Nearly 20 years ago one of the authors (Barbara Tizard) began a study of two-year-old children who had been living in residential nurseries since early infancy. All the children were illegitimate, and for a variety of reasons their mothers felt unable to rear them. Half the mothers had planned to have their child adopted, but because the baby had a minor physical blemish or a ‘questionable’ family history, for example, a hernia or epilepsy, or was of mixed parentage, they were taken off the adoption list. The rest of the mothers had not made up their minds to relinquish their children, but they had rarely, if ever, visited them. We assessed the children at the age of 24 months, and followed them up at the ages of four and a half (when the sample was enlarged), eight, and recently at 16. Between the ages of two and ten all but one of the children were adopted, placed in long-term foster homes, or restored to their parents. A number moved between different types of placement.

The sample

The sample was originally composed of 30 children aged 24 months who were living in residential nurseries run by three voluntary societies. These children had been healthy, full-term babies, and placed in the nurseries before the age of four months. At four and a half, when we reassessed the children, we enlarged our sample to 65, selecting the children by the same criteria. By this time, 60 per cent of the sample had been adopted or restored.

At age eight, because of emigration and refusals, we were able to interview only 51 of the sample, and by age 16 the sample was further reduced to 42. Thus about a third of the sample was lost between the ages of four and a half and 16, the same proportion as the National Child Development Study of adopted children lost by the age of eleven.

Initially, because most of the children came from working class homes, we compared them with a sample of 30 working class children living at home, located through the files of the local health authorities in two London boroughs. Because the adopted children generally moved into middle class families, whilst the restored children often lived in single parent or very disadvantaged families, we selected a new comparison group for the 16 year old follow-up from the records of 16 general practitioners. Each study child was matched for sex, one- or two-parent family status, occupation of main breadwinner, and position in the family. In addition, at ages eight and 16 we compared the information provided by the children’s teachers with that obtained about the study children’s same-sex, nearest-in-age classmate.

Practice implications

In one sense, the research is concerned with the effects of long-abandoned social work practice. Residential nurseries in delightful rural settings, staffed by neatly uniformed NNEB students, are a thing of the past. Large numbers of children are no longer admitted to care soon after birth, nor would such infants be considered ineligible for early adoption because of minor blemishes, or racially mixed parentage. Nor, in theory at least, would the mothers of the rest of the sample be allowed, nowadays, to leave them in care.
with minimum contact for years whilst they decided whether or not to reclaim them.

Nevertheless, the research does address a number of issues that are still relevant to social work practice, notably: the long-term outcome of spending early childhood in residential care; the long-term outcome of adoption after infancy; and the problems that can be associated with rehabilitation to a biological parent.

Effects of residential care

The short-term effects of residential care were evident at the age of two, but we did not find the gross disturbance or retardation which used to be found in old-style institutions, and can indeed still be found in some orphanages in Third World countries. Compared with a group of home-reared two-year-olds, the children were somewhat silent and retarded in language development, and tended to cry frequently. Although they were clinging to familiar staff, very few had formed a close attachment to a particular nurse, and they tended to be fearful of strangers. By the age of four and a half, 26 of the 65 children studied were still in nurseries. Their language development and IQ scores were now within the average range. However, compared to the home-reared group, they tended to have poor concentration and to be attention-seeking, aggressive with peers, and prone to temper tantrums. In relation to the staff, they tended to be either very clinging or very detached, and they were often seen as ‘over-friendly’ to strange adults. Seventy per cent were said by the staff ‘not to care deeply about anyone’.

This characteristic was no doubt related to the fact that close relationships between children and staff were generally discouraged by the matrons, and were in any case unlikely to develop, since staff were constantly moved from group to group. On average, 50 staff had looked after each four-year-old child for at least a week. Early lack of mothering of this kind is believed by Bowlby and others to lead to a permanent inability to form close relationships, and to a condition of ‘affectionless psychopathy’. However, this did not seem to be the case, provided the children subsequently received lavish parenting. Twenty of the 24 adoptive parents whom we interviewed at this stage believed that the child had definitely formed a deep attachment to them. But the adopted children, and those restored to their natural parents, did tend to show the same kind of attention-seeking and ‘over-friendly’ behaviour as the institutional children.

By the age of eight only eight of the 65 children whom we had seen at age four were still in institutional care. The majority of exinstitutional children were still described by both parents and teachers as attention-seeking and ‘over-friendly’ to strangers. But whilst the adoptive parents complained of no more behaviour problems in their children than the parents of the home-reared group, about half of the adopted and restored children were described by their teachers as quarrelsome, irritable and unpopular with other children, and a larger proportion were said to be restless and fidgety.

