowing the description of other types of mistreatment. The "catch-all" item was little used, indicating the comprehensiveness of the preceding closed question.

ACEs distribution ..	Barnardos Adoptees Frequency	Barnardos Adoptees Percent*	Barnardos Adoptees Cumulative Percent*	Normative population (Rosenman & Rodgers, 2004) Percent*	Normative population (Rosenman & Rodgers, 2004) Cumulative Percent*
0	2	1	1	41	41
1	10	5	6	22	63
2	21	10	16	13	76
3	32	15	31	8	84
4	38	18	49	6	89
5	54	26	74	11	100
				(5 or more)	
6	26	12	87		
7	18	9	96		
8	6	3	99		
9	3	1	100		
Total	210	100			

In relation to the indicator of 'parental separation or divorce' it is important to note the high rate.

Before entry to out-of-home care, almost all the children (205: 98%) had been primarily looked after by their birth mothers and a relatively high proportion of birth mothers (70%) were in a relationship with the birth father; only 31 (22%) were single parents. However, by the time the children were adopted, on average nine years later, there had been substantial changes: only 14 (10%) mothers were still in a relationship with the children's birth fathers; 45 (32%) had moved on to a relationship with a

different partner; 43 (31%) were single and, in addition, sixteen (11%) had died. Thirty (21%) of the fathers had also moved on to a new partner, although 59 (42%) fathers had given no information, possibly because they were no longer in touch. It should also be noted that sixteen (11%) birth mothers and at least eleven (8%) birth fathers had died; of those who were alive, 28 (23%) birth mothers and 75 (60%) birth fathers had already lost contact with their children before the adoption placement.

These data show a very high rate of adverse events amongst adoptees compared to the general population. In the general population, 41% had had no Adverse Childhood Experiences, where only 1% of the adoptee sample had had no Adverse Childhood Experiences. Almost all the adoptees (208: 99%) had one or more ACEs. Likewise, in the general population only 17% had had four or more ACEs, whereas just over two thirds (69%) of adoptees had had four or more and fifty-three adoptees (25%) had had six to nine adverse experiences. Only two children had no ACEs. The birth parents of one of these children had been unable to care for the child and had voluntarily placed him/her for adoption. The birth parents of the other child had both died. The thirteen children who had been removed within a month of their birth had all experienced two or more ACEs. These included adverse experiences in utero such as maternal substance misuse and alcohol ingestion, leading to neonatal abstinence syndrome or fetal alcohol spectrum disorder, and categorised as neglect. Also included are parental mental ill health, domestic violence in the household, parental incarceration, and continued parental substance abuse.

### **3.1.2 Children's experiences of cumulative maltreatment and sexual abuse**

Whilst some abuse experienced by the children is captured in figures above, the cumulative nature of abuse and neglect (A. Browne & Finkelhor, 1986) and the rate of sexual abuse for this group is particularly concerning and warrants additional attention. These two factors, along with the high rate of ACEs and the out-of-home care vulnerabilities described below, are used to assess the vulnerability of the adoptees.

**Table 2: Abuse and Neglect experienced**

\*Percentages have been rounded

Abuse type experienced	Frequency	Percent*
<b>Single abuse type</b>	No abuse	20
	Neglect	23
	Physical abuse	2
	Emotional abuse	11
<b>Two abuse types</b>	Neglect plus emotional abuse	73
	Neglect plus physical abuse	5
	Neglect plus sexual abuse	1
	Physical abuse plus emotional abuse	6
	Emotional abuse plus sexual abuse	2
<b>Three abuse types</b>	Neglect plus physical abuse plus sexual abuse	8
	Neglect plus physical abuse plus emotional abuse	23
	Neglect plus sexual abuse plus emotional abuse	8
	Physical abuse plus sexual abuse plus emotional abuse	5
<b>Four abuse types</b>	Neglect plus physical abuse plus sexual abuse plus emotional abuse	23
<b>Total</b>		210
		100

There were twenty children for whom there was no direct evidence of maltreatment. Eleven (55%) had been removed because an older child in the family had been abused and they were considered to be at high risk of harm. The other nine children were placed in out-of-home care because of concerns about their mothers' mental health (three children) or because their parents had voluntarily relinquished them (four children); two children were orphans, with no relatives to care for them. Among the children who had suffered maltreatment, forty-seven had suffered sexual assault and in each case, this was associated with another form of maltreatment.

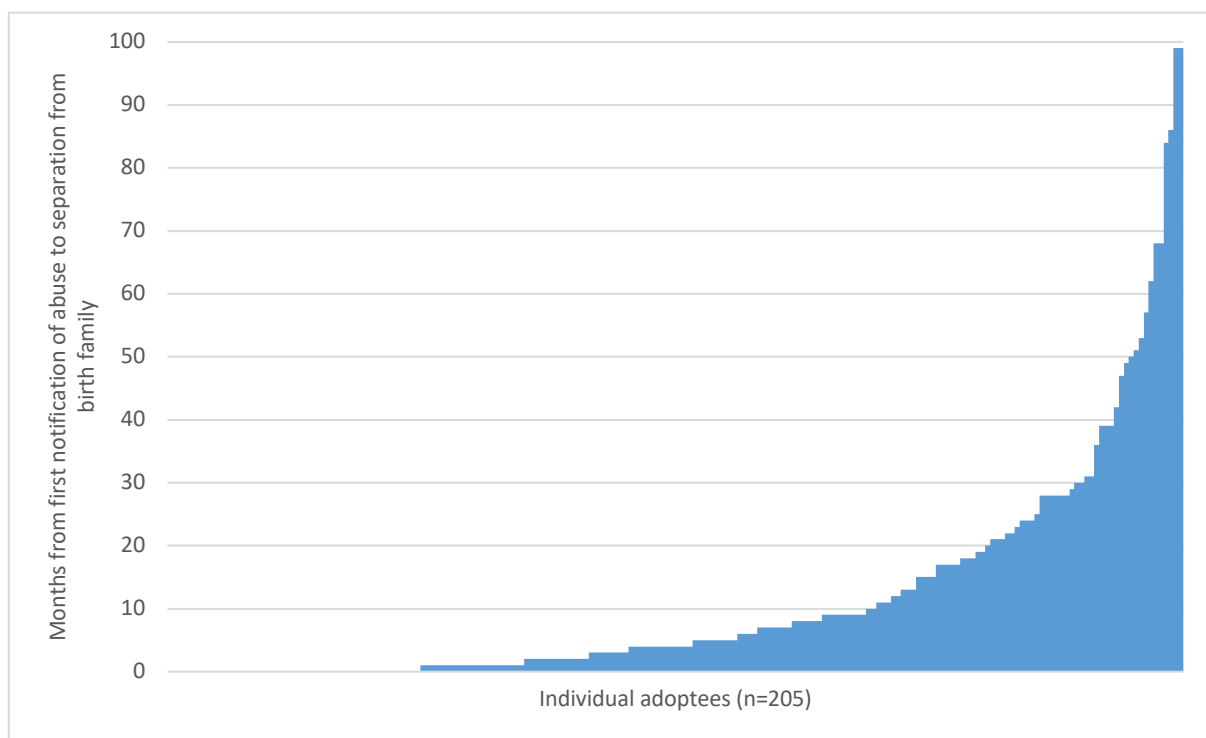
### 3.2 Children's experience with the child welfare system

The following section will present eight factors which research studies have identified as significantly associated with the vulnerability of children in out-of-home care and/or poor outcomes in adulthood. These experiences in the care system increased vulnerability pre-separation, after separation but prior

to permanent placement and post-permanent placement; references to the relevant studies are made in the relevant areas. When considered with high ACEs score, sexual abuse and polyvictimisation, these factors will form the basis of our ranking of the adoptees' vulnerability.

### 3.2.1 Children's experiences prior to separation

This study has looked at the time between notification of abuse and neglect and separation from parents, which is known to affect outcomes for children. [Research by](#) Rousseau and colleagues (2015) found that children placed within ten months of notification had considerably better outcomes than those placed 15 months after child protection concerns were first reported. This French research team monitored the development of 129 children who were placed in out-of-home care over twenty years and found that the length of time between notification and first placement had a more significant impact on children's long-term outcomes than the age at which they were separated. This finding is consonant with other studies which have found that the poorer mental health of older children in care is largely an artefact of later-placed children entering care (Tarren-Sweeney and Hazell, 2006, p.95; see also Ward and Holmes, 2008).