At the age of 16 the young people were interviewed, as well as their parents. Five of the sample were in residential care, after a variety of placement breakdowns. The exinstitutional adolescents were still described by both parents and teachers as seeking adult attention and approval more often than was the case with a comparison group. They also still tended to be seen by their teachers as restless, distractable, irritable and resentful of correction. In addition, the adopted children were likely to be described as anxious, whilst the restored group more often had ‘anti-social’ problems. Further, the exinstitutional children, by their own and others’ accounts, continued to have marked difficulties with peer relationships. They were less likely to have a special friend, and less likely to turn to a peer for emotional support than did
the comparison group.

However, the early years in residential care did not mean that these young people were generally 'affectionless' or unable to form close relationships with anyone. The great majority of the adopted children had quickly formed close and affectionate attachments to their new parents, although they had some problems with their siblings. These close attachments continued at age 16, according to both the young people and their parents. Close attachments were less often formed in the restored families, although about half of the restored adolescents were closely attached to their mothers.

Intellectually, the ex-institutional children were in the average or above average range; their IQ scores - especially those of children adopted or restored before the age of five - were related to the social class of the family in which they settled. However, they did tend to be somewhat less successful educationally than their comparison groups from a similar social background. In most cases, this did not seem to be a problem for the parents.

Adoption outcomes

As to the success of the adoptions, the 'hardest' evidence available is the stability of placement. Thirty three of the 65 children were placed in adoptive homes between the age of two and ten years, in most cases before the age of five. (Of these, two had had previous adoption breakdowns.) At 16, we had information about 24 of them. There were two adoption breakdowns between the age of eight and 12, and a third child was in a psychiatric in-patient unit at age 16. This record is troubling, but it compares well with that of the restored group. Of those restored children of whom we had information, as many restorations had broken down, at least temporarily, as had not. But the greatest instability occurred amongst the children who had still been in residential institutions at age eight. By 16, all had experienced at least one change in placement, and most were back in residential care.

A second criterion of success is the development of a mutual attachment. The great majority, although not all, of the adoptive parents felt that their children were deeply attached to them. Of those who had other children, most (the proportion was the same as in the comparison group), said they loved the children equally. The majority of adoptive mothers believed that their adopted child would confide in them, and this was confirmed by the majority of the adolescents. About half of them said that the people who knew them best, and to whom they would first tell any good news, were their adoptive parents - the same proportion as in the comparison group. The majority of both adopted and comparison adolescents said that they would expect to help look after their parents if, as the latter got older, they needed this.

Despite the development of a mutual attachment, the adoptive parents might have felt that the problems they had encountered outweighed the pleasures of the adoption. On the basis of all the evidence in the interviews we rated 38 per cent of the parents interviewing when the child was 16 as very positive about the adoption (eg, 'It couldn't have worked-out better, we wouldn't want to change anything about her'), 33 per cent as positive, but with reservations (eg, 'We would have preferred a baby ... we've had difficult times, but so do most parents ... we wouldn't be without her'), and 28 per cent (including the two adoption breakdowns) as negative (eg, 'We wouldn't adopt again ... we were given a misleading idea of her'). Despite the current belief of many social workers that the adoption of children under three is unproblematic, it was notable that a number of the parents who had reservations mentioned the difficulties of adopting a child as old as two or two and a half.

Rehabilitation problems
If the adoptive families often had problems, the families who took back their own children had many more. Throughout their childhood they had more behavioural difficulties, generally of an anti-social kind, than either the adopted or home-reared groups, they were less likely to have formed a close attachment to their parents, and more likely to have problems with siblings and peers. It is true that the move home, though referred to as a 'restoration', was not truly so, since all the children had been placed in care soon after birth, and parental visits had usually been very infrequent.

The most successful restorations were generally to single mothers who had visited their children frequently, and who had no other children, but a good social support system. Often, however, the mothers had taken a new partner and had further children, and were ambivalent about reclaiming their child. Having done so, they seemed unprepared or unable to devote the time and effort that the adoptive parents put into cultivating the new relationship. There was almost a feeling on the part of both social workers and birth parents that they were simply reclaiming their property; and that all should go smoothly now the child was back home.

Conclusion

In theory, placements of this kind no longer occur. In practice, there is reason to believe that the rehabilitation necessary after a long period in care does not always take place.

Moreover, whilst very young children are no longer placed in residential nurseries, they may have frequent changes of foster home whilst awaiting restoration. Our study suggests that these circumstances may result in adverse long-term consequences.

It should be emphasised that by no means all the children, whether adopted or restored, had behaviour problems, or problems with relationships. Nevertheless, for the rest, the long-term consequences, including placement breakdown, of spending their first few years in residential care were considerable.


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