**Figure 1: Months from first notification of abuse and separation from birth parents**

In this study, there was a mean length of time between first notification and removal of 11.5 months; however, there was a wide range (Range = 99 months) and 51 of the children were separated immediately at notification.

A further indicator of vulnerability related to the timing of separation was the age of the child, with separation after 24 months of age being associated with poorer life outcomes. Research has found that children who are permanently separated from abusive families at an earlier age tend to have better outcomes than those who are separated later (Tarren-Sweeney & Hazel, 2005; Ward, Brown, & Westlake, 2012). Similarly, research on children placed with adoptive parents following gross deprivation in Romanian orphanages showed that those who overcame the consequences of severe early deprivation were more likely to do so if they were placed in a nurturing environment before they were six months old (Hawkins et al., 2007). Although the Romania study is an extreme example, there are recent studies that claim the first 24 months of life are a 'sensitive period' for childhood development, with the first six months perhaps being particularly crucial (Zeanah, Gunnar, McCall, Kreppner, & Fox, 2011).

**Table 3: The ages at which the Barnardos children were first separated from abusive environments.**

Age	Frequency	Percent*	Cumulative Percent*
0-5 months	53	25	25
6-11 months	24	11	37
1 year	36	17	54
2 years	29	14	68
3-4 years	29	14	81
Five years and over	39	19	100
<b>Total</b>	<b>210</b>	<b>100</b>	

Although a high proportion (113: 54%) of the adoptees in this study had been separated under 24 months, 97 (46%) children were two years old or more when they were first removed from birth parents and almost one in five (39:19%) were five years or older.

### 3.2.2 Factors contributing to vulnerability after separation and prior to permanent placement

There are a number of factors affecting vulnerability which occur in the period between separation from birth family and entry to a permanent placement. These include placement breakdowns (including failed restorations and kin care disruption), time, children's age and the nature of the children's needs (specifically behaviour problems).

A wealth of evidence shows that frequent changes of placement are detrimental to children's wellbeing, in part because of their adverse impact on children's ability to form secure attachments (Osborn & Delfabbro, 2006). Selwyn and colleagues (2014) found that children who had experienced three or more placements before being placed with adoptive parents were thirteen times more likely to experience a disruption. Placement disruption has been linked to early adolescent physical and mental health problems (Aarons et al., 2010; Villodas, Litrownik, Newton, & Davis, 2016). Failed restorations are also known to be detrimental to children's wellbeing, particularly if they are repeated (Farmer and Lutman, 2012).

**Table 4: Total number of placements before entering adoptive home**

Number	Frequency	Percent*	Cumulative Percent*
0	7	3	3
1-2	103	49	52
3-5	70	33	86
6-10	20	9	95
More than 10	10	5	100
<b>Total</b>	210	100	

\*Percentages are rounded

In this study, while 7 (3%) children moved straight to their adoptive parents and 103 (49%) had one or two interim placements, there were 100 children who had experienced three or more placements. Thirty children had more than five interim placements and ten had more than ten (5%). Not all the adoptees had remained continuously separated from their birth parents between initial separation and permanent placement; however, attempts had been made to restore just under a third (68: 32%) to their birth parents. Fifty-eight (28%) of the cohort had experienced one failed restoration, seven (3%) had experienced two and three children had been reunited with their birth families and then returned to care on three occasions before being placed in permanent care with a view to adoption. In addition, 23 (11%) children had experienced a failed kinship placement, nine of them in addition to a failed attempt at reunification with birth parents. Such experiences are likely to have enhanced the perceptions of rejection already held by these vulnerable children.

Time between initial placement and placement in their permanent family is also important in understanding the vulnerability of children in care. Selwyn and colleagues (2014) found that children in England and Wales who spent more than two years in out-of-home care before entering their permanent placement were more likely to experience a disruption after adoption.

**Table 5: Months between separation and permanence (N=210)**

Months	Frequency	Percent *	Cumulative Percent*
Under 6 months	33	16	16
Six months to less than a year	41	20	35
Between 1 and less than 2 years	59	28	63
Between 2 and less than 5 years	49	23	87
Five years or more	28	13	100
Total	210	100	

In this Australian study, the mean length of time between first admission to care and admission to a permanent placement with an adoptive family was 27 months ( $sd=28$ ). However, there was a wide range of timeframes, with just over a third of the sample reaching their permanent placement within a year (74:36%), including nine children (4%) who were placed within a month. Just over a third of the cohort (76: 36%) waited for more than two years. Twenty-eight children, 13% of the sample, waited for more than five years, including eight who did not reach their adoptive family until more than eight years after they had first been placed away from home.

Numerous studies have also shown that the older children are at final placement, the greater the risk of adverse outcomes (Coakley & Berrick, 2008; Deoudes.G. & A., 2004; Festinger, 2014). Van den Dries and colleagues' meta-analysis of data from studies concerning attachment in adopted children (2009) found that those who were permanently placed with adoptive carers before their first birthdays were significantly more likely to form a secure attachment than those who were placed later. Zeanah and colleagues' overview of evidence concerning sensitive periods identified particular timeframes for various areas of child development (Zeanah et al., 2011). Further research has identified another cut-off point, indicating that adoptive placements made after the child is four years old are more likely to disrupt than those made earlier (Selwyn et al., 2014).



**Table 6: Age at entering adoptive placement**

\*Percentages have been rounded

Age	Frequency	Percent*	Cumulative Percent*
Under 6 months	9	4	4
6-11 months	21	10	14
12-17 months	10	5	19
18 -23 months	10	5	24
Two and three years	56	27	51
Four and five years	33	16	66
Six to nine years	51	24	90
Ten years and older	20	9	100
Total	210	100	

In the Barnardos group, nine children (4%) were permanently placed before they were six months old; 30 (14%) before their first birthdays and 50 (24%) before they were two. However just over three quarters of this cohort (76%:160 children) were permanently placed outside the optimal timeframe for adoption placements, increasing the chances of less than satisfactory outcomes. Almost half the sample, 104 (49%) of the children, were four years or older at the time they entered their adoptive homes and their placements would have been more vulnerable to disruption than those placed earlier (Selwyn et al, 2014). This group includes 51 (24%) children who were between six and nine years old at placement and twenty who were ten or older; five were teenagers.

Neglect and abuse are likely to have significantly affected the children's emotional and behavioural development and this factor in itself may increase vulnerability. A measure of the children's behaviour is evident in the administrative data which attributed 'Care levels' to the children. Care levels are the basis for the payment rate allocated to each child and are negotiated between the funder and the welfare agency taking the children at the time of placement. The rate thus reflects the behaviour and needs of the children for specialist care and the associated levels of financial reimbursement support to attract carers to take children who present particular difficulties. Of the 195 adoptees for whom

these data were available, nearly two thirds (121: 62%), were supported at the normal care level; however more than one in four (50: 26%) required constant supervision and one in seven (24: 13%) were supported at either the second highest (11: 6%) or the highest possible care level (13:7%) when they entered their adoptive homes. These levels of behavioural difficulties imply that there may be considerable stress on the adoptive family which could threaten the stability of the adoption.

In assessing behaviour, it is also important to note that at least 86 (41%) adoptees had accessed mental health services before the adoption order was made. At this time, 30 (15%) were displaying behavioural disorders and/or emotional, social or developmental delays. These included 21 (10%) children who had been diagnosed as suffering from ADHD or ADD.

### **3.2.3 Children's experiences after permanent placement**

A further factor that researchers have identified as increasing vulnerability for adoptees is the time between permanent placement and Adoption Order. This factor is dependent on casework and legal processes; however, the timeframe may be important for the child's faith that the adoption is proceeding and have implications for the stability of the placement and the child's behaviour. The impact of this factor may vary with the child's understanding of the casework and legal systems. Selwyn and colleagues (2014) found that in the United Kingdom adoption placements were more likely to disrupt if the gap between the child entering the adoptive home and the order being made was longer than 12 months.

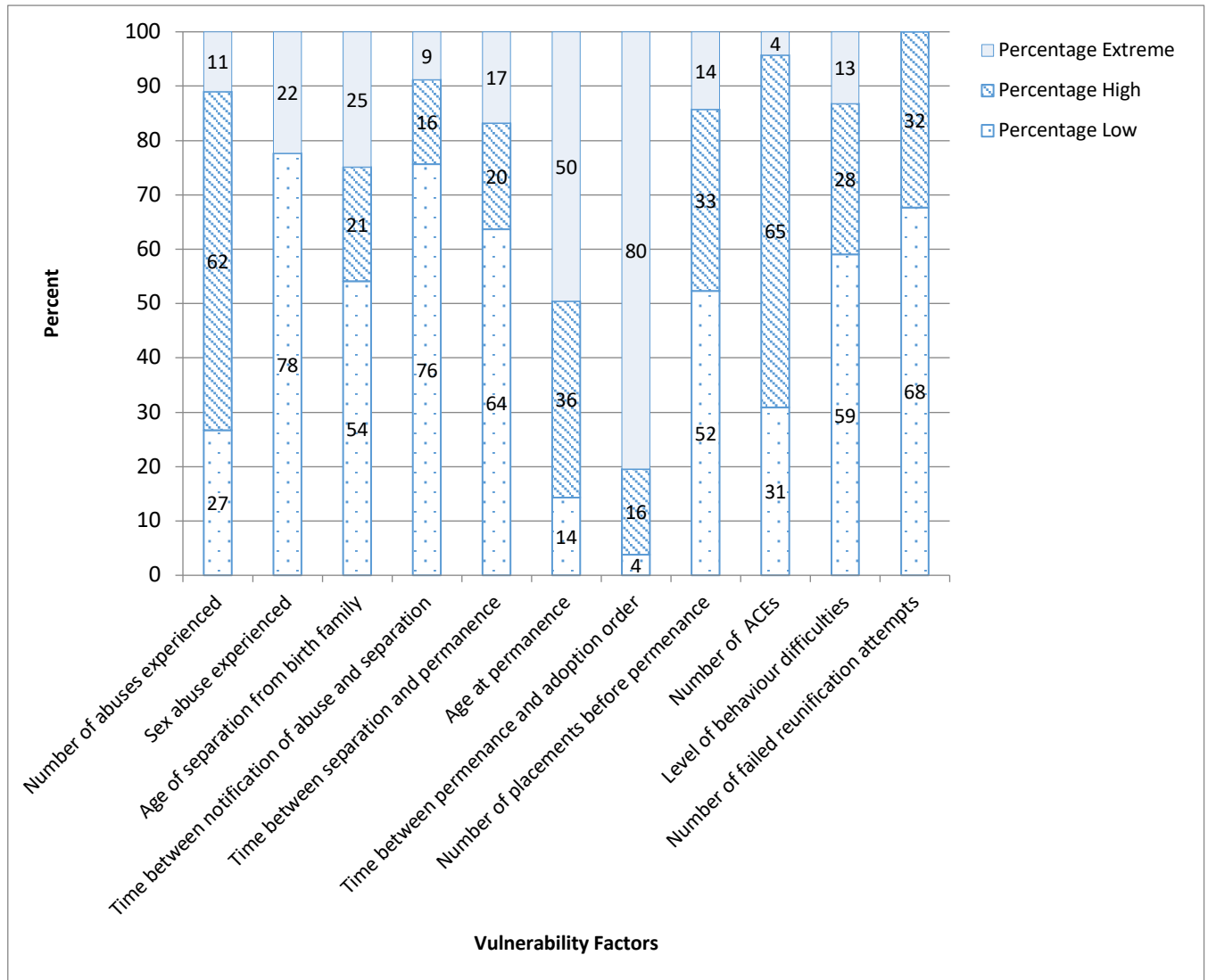
In the Australian study, only ten (5%) of the adoptees received their adoption order within this period; 46 (22%) received it within two years and 144 within five years. Almost a third of the children (65: 31%) waited for more than five years. It is possible that this indicator is less significant for the Barnardos children because the program specifically placed a high proportion of the children with long-term foster carers who later made an adoption application. This is an issue that will be explored in a later stage of the study.

## 4.1 Discussion

The Barnardos children adopted from care were highly vulnerable compared with the general community. The individual children's cumulative risk factors have been analysed using the eleven factors described above: high ACEs, sexual abuse, polyvictimisation and the eight out-of-home care vulnerability indicators.

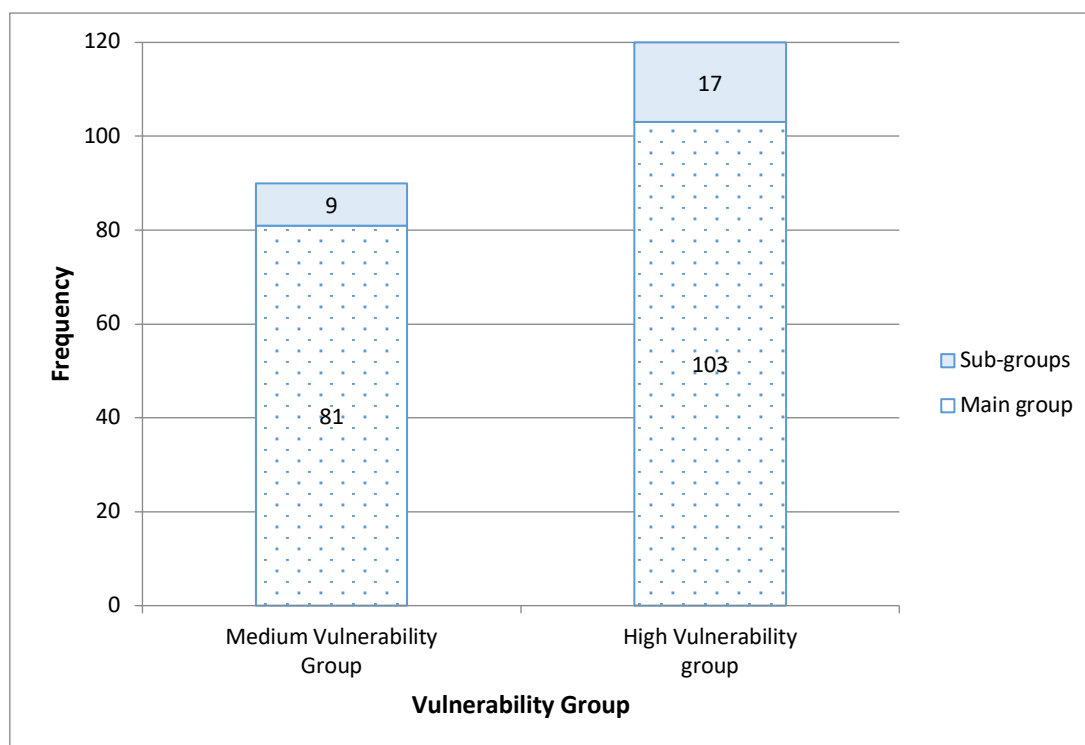
The findings show that a high proportion had suffered extensive and lengthy exposure to Adverse Childhood Experiences before separation; about half the cohort also had repeated experiences of failed restoration and/or frequent moves in the months between separation and placement within a permanent family. Before they were separated from their birth parents, 145 (69%) children had had four or more Adverse Childhood Experiences, including 47 (22%) who had been sexually abused and 87 (41%) who had experienced polyvictimisation. Fifty (24%) children had remained for more than 15 months after notification of abuse with birth parents who could not meet their needs; 97 (46%) were more than two years old when first separated. Seventy-six (36%, n=209) children waited for two or more years between separation and permanence and during that period 10 (5%) children experienced two or more failed reunifications and 100 (48%) had three or more placements. By the time they were permanently placed, 102 (49%) children were reported to have behavioural problems and 24 (13%) of them had been assessed as requiring support at the two highest care levels. One hundred and four (49%) children had had their fourth birthdays before they entered their adoptive home and two hundred (95%) then waited more than twelve months before an adoption order was made. These eleven factors are all known to be associated with poor outcomes in adulthood and/or disrupted adoption placements (Nalavany et al, 2008; Selwyn et al., 2014; Rousseau et al., 2016; White, 2016); there is considerable overlap between them and many children experienced constellations of multiple risk factors.

Variations in the prevalence of these risk factors make it possible to distinguish between those children who were extremely vulnerable to adverse life trajectories and those whose life chances had been less severely compromised before they entered their adoptive homes. In order to facilitate comparisons, the children's experiences were categorised on each of the eleven risk factors: **low risk** indicated that the child's experience in this area had not reached a level that other studies had shown to be significantly related to adverse outcomes (for instance they had had less than four ACEs or they were less than two years old when first removed from their birth parents' care); **high risk** indicated that the child's experience had reached or surpassed the level which other studies have found to be significant; **extreme risk** indicated that the child's experience had reached at least twice this level of significance. All the adoptees had encountered at least one experience which met the high risk level and all but 17 of them (193: 91.9%) met the extreme risk level on at least one of these factors. Figure 2 shows the percentage of Low, High and Extreme occurrences among the sample for the eleven risk factors.



**Figure 2: Percentage of Low, High, and Extreme counts for each of the eleven vulnerability factors**

Using these data, the adoptees could be divided into two groups: the medium vulnerability group included 90 (43%) children who had been categorised as low on six or more of the eleven vulnerability factors (but high or very high on others) and the high vulnerability group included 120 (57%) children who had been categorised as high or extreme on six or more of these factors. Within the medium vulnerability group is a sub-group of 9 (4%) children who were categorised as low on nine or more of the variables and had no extreme scores: the low vulnerability sub-group; within the high vulnerability group is a contrasting sub-group of 17 children who were categorised as at extreme risk of poor outcomes on six or more of the relevant factors: the extreme vulnerability sub-group.



**Figure 3: Number of Barnardos adoptees in Medium and High vulnerability groups**

The vulnerability of children being adopted from the welfare care system, described above, has implications for policy makers, as well as informing child protection and adoption practitioners. There may be important lessons for those concerned to make adoption most effective in determining life outcomes. For example, if ACEs are shown to greatly affect adoptees' life outcomes, there are implications for the length of time children stay in maltreating households, the age at which children are removed from their parents or reach their permanent placement.

There are also implications for practitioners in the complex range of experiences that adoptive parents will need to manage: these include knowing how to recruit and assess potential adoptive families and training families to cope with the children's behaviour through a greater understanding of its potential causes. This study also has implications for the levels and longevity of the support that families may require, should the normal family and service environment not be able to sustain the adoptee and adoptive parents' need to seek professional assistance.

For policymakers, understanding the adoptees' past is important in fully appreciating the impact of the changed legal status on the life outcomes of adoptees. For example, adoption must be assessed in terms of adoptees being able to meet normal community standards for health and education only when their vulnerabilities are taken into account. Advocates of adoption policy will need to compare adoptees' life outcomes with foster children who have had a similar experience within their birth family and the care system.

It is hoped that the further study of life outcomes of these adoptees will contribute to an understanding of the relative significance of each of these factors and contribute to adoption policies and practices. Further analysis of these data are currently underway.

#### **4.2 Limitations of this study**

When considering these findings, it is important to understand that the adoptees were deliberately selected to be 'hard to place' and are likely to represent the more difficult children from the foster care system. Findings in other research indicate that this group of participants is likely to represent one fifth of Australian children in out-of-home care who are identified as "significantly disturbed" (Osborn and Delfabbro 2005).

There are also some limitations of this study arising from the data collection process. Whilst the data were reviewed extensively, it is likely that adverse experiences are an underestimate, because information collected from case files depended on the comprehensive nature of the reporting and the absence of recorded information concerning adverse factors does not necessarily mean they were not present. *As noted above, there are no indications of the ACEs that may have occurred in foster placements and what was available was largely inconclusive. For instance, there was some data concerning allegations of abuse, but it was unclear which of these had been substantiated. The data on children's experiences of parental separation did, however, include the period from entry to care to their adoption.*

It is also possible that definitions of abuse and neglect may have altered over the twenty-six years covered by the study. However, given the seriousness of the children's situations, which led to permanent removal from their parents' care, it is unlikely to have been a significant difference in definitions.

It is important to consider that research on the impact of ACEs is in early stages of development. Some ACEs indicators suggested in the literature have not been able to be included in this paper as data was not available. The factors identified as important life events for children in care may not represent all the factors which may affect adoptees' lives, for example, sibling separation and subsequent abuse in care may also be relevant.

It is also unclear at this time if any weighting should be given to any of the vulnerability factors listed for out-of-home care. It is hoped that further analysis of these figures in relation to the life outcomes of adoptees will assist researchers in recognising the relative importance of each of the factors in affecting adoptees' wellbeing.

## 5 Conclusion

This study of the Adverse Childhood Experiences affecting children adopted from care shows that they have very high rates of vulnerability which must be factored into both public policy and each individuals' adoption. The study alerts us to the need to prepare families for children highly likely to have suffered significant and prolonged trauma. It draws attention to the need for timely decisions about when children are taken into care and how long they remain in living situations which are ultimately deemed not to be safe. Understanding these childhood adversities will be important as the Australian Open Adoption Outcomes study considers the life outcomes of adoptees.

